

Chapter 12

ADVOCATE SUPPORT ON THE HELPLINE



Sexual assault support center receive calls from people with various needs, experiences, and concerns:

- Callers may be survivors of sexual assault, sexual harassment, child sexual abuse, and other types of sexual violence.
- People may call soon after the incident or years later.
- Some callers may have experienced sexual violence at several different points in their lives.
- Callers may be concerned others who are close to a survivor, such as family members, partners, or friends. They may be looking for information about sexual violence, for ways to support a survivor in their lives, or for emotional support for themselves.
- People may call wanting to know more about the warnings signs of child sexual abuse and how to protect a child in their life.
- Community members may call for information about sexual violence.

The Advocate's Role

A sexual assault support center advocate must be capable of addressing the general needs of the caller, as well as recognizing other underlying issues. It is crucial for advocates to understand that their role is to provide support and information.

An advocate's role is not to solve the caller's problem, but to provide resources and discuss options. It is not appropriate or helpful to persuade the caller to make a particular choice. A survivor's decisions may not make sense to the advocate, but advocates need to respect the fact that they may make sense to the caller and the caller's situation Helping empower survivors is a key part of trauma healing..

Responsibilities to Self & Others

Supporting people who have survived sexual violence, or concerned others, can be difficult. When someone calls for support, it is likely that they will talk about concerns that are difficult to share. The following information is provided to help advocates better understand their role and responsibility as they establish a supportive relationship with the caller.





CONSIDERATIONS FOR ADVOCATES



In some cases, callers will have ideas about sexual violence that are based on myths. It may be helpful for an advocate to offer gentle re-education based on a solid understanding of sexual violence.

It is important for advocates to be prepared to:

- Ground themselves by remaining calm and breathing.
- Know themselves by being aware of personal biases and avoiding making assumptions.
- Be aware of personal triggers.
- Practice self care.
- Create safety by believing, supporting, and empowering callers.
- Listen unconditionally and be empathetic.
- Resist the urge to fill silence. Silence can still be supportive.
- Accept where the caller is emotionally.
- Maintain confidentiality and boundaries.
- Respect the roles of other service providers.

Believe

Many survivors fear that they will not be believed. This may be because others have not believed them or because the offender or messages from our culture and media told them that they would never be believed. Advocates must make it clear that they believe the survivor's experience.

Support

Advocacy involves listening, being present, and caring about people whose lives have been affected by sexual violence. Key to providing support is remaining nonjudgmental of the survivor, their choices, and behaviors, and being steadfast in the belief that no one deserves to experience sexual violence. Beyond this, an advocate offers information and referrals, and when needed, accompanies the survivor to area resources such as the hospital or law enforcement agency.



CONSIDERATIONS FOR ADVOCATES



One of the most effective ways an advocate can counteract the negative impact of messages about disbelief is to say directly that they believe the caller. It is important that advocates genuinely convey this message even if the caller describes events that seem too strange or horrible to be true, or when the caller is unclear about certain details.

Empower

Callers may feel that they are not in control of their lives and that sexual violence has disempowered them. There are many elements about sexual violence and the healing process that the caller cannot control. For many, this leads to intense feelings of fear and powerlessness. Helping callers identify things they can influence may help them trust their own ability to take care of themselves. This is one way individuals can re-establish control in their lives and heal. By supporting survivors this way, advocates can play a key role in empowering them – helping callers take back their personal power. Empowering callers to take care of themselves also helps maintain good boundaries and avoids establishing a dependency on an advocate or the center.



CONSIDERATIONS FOR ADVOCATES



If the caller asks for advice, the advocate must decline. One way to do this is by saying, "I'm not sure what you should do. Let's talk about the choices you have and see which one sounds best to you."



Empathy

Empathy means recognizing another person's feelings and seeing their perspective. Emotionally, empathy is also about offering deep understanding to the other person. Empathy conveys respect and compassion. Demonstrating empathy is an important part of advocacy work, as it can break through the emotional isolation often experienced by survivors of sexual violence.

