

# **TELEPHONE ADVOCACY**

## **TYPES OF CALLS AN ADVOCATE MIGHT RECEIVE:**

- ✓ Survivors calling immediately after a rape.
- ✓ Survivors of other types of sexual crimes.
- ✓ Friends calling, either for a survivor or to learn how he/she can best help a survivor.
- ✓ Relatives of sexual assault survivors.
- ✓ People requesting specific information about medical procedures, referrals, support groups, etc.
- ✓ People requesting information regarding pregnancy or STD problems.
- ✓ A survivor who was sexually assaulted in the past.
- ✓ Annoying or obscene phone calls.
- ✓ Chronic (repeat) callers.

## **GUIDELINES FOR CRISIS INTERVENTION ON THE PHONE**

In the following pages, you will read a lot of information about how to understand and assist survivors. Even so, you may be a little nervous about receiving your first call. For this reason, a checklist is provided to help you remember important questions to ask a caller who has just been sexually assaulted. It must be remembered however, that no two callers will be alike and that this checklist is only a guide.

- ESTABLISH RAPPORT** - Tell the caller your name and ask how you can help. The identification of the hotline and the volunteer is the first sign given to the caller that someone is there to help.

The advocate should make the effort to establish rapport with the caller. In many cases, the caller will be hesitant to talk; emphasis should be placed on reassuring the caller and making him/her feel at ease.

The advocate should find out who is calling (survivor, friend, etc.).

- a. Keep in mind that a “friend” might actually be the survivor.
- b. Do not give out any information about a previous call to anyone but the original caller – not to police, relatives, etc.
- c. Try to obtain the caller’s first name and telephone number so that if he/she needs help, and you are cut off, you can call back. This information is important, but do not push to get it. Oftentimes, the end of the call is a good time to gather statistical data.

- ACTIVE LISTENING** - The advocate should begin to listen for a problem, but do not look for one. In some cases, the caller will not have a "problem" and looking for one will be destructive to the caller. The advocate should reflect feeling statements back to the caller; let the caller know what feelings the advocate is hearing the caller express.

Ask open-ended questions, rather than questions that require a "yes" or "no". Leave the caller room to go in the direction that is most important to the caller.

Don't impose your own feelings and attitudes on the caller, be non-judgmental. Guard against making judgmental statements or providing criticisms.

Many of the calls you receive may not be immediate emergencies. The assault may be years old or an old incest wound not discussed previously. Your job is that of a listener, supporter, and giver of encouragement. No referral may come of it. You may not be able to do anything concrete. You have helped them by just being there.

You will not do a survivor any harm by talking to them once or twice. People are the sum total of their whole life's experience. Loosen up and relax - as long as you are there to listen, you are helping.

- DEFINE THE PROBLEM(S)** - If there is a specific problem or conflict situation, the volunteer must attempt to define it. In the case of multiple problems, single out the most prominent one to be dealt with immediately. Put it in simple terms.
- ASSESS THE SITUATION** - Take a broader look at the situation and/or problem. Look at circumstances which led up to it and the traumas it may be causing now (future possibilities should be explored also).
- EXPLORE OPTIONS** - Do not give advice, but do look at different options to the situation. Present these options to the caller, and be prepared to react to their responses.
- DISCUSS ACCEPTABLE ALTERNATIVES** - The caller may decide to explore one or more options. Try to narrow it to one or as few as possible, and help the caller understand them.

## CHECKLIST

- ⌋ Are you in a safe place? (Is the offender gone? Are your doors locked?)
- ⌋ Do you have additional injuries?
- ⌋ Do you want to go to a hospital? (Is transportation available?)
- ⌋ Which is the closest hospital that will do rape kits/exams?
- ⌋ Ask them not to shower, bathe, or douche.
- ⌋ Do you want to report to the police?
  - He/She may file an informational report without filing charges!
  - The initial police report can qualify him/her for additional financial aid to help

with medical care, counseling, and other expenses related to the rape.