However, when advocates identify with and offer empathy to callers, it is important to remember that a willingness to imagine someone else's experience is not the same as actually having lived it. No one can feel the caller's pain or know their experience. Advocates must be willing to hear from and talk with callers about their experiences, and simply be present in the midst of their pain. Please refer to the additional materials at the end of this section for a summary of advocates do's and don'ts when working with callers.



CONSIDERATIONS FOR ADVOCATES



Being empathetic is an important part of supporting the caller. It involves an advocate acknowledging that the caller has endured difficult events and shows the caller that their feelings are understandable.

An advocate might express this by saying something like, "I imagine that it would take a lot of strength to live through these events."

Provide Information & Referrals

Advocates regularly provide survivors, concerned others, and the community at large with useful information regarding sexual violence. Advocates make referrals to other services, organizations, or individuals who may be helpful to the survivor, concerned other, or community member.

The sexual assault support centers and the Maine Coalition Against Sexual Assault have a wealth of resources including books, videos, handouts, posters, curricula, and other informational and educational materials that may be helpful to a survivor, concerned other, or community member.

While advocates possess particular expertise relative to supporting survivors of sexual violence, the complexity of survivors' experiences and the potential for involvement in the justice system often requires collaboration with other organizations and individuals. While supporting the survivor, the advocate may make specific referrals to a range of individuals or organizations in the community who can assist the survivor's healing process. This may include mental health professionals, government programs, domestic violence resource centers, other social services organizations, culturally-specific services, healthcare providers, law enforcement, and many others.

Advocates should familiarize themselves with the resource manuals at their local center to learn about the broad array of potential referrals that may be appropriate when supporting a survivor, concerned other, or community member. It is important for advocates to keep in mind that while survivors and concerned others will often look to advocates for referrals to organizations and individuals who demonstrate sensitivity to issues relating to sexual violence, advocates cannot guarantee the response of others.



CONSIDERATIONS FOR ADVOCATES



Advocates must always keep in mind that the work is not about the advocate or the advocate's feelings. If an advocate has a strong emotional reaction, it is important to discuss this with a supervisor and follow the center's protocols.



Safety Planning & Sexual Violence

Safety, both in the present and future, is a concern for many people affected by sexual violence. Safety includes staying physically safe and unharmed and staying emotionally safe, meaning not being further emotionally harmed or traumatized.

The act of safety planning is about working with a survivor to think of ways to be and stay safe and figuring out next steps. The process of safety planning itself can be a part of healing from trauma and finding autonomy within the trauma. Safety planning is not permanent or final, it is an on-going assessment of needs and options.



Being
trauma-
informed
means

responding to the safety concerns of survivors in crisis. It also means asking about the survivor's circumstances and safety concerns.¹ This could be as practical as providing referrals to locksmiths who can change the locks on a home, or as simple as offering to go with a survivor to an anxiety-provoking appointment.

Safety Planning Considerations

Frame the work. It is important to address the fact that it is unfair that the survivor must plan for their safety when the person who harmed them is the one who should be held accountable.

Reflect and respect boundaries and language. Like in all advocacy, part of feeling safe is feeling heard. When safety planning, advocates should honor the survivor by reflecting the words they use and respecting their boundaries and what they are or are not ready to do.

Wholistic safety planning. Safety planning may be focused on staying safer from the person who has threatened or committed violence. A wholistic safety plan for a survivor considers which people and systems are safer choices. Avoid offering advice. Instead, create space for the survivor to make their own decisions. They are the expert in determining what is best for them, even if you struggle to see how their decisions make them safer.²

Examples of wholistic safety planning include:

- Seeking medical care following sexual violence may

not feel safe for a trans survivor.

- Going to court for a Protection Order while undocumented may not feel safe for a survivor.
- Perhaps due to someone's race, gender, or criminal history, law enforcement support never feels safe.

Identify primary safety concerns and acknowledge and weave those realities into safety planning.

Documentation. When there is on-going unsafe behavior by a perpetrator, part of a safety plan may include the survivor writing down what happened and when it happened. It doesn't have to be a formal process. They could create a Word document (as long as the perpetrator doesn't have access to the survivor's computer or online accounts) or keep handwritten notes. It can help with managing the pieces of the puzzle, and can be a useful tool for the survivor when seeking legal services or advocating for support at school or work.