- An initial report does not commit them to filing a formal statement or charges.

- REFERRAL** - In some cases, an option may be a referral to an agency/program. Always try to give more than one, if appropriate, and let the caller choose which to contact.
- CLOSING** - Closing of the conversation should begin, and preferably end with the caller. (Yet it could be either party that initiates.) Supportive comments for the caller are very important at this point. Let the survivor know that a right decision was made in calling the hotline, and that the first step towards alleviation of the problem has been taken. Sometimes expressing your feelings to the caller can be very positive. Always confirm that the caller knows that he/she can call at any time again or come to the agency for counseling on a confidential level.

In cases when the survivor is not in crisis and has strayed away from the issues surrounding sexual assault it is appropriate for the advocate to bring the call to a close (see Frequent Caller p. 59). Periodically a caller may need to be reminded that this is a crisis hotline and must remain open for other calls.

- FOLLOW-UP** - Before hanging up the phone: Go over options one more time. Remind them the hotline is there for him/her 24 hours a day. Thank the caller for calling.

## **PROCEDURES DURING CRISIS CALLS**

- I. FIND OUT WHO IS CALLING
- II. DETERMINE WHAT HAS HAPPENED TO PROMPT THE CALL, AND WHAT THE CALLER'S MAJOR CONCERNS ARE.

If a sexual assault has just occurred:

- 1) Check the survivor's physical safety. If he/she feels the assailant is still nearby, with his/her permission, call the police. The assault need not be reported, an advocate can just say that a prowler was heard.
- 2) Check the survivor's medical state. If the survivor has no serious injuries, and gives you permission, call an ambulance. Encourage the survivor to seek medical attention, even if there are not apparent injuries or the survivor does not plan to report to the police (Even if the police show up at the hospital, the survivor is under no obligation to tell them anything.).
- 3) Be supportive and empathetic to whatever emotional state the survivor is in. Tell the survivor you are glad he/she called.
- 4) If a survivor indicates a decision to take legal action, inform him/her of possibilities and alternatives. Remember, reporting the crime does not commit a survivor to prosecute. If a choice is made to prosecute, however, encourage the

survivor. ***Taking action on his/her own behalf is very important to the future emotional health of a survivor;*** even justice is never fully served.

If the sexual assault occurred within 72 hours:

- 1) If the survivor still expresses concern over physical safety, suggest that the survivor call either the police, or stay temporarily with family or friends.
- 2) It is still possible to obtain medical evidence for use in court (The prime collection period is within 48 hours.).
- 3) Help the survivor identify reasons for not acting sooner and determine if those reasons constitute or represent a problem. Be alert to the specific individual's reactions.
- 4) If professional counseling seems necessary, make a referral.
- 5) Should the survivor now wish to take legal action, keep in mind that the case will now be harder to prove since the assault was not reported immediately. If the police refuse to help, notify the staff.

If the survivor calls more than 72 hours after the sexual assault:

- 1) If the survivor still expresses concern about physical security, explore with him/her some basic preventative measures that would fit into his/her lifestyle.
- 2) Medical treatment is still important, although it is too late to obtain evidence of the assault.
- 3) Dealing with the survivor's emotional reactions may be the best way an advocate can help at this point. He/She may be feeling sorry for the assailant, feel guilty, etc. Encourage the survivor to talk about the experience; describe to the survivor some of the feelings common to victims of sexual assault (i.e. rape-related PTSD).
- 4) Legal actions may no longer be possible. However, if the survivor reports to the police anyway, the description of the attack and the attacker may help them catch the assailant or strengthen another survivor's case. A caller also has the option of phoning in an anonymous report or of giving the agency permission to act as a "go between" with the police. However, a release of information will need to be signed by the survivor before an agency is authorized to break confidentiality.