Examples of Safety Planning with Survivors

Offer the survivor information about safe places for support. Work with the survivor to think about their support network, whether that be a family member, friend, or a community organization. Let them know about the range of the sexual assault support center's resources including support groups and the helpline.

Keep the technology in mind. Discuss the possibility of the perpetrator monitoring their online activity. Talk about what it looks like to clear their cache, history, and cookies, use public computers, and turn off location tracking on mobile devices. Tools like Google Voice and Trap Call can be helpful to remain anonymous while calling or texting. Check out the [MECASA Technology Privacy Guide](#) or [NNEDV's Safety Net](#) project for more information.

Stay safe at home. A survivor could feel unsafe at home because the perpetrator has keys to the apartment, lives in the neighborhood, or has made threats about showing up at their home. The survivor could also feel unsafe just being alone. This conversation could include concrete safety actions (changing locks, installing motion lights, getting a dog) and emotional safety plans (calling a helpline, having a friend over, playing The Office on repeat in the background). Check out Pine Tree Legal's self-help section on Rights of [Maine Renters: Victims of Domestic Violence, Sexual Assault, and Stalking](#) for details on changing locks and other safety measures.

Safety at home with a perpetrator. If the survivor lives with the perpetrator, there are steps they can take to

feel safer including having extra cell phones throughout the house, doors that lock, prepared excuses to leave the house, and a code word for neighbors. This type of safety planning is something domestic violence advocates navigate with survivors daily and is a good place for a referral or a collaboration.

What does it look like to leave? If the survivor lives with the perpetrator and wants to leave, work with local domestic violence advocates to develop a plan and assess for increased threat of harm to the survivor and their children.

Think about safety in the community. Think through the ways work, school, population-specific spaces, and faith communities could support a survivor's plans to stay safe. This may include a Protection from Abuse order or other advocacy from Pine Tree Legal, and meetings with workplace leadership to request support. It could also look like finding someone to go with the survivor to events, taking breaks, and changing routines/routes.

Address stalking behaviors. Stalking behavior is considered high risk, which means that the violence or abuse can escalate quickly and become more extreme. Talk to the survivor about using their phone as a tool by making sure their phone is always charged and emergency contacts are ready to auto-dial. Emphasize the value of memorizing some key numbers. Strategize with the survivor about how they can change their routines to maintain unpredictability when they are in certain locations. Offer the [Stalking Resource Center](#) website as a resource for the survivor.

Feeling unsafe always. Some people who call the helpline for support may not be able to identify an immediate threat to safety, but feel unsafe at their core. This is likely a result of compounded trauma. For these callers, it is really about the grounding and coping strategies over time that can support them in moving beyond this foundational reality.

Prompts for discussion can include:

- What is your biggest safety concern right now?
- Where do you feel the safest right now?
- What would make school/work/community space feel safe to you?
- Does this person have access to your home/work/car/school, etc?

Remember that Protection from Abuse and Protection from Harassment Orders may be options if that is something the survivor would like to pursue.

Domestic Violence Resource Centers (DVRCs) are a great resource to access and collaborate with throughout safety planning. As is true with sharing any personally identifying information with another agency, advocates will need to discuss and obtain a signed Release of Information with the survivor before referring and working with a DVRC.



Crisis Intervention

A crisis is an unstable situation in which people experience extreme difficulty or find themselves in real or perceived danger. People cope with stress regularly within their daily lives, yet when the trauma of sexual violence occurs, a person's usual coping skills may not be enough, and they may find themselves in a crisis situation. A person may seek outside help to process their feelings and explore possible options to resolve the situation. Crisis intervention skills can help a person work through problems that emerge when sexual violence overwhelms their ability to cope.

Although crisis intervention itself will not eliminate emotional pain, it may help a person restore stability in their life. This may be achieved by addressing the nature of the crisis and the person's reactions. Crisis intervention and teaching new coping skills may help the caller address current and future stresses.

A Model for Crisis Intervention

The steps below assume the caller is currently safe.