If the sexual assault occurred at some point in the past:

- 1) Unless the survivor needs a referral for a medical problem resulting from the attack (pregnancy, vaginal infection, STD, etc.) or for professional counseling, helping the survivor deal with feelings about the experience will probably be the advocate's main concern.
- 2) Even though the assault may have occurred years before, the advocate may be the first person the survivor has ever talked to about the assault. The survivor should be treated with the same respect and concern as someone who was recently assaulted.

An advocate must not take the responsibility for solving the caller's problems. An advocate's job is to help the caller identify the problem, how the caller feels about the problems, and what the caller wants to do about the problem.

III. COMPLETE THE TELEPHONE CONTACT RECORD OR INTAKE FORM.

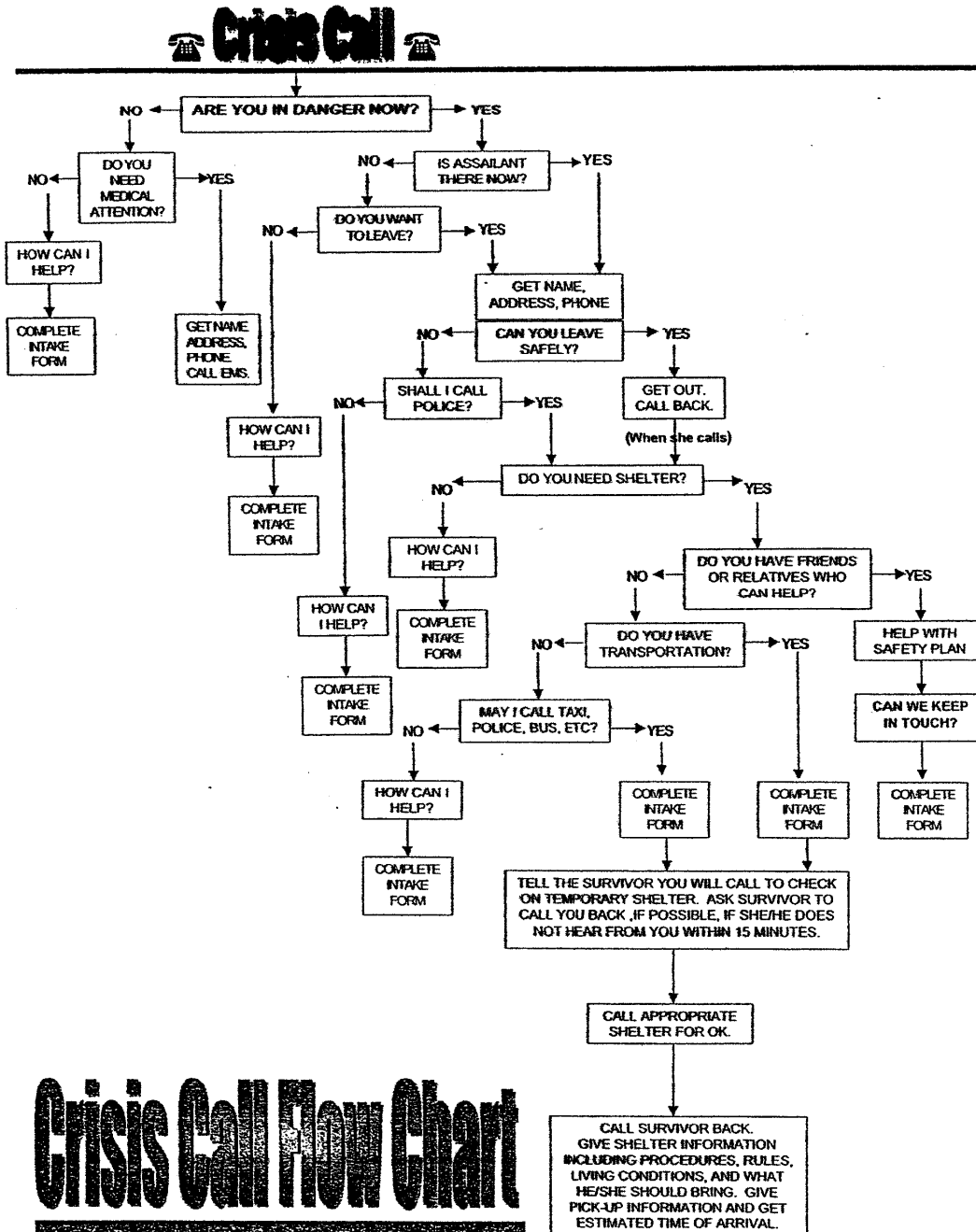
These records are strictly confidential and serve a three-fold purpose.