Develop a Rapport: Listen, believe, validate. Identify, accept, and reflect feelings.

- You sound...
- That must be very...for you.
- Your reaction is very understandable.

Address Issues or Problems: Help the caller identify the issue or problem that needs to be worked on immediately.

- You've told me about several..., what do you want to focus on today?
- How are you feeling about that?

Review: Go over the situation to be sure that you understand all the issues and feelings involved.

- What I heard you say was.... Is that correct?
- What you are saying is going on right now for you is.... Is that accurate?





Focus and Plan: Explore resources and support systems. Help the caller develop a plan for the most immediate concerns.

- What's worked for you in the past?
- Have you thought about trying...?
- Do you think...might work for you?

Closing: Clearly state the agreed upon actions to be taken, including any follow-up or referrals.

- So, you're going to...and I will...
- Do you want someone to call you back tomorrow and check in with you?

Grounding

Grounding techniques can be used to bring the caller back in touch with their body and surroundings in the present moment. It may be necessary for the advocate to help the caller ground themselves prior to engaging in any other type of communication. Some callers may be distressed, shown by nervous speech, changing topics frequently, or other reactions.

Grounding techniques are also useful to help a survivor find balance during a flashback or when experiencing dissociation or a difficult memory. A survivor may already know what grounding techniques work best. If a caller is unable to provide ideas that work for them, an advocate can make suggestions. Your center may offer specific techniques that might be used.

Coping Skills

People adopt behaviors or strategies to help them get through difficult situations. These are called coping skills. What works for one person may not work for another. While coping skills can be useful, some practices may become unhealthy. Some callers may be engaging in self-destructive behaviors and may share with the advocate that they use food, self-injury, drugs, or alcohol to cope with feelings they are experiencing. It is important to listen and encourage callers to find safer techniques, without expressing blame. As with grounding

techniques, a survivor may already know what works best.

If the caller needs to spend time talking about coping skills, and does not already have safe coping skills that are helpful to them, the advocate can explore options from the list below. Remember that not all of these will work for everyone, and some callers may find some of the following examples upsetting:

- Listen to a calming story, music, or affirmations to be played when needed.
- Find solitude in a favorite chair, with a family pet, stuffed animal, or favorite blanket.
- Imagine being in a comforting place (e.g. at the ocean, a friend's home, etc.) and picture as much detail of that place as possible.
- Call, email, text, or visit a supportive friend or family member.
- Go for a walk or engage in some other physical activity.
- Be creative - sew, cross-stitch, knit, bead, draw, color.
- Explore spirituality. Read self-exploration books, attend a place of worship, join a spiritual group.
- Carry a favorite item for comfort: a rock, crystal, picture.
- Sing – alone or with others.
- Take up a new activity, sport, class, or craft.
- Make an appointment with a therapist.
- Write a letter to the person(s) who hurt them to express how they feel. After writing the letter(s), they can decide what to do with it. Some people find it helpful to destroy the letter(s) (tear it up, shred it, burn it, bury it, throw it in the trash). Others may choose to give their letter(s) to someone or may choose to keep it in a confidential location.
- Write a word describing a current feeling (e.g. numb, tired, horrible, sad, lonely, angry, etc.) and continue to write the word, over and over. This may make the word start to look funny or may allow the caller to have power over the word, rather than the word having power over the caller.
- Call the helpline anytime day or night.



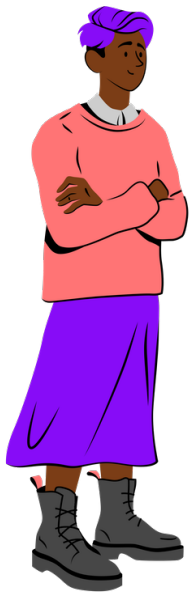


CONSIDERATIONS FOR ADVOCATES



If an advocate is wondering if a caller is considering suicide, advocate need to ask: “I am wondering if you are thinking about killing yourself.”

It is very important to be straightforward with the caller. Asking will not give the caller the idea or make them decide to kill themselves. Direct, respectful, and supportive questions may reassure the caller the advocate recognizes their pain and is concerned. An advocate can tell the caller that they want to help the caller work through their feelings.



Suicide

The level at which an individual is impacted by sexual violence depends upon the person’s life situation, their ability to cope with stress, and their access to a support system. At times, the impact of sexual violence can overwhelm a person so completely that they consider suicide as an option.

There are times when thoughts of suicide arise out of a new trauma experience on top of everything else going on in someone’s life.

Survivors may experience overwhelming feelings of guilt, shame and fear, or may experience extreme depression. They may be frustrated by the amount of time healing can take. Societal messages or people in their lives may make them believe that they are somehow responsible for the violence they experienced. They may think suicide is the only way to stop their intense pain since nothing else they have tried has been effective. Any or all of these factors could make a survivor’s life seem too difficult to bear.

Some survivors may experience stress in their daily lives

that increases the likelihood that they will consider suicide.

Common stressors may include:

- Regaining memories of abuse.
- The death of a loved one.
- Termination of a close relationship.
- Moving.
- Diagnosis of a chronic illness.
- Major surgery.
- Childbirth.
- Financial or employment problems.

Social isolation, financial difficulties, and feeling like a burden on family or friends are often common stresses, particularly for older adults. In adolescents, these stressors can be social isolation, family problems, failure to achieve goals in school, and the loss of friends.

Contrary to popular belief, people who are serious about dying by suicide do talk with others about their plans. In fact, most people who die by suicide have talked about their intention.³ Not all people who feel suicidal have made the decision that they want to die. Some have an unsure attitude towards life, with part of them wanting to die and part of them wanting to live. Some want to stop the intense pain they are experiencing and cannot see another way forward.



CONSIDERATIONS FOR ADVOCATES



Remember: an advocate cannot save a caller’s life. Suicide is a powerful and emotional issue for many people. Advocates may have personal feelings and experiences about suicide. However, it is important to keep these feelings and ideas separate from the call. You can talk with your supervisor or staff back up if you have trouble processing these feelings or ideas.





CONSIDERATIONS FOR ADVOCATES



Sometimes callers will not use resources available to them to actively change their situation. Callers may turn down every option mentioned by the advocate. Keep in mind that the caller may be unable to recognize or act on possible solutions as a result of the violence and trauma they have experienced.

It may be helpful say, “I believe you are doing the best you can right now. It took a great deal of courage and strength to call the support line. I am here to support you. How can we work together to make sure that you are able to stay as safe as possible?” Callers may still choose not to utilize resources available to them; it is not the responsibility of the advocate to solve the callers’ problems or “fix” the callers’ situations.

Addressing the Caller’s Concerns

As with any caller, it is important that a caller with suicidal feelings and concerns be taken seriously. The advocate may want to spend time validating how the caller is feeling and acknowledging the ways in which life is challenging for them.

When an advocate is concerned that the caller is thinking about suicide, the possibility must be addressed directly with the caller.

Helping A Caller In Immediate Danger

In this situation, a direct approach is needed to help the caller stay safe.

If the caller is planning a suicide attempt, the advocate needs to ask how the caller plans to take their life and whether they have the means to carry out the plan. Talk to the caller about removing any danger from the immediate area, for example by putting a gun or pills out of sight in a locked cabinet.

Sometimes helping the caller will mean keeping them on the telephone and waiting for the suicidal feelings to pass. If this is successful and the caller is out of immediate danger, a safety plan between the advocate and caller is the next step towards creating increased safety.

If the caller is on the verge of an attempt, or has made one, follow center policy regarding breaches of survivor confidentiality.

At some centers, responding to a caller who is thinking about suicide may include the advocate accompanying the caller to a health care facility or supporting the caller with contacting more appropriate services such as crisis support. Refer to specific center policies and protocols. Talking with a caller who is thinking about suicide can be difficult. Following the call, it is important to get support



from your staff backup or a supervisor. It is also important for advocates to use self-care strategies that will help with relaxation and stress release.

Safety Planning & Suicidal Thoughts

Lethality varies from person to person and some callers will not be in immediate danger, while others need help identifying ways to keep themselves safe. Exploring available resources and making referrals to outside agencies is an essential role for the advocate.