- 1) They enable the staff of the agency to pinpoint and help an advocate with any specific difficulties the advocate may be experiencing when answering calls.
- 2) They provide statistical data for a more accurate picture of the extent of sexual offenses within an area.
- 3) If at any point, an advocate is requested by the survivor, these record sheets allow the advocate information concerning the background of the case.

IV. MAKE A FOLLOW-UP CALL WITHIN ONE WEEK OF INITIAL CONTACT IF PREARRANGED BETWEEN THE ADVOCATE AND THE CALLER.

- 1) Take all possible precautions to insure confidentiality. Use \*69 before dialing a survivor's number to block his/her Caller ID.
- 2) Ask if the survivor is free to talk openly at the moment.
- 3) If the survivor is not available, either say you will call back, or leave your first name and a message stating they can reach you at the same number. "This is Paula, I am returning a call for \_\_\_\_\_. Please take a message and tell her I can be reached at the same number used before. ***Do not say you are with a Sexual Assault Crisis Agency, or reveal any details of the call, even if the person answering the phone seems to know why you are calling.***
- 4) Remember to refer all follow-up needs to the agency if the caller requests further assistance beyond the one week advocate follow-up. Make sure to inform the agency if additional contact is requested ASAP.

# A CRISIS LINE CALL PROCEDURE



## Crisis Call Flow Chart

## ENDING A CALL

Ending a call is sometimes an easy process. At other times it can be awkward or even difficult. Some calls come to a natural conclusion; others may need to be brought to a conclusion. When ending a call, be sure that the following have been done.

**You have summarized the call and clarified any questions or plans.** Example; “We’ve talked a lot about medical follow-up and you’ve decided to go to your private doctor. You’re going to call for an appointment by tomorrow and if you can’t get in to see the doctor in the next few days, you’re going to call the clinic. That sounds like a good plan.”

**The caller has received all the support and information necessary to help him/her feel empowered enough to deal with his/her current situation.** Ask them if they have received the support and information they need. Example: “How has it been for you to talk with me? Do you think you have enough information and support to...?”

**You have offered to send written information** if appropriate and have a mailing address.

**You have arranged a follow-up plan** if appropriate, offered to call them back (remember to get the phone number), and/or encouraged them to use the crisis line when they need to. Example: “How would it be if I gave you a call back tomorrow to see how that doctor’s appointment went? Would you rather give me a call? Remember, the crisis line is always there for you. You can call any time.”

**You have given the caller positive feedback** for calling. Example: “I’m really glad you called. It’s wonderful that you’re taking care of yourself by reaching out for support. I know that it takes a lot just to pick up the phone.”

**You have given the caller positive feedback** for surviving. Example: “I’m really glad you survived. I’m so glad that you are alive to make this call. Good for you.”

**You have thanked the caller for calling.** Often callers are extremely grateful for advocates and may say something like “I don’t know what I’d do without you. Thanks for doing all this for me.” Your response needs to acknowledge their feelings and turn the “strokes” around: “You’re welcome. I’m really glad I could help, but you are the one doing all the work. Thanks for calling.”

Your warm, caring voice also assures the caller that the crisis line is a good resource for them and that someone does care about them, believe them and support them.

## DIFFICULTIES ENDING A CALL

Trust yourself. If the call feels like it should end, it probably should. You may be talking with a caller and find yourself feeling bored, tired, angry, annoyed or quickly losing concentration. These are all indications that it may be time for you to initiate ending the call. You are not helping the caller if you are feeling any of these things. Also, if the call is going too long, the caller is probably not absorbing what you may have been saying to them.