One important tool for advocates is working with callers to create a safety plan. The advocate can work with the caller to come to an agreement or a safety plan to help keep the caller safe. In most cases, a safety plan requires that if the caller feels like they are going to hurt or kill themselves, they will call a suicide hotline or therapist. This will allow a person with expertise in suicide to assess the danger the caller is in and offer assistance.

Safety plans can also include other pieces of information such as specific ways the caller is going to get through the next few hours of their day, such as having supportive family members and friends, or (varying from center to center) setting up a follow-up call by the advocate at a specific time of day. If the caller is not willing to make a safety plan with the advocate, and the situation has been assessed as being highly lethal, advocates should refer to specific center policies regarding confidentiality requirements to determine when a breach of confidentiality is required.

It will be helpful for the caller and the advocate to work together to brainstorm ways to address some of the caller’s concerns. Often, it is useful to work toward identifying the personal resources that the caller has available.



Suicide Intervention Protocol Chart

A caller/client has displayed risk for suicide/harm to self or is talking about wanting to hurt themselves.

Assess
warning
signs

Advocates must be direct in asking if the client/caller plans to kill themselves.

Low risk means no plan or intention to imminently or significantly harm self.

Discuss safety planning and other supports.

Document per center practice.

Volunteers should notify Staff Back Up and debrief the call.

Staff Back Up should pass necessary information on according to the center's protocols.

Advocates must be direct in asking if the client/caller plans to kill themselves.

Medium to high risk means they have a plan, thought about or accessed means (e.g., gun, pills, rope) and have a timeline of when they will imminently or significantly harm themselves.

Advocates should try to contract for a safety plan and ask permission to help the client/caller stay safe (crisis, emergency department, wellness check from police).

With explicit permission, contact the Statewide Crisis Line (1-888-568-1112) or 911.

Keep the client/caller on the line if possible.

Advocates may also contract to meet the client/caller at the hospital emergency department and stay until a crisis worker takes over.

Document that verbal permission was given on Release of Information Form.

If client/caller doesn't want outside help, plan a follow-up call within 12 hours.

Document per center practice.

Best practice is to get the client/caller to verbally make a safety agreement (contract).

Plan if volunteer or Staff Back Up will make the follow up call.

Volunteers should notify Staff Back Up and debrief the call with necessary center staff, per the center's protocols.

Staff Back Up should pass necessary information to next day's Staff Back Up & necessary center staff, per the center's protocols.



Callers thinking about suicide need assistance beyond what advocates are trained to provide. Therefore, it is important for an advocate to refer a caller who is suicidal to additional resources, such as the crisis hotline or area therapists or counselors. When the advocate provides these options, it is important to make it clear to the caller that you are able to make referrals on their behalf with their explicit permission and a written release. Advocates should offer referrals towards the end of the conversation after validating the caller's situation, assessing lethality, and making a safety plan with the caller.

Revisiting Confidentiality

The Violence Against Women Act (VAWA) prohibits advocates (sexual assault counselors) from breaking confidentiality to inform authorities (law enforcement or emergency responders) even if they have assessed that a client is at risk of harming themselves or others unless they have the client's expressed consent. Maine does not have a statutory mandate or case law that supports duty to protect or duty to warn. However, some professions may have these expectations as part of their code of ethics. Advocates should seek guidance from the Associate Director or Executive Director for situations involving imminent and significant harm to self or others.

Common Disturbances & Advocate Response

Sleep Disturbances: The advocate's role is to support the caller where they are, and with how they are feeling about their situation. The advocate's role may also involve helping a caller brainstorm ways to reestablish their typical rest or sleep pattern. This helps the body and mind rest so the healing process can begin or continue.

The advocate may start by asking the caller some questions about their daily routine: "What time did you go to bed? Is this the time you typically rest or go to sleep?" This may assist the caller in thinking and talking about their situation. The advocate can use their reflective listening skills to validate the caller's concerns and help them recognize the link between rest and sleep and the healing process. Many people will easily see this connection with an everyday example such as how a task can be challenging when a person is not well-rested.

Advocates can also offer callers specific techniques to help them rest or fall asleep. Some helpful techniques

were previously discussed in the coping and grounding sections. Advocates can also provide the following options to help callers rest, sleep, stay asleep, or get back to sleep after waking. Keep in mind that some of the following may be triggering for a caller:

- Deep breathing
- Visualize a safe place
- Listen to soothing music or a meditation app
- Write in a journal
- Leave a light on
- Recite a poem, prayer, or song multiple times

Eating Disturbances

Advocates may also support a caller who expresses concerns about eating and nutrition. Again, the advocate's role is to support the caller where they are and with how they are feeling about their current situation. The advocate may also help the caller identify the link between adequate nutrition for their mind and body and the healing process. Many people will easily see this connection with an everyday example, such as how difficult it can be to complete a task with no energy. The advocate can start by asking the caller some questions about their daily routine: "*What did you eat today? Is this what you typically eat?*" This may assist the caller to reflect on their situation. The advocate can use reflective listening skills to validate the caller's concerns.

Advocates can also offer the following considerations to support callers around healthy eating:

- Be gentle with yourself if you're overeating or not eating enough.
- Think about eating all kinds of different foods, in moderate amounts.
- If you're nauseous, consider foods or drinks that have been soothing in the past.
- Through the healing process, your eating patterns may regulate or change again.

Advocates should note that some callers may be offended by a conversation about food and healthy nutrition. This may be a struggle in their life now, but may not be why they called and may not be what they want to focus on. Listening skills and avoiding assumptions will be an advocate's best tools. If a caller has identified starvation and the advocate is concerned about the caller's immediate safety, the advocate may need to consider breaking survivor confidentiality according to center policy.





CONSIDERATIONS FOR ADVOCATES



A caller may not identify having a regular rest or sleep pattern, or may say that waking in the night or having nightmares is usual for them. It may be helpful for the advocate to ask the caller what their sleep and rest habit goals are, or what they would like to see happen so that they can feel more rested.

It is not the advocate's responsibility to get a caller to where they are resting or sleeping peacefully and regularly. Callers may find it helpful to access a therapist or other community resources to help more directly with sleep disturbances.

Bursts of Emotion

An advocate's role in supporting a caller who is experiencing bursts of emotion that interfere with the caller's day-to-day life is to assist them in exploring ways to manage their emotions. Talking about when and where outbursts seem to occur may be helpful. It may also be helpful to explore ways to express feelings during safer times and in safer places. Below are some examples advocates may offer to callers:

- Cry while in the shower or when watching sad movies or listening to sad music.
- Punch a pillow, upholstered furniture, or even a punching bag to release emotions.
- Scream, yell, or sing loudly in the car.
- Set a timer and exercise or clean vigorously until it goes off.
- Write without stopping for at least 20 minutes or at least three pages.

Helpline Advocacy

There is no simple formula to describe the course of a helpline call. Callers will have different experiences, personalities, and life circumstances, which will affect the direction of the conversation. At the same time, there are aspects that are common to many calls. The information that follows is intended to give an advocate an idea of what a helpline call could look like, but it is not meant to be a step-by-step guide.

Language Access⁴

Title VI of the Civil Rights Act of 1964 requires language access for those with limited English proficiency. Sexual assault support programs in Maine are funded by the federal Department of Health and Human Services (HHS) and the Department

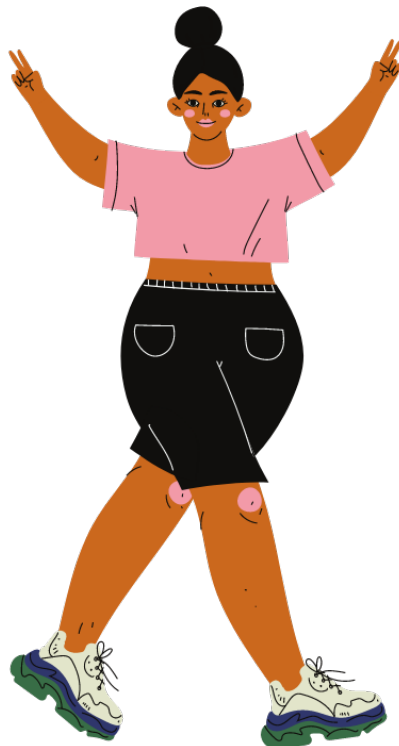
of Justice (DOJ). Programs receiving federal funds are required to develop and implement policies that ensure meaningful access for people with limited English proficiency.