1. **Trust yourself.** Ask yourself what it is you’re feeling and why you’re feeling it.

2. **Give the caller a time/reality check.** They may not be aware that they have been talking as long as they have. There is no rule for how long a call should go. Someone in crisis or someone who is suicidal may need a call that can last 90 minutes or so. However, if a caller is talking for over 45 minutes to an hour and they are not in crisis and are talking about long-term issues, they may be more appropriate for the counseling component. Some callers may also think that they are only allowed X number of minutes.

Example: “Glenda, we’ve been talking for 45 minutes now and I feel like we’re getting into some long-term issues that might be more appropriate for a counseling session. Are you in counseling now?” If so, tell the caller that these are great issues to bring up in her/his next session. If not, tell the caller that you would like to **spend the last 15 minutes of the call talking about how non-crisis components work.** Example: “Glenda, we’ve been talking for about 45 minutes. Let’s spend the next 15 minutes talking about follow up with some positive steps tomorrow, perhaps even speaking with one of our support group facilitators.” Then, use all of the call ending procedures in the previous section.

3. **Interrupt the caller if necessary.** There are a few rare clients who seem to never take a breath. You may be waiting for them to come to the end of a sentence or thought before saying something, and the sentence never ends! You may have to gently interrupt them to begin ending the call. You may literally have to jump in mid-sentence.

Example: “Glenda, I need to interrupt you for a moment.”

4. **End by affirming the caller** and setting a specific time to touch base, if he/she wishes.

## **GUIDLINES FOR FOLLOW-UP PHONE CALLS WITH SEXUAL ASSAULT SURVIVORS**

Issues to be addressed:

1. Physical problems - Concern over STD’s and/or pregnancy; appropriate follow-up and referral.
2. Disturbing thoughts - The painful parts of the experience; the area of most anxiety, flashbacks, etc.
3. Feelings - What the survivor’s moods are or have been.
4. Activities – Resumption of usual routine; has he/she resumed his/her normal activities of daily living: sleeping habits and eating habits, as well as work, school, etc.?
5. Reactions of family/friends – How have people within the survivor’s social network responded to the assault; people at home, at school, at work, etc.? Who knows and who does not know?
6. Legal process – What is the legal status of the case; has the assailant been caught, will the survivor prosecute?

7. Evaluation of the service rendered – how did the police, medical and legal professionals respond? How did the survivor feel about these responses?

## **DOS AND DO NOTS FOR PHONE CALL ADVOCACY**

- ✓ **Do** try to get a first name and the area the person is calling from. If they will not provide a phone number, ask them to please call back if you get cut off.
- ✓ **Do** sound as though you are listening and you care. Pay attention to your tone of voice.
- ✓ **Do** let the caller take as much time as necessary to get comfortable with you.
- ✓ **Do** be empathic.
- ✓ **Do** report as soon as possible any extraordinary circumstances encountered on the hotline.
- ✓ **Do** send in all call sheets within 72 hours.
- ✓ **Do** know your limitations and make appropriate referrals.
- ✓ **Do** use some of each time you volunteer to review your manual for seldom used information or things you may have missed.
- ✗ **Do not** rush.
- ✗ **Do not** over refer. Three referrals provide a choice without being overwhelming.
- ✗ **Do not** give out personal information about yourself or your volunteering schedule.
- ✗ **Do not** encourage callers to depend on you alone.
- ✗ **Do not** arrange meetings with callers, except through the staff.
- ✗ **Do not** say “I’m just a volunteer.” You are a trained, qualified worker.
- ✗ **Do not** talk more than the caller.
- ✗ **Do not** make derogatory statements about the caller’s therapist, doctor, minister, counselor, etc. Avoid making negative comments about the assailant, as oftentimes the assailant is someone the survivor cares about or loves.