Beyond compliance obligations, language access is at the core of trauma-informed services and is critical to ensure survivors have a fair chance to share their experiences, get support, and access justice. An interpreter can make it possible for a survivor to communicate fully, to make truly informed decisions, and to support their healing and autonomy.

Key to providing timely and meaningful access for callers with Limited English (LE) or who are Deaf/hard-of-hearing is to understand how to use telephone interpretation services.

The teletypewriter (TTY) was the basis for telephone relay communication for people who are Deaf or hard-of-hearing. Now those traditional relay services can be reached by anyone by dialing 711. The 711 feature is available free nationwide to access non-internet-based relay services.⁵ In addition to this service, many Deaf or hard-of-hearing individuals have equipment in their homes to provide free video relay interpreter services. Deaf or hard-of-hearing individuals may have their own interpretation services when calling the helpline.

If you receive a call from a person who speaks a language other than English, or has a speech or language disability, is Deaf, and who is having difficulty communicating in English, you will use a telephone interpreting service. All centers contract with a telephone interpretation service available 24 hours per day, seven days per week, in hundreds of languages. There is a per-minute charge for use of the line, which the center pays.



When the Answering Service Identifies a Caller Needs An Interpreter

1. The answering service will access **their own** telephone interpreter services to get all the necessary information.
2. The answering service will also tell the caller that when the advocate calls them back, they will be provided a free phone interpreter, and it may take a few extra minutes to get that interpreter in place.
3. Once the answering service has the necessary information, all parties, including the telephone interpreter and the caller, will hang up.
4. The answering service will contact the on-call advocate.
5. The on-call advocate will take the message from the answering service, including what language is needed for the interpreter along with the name and phone number of the caller.
6. Call your agency's telephone interpreter service. Let them know: your center's account number, agency name, what language you need, and give them the callers name and phone number
7. You do not have to connect the interpreter, the caller, and you. The telephone interpreter service will connect everyone. *However, if you have a patch-through caller who also needs a telephone interpreter, you will need to know how to put the caller on hold and call the telephone interpreter service.*
8. When the interpreter is on the line, let them know you work for a sexual assault helpline and the name of the caller.
9. Ask the interpreter for their name and their location. When the caller joins the call, let them know the interpreter's name and location and get consent to use this interpreter.
10. Start the call and use Helpful Hints below.

If You Identify a Caller Needs An Interpreter

- If you believe English is not the caller's first language, let them know they can have access to a free phone interpreter. If they refuse, emphasize that the service is free and even if their English is good enough to communicate with you, sometimes talking about hard things is made easier with an interpreter.
- Follow their lead to determine which language is needed.
- Place the caller on hold OR coordinate a call back.
- Call the interpreter services.
- Follow steps 7-10 above.

Helpful Hints When Using Telephone Interpreters

- Identify the purpose of your call.

- Speak clearly and avoid contractions (abbreviations that leave out certain letters or sounds).
- Speak in short sentences.
- Speak slowly and pause frequently.
- Speak in the first person.
- Avoid colloquialisms (not widely used words or phrases).
- Avoid acronyms (an abbreviation formed from the initial letters of other words and sometimes pronounced as a word).
- Briefly explain technical terms.
- Check in with interpreter regarding their understanding, your rate and pattern of speech.
- Check in with the caller to ensure their understanding;
- Be patient.

Preparation

The first step in making a helpline call is preparation. An advocate who is well-prepared will be better able to support callers by more easily accessing the communication skills previously outlined.

There are three main areas of preparation:

Mental. The advocate puts aside personal distractions involving home, work, relaxation, or other thoughts.

Emotional. The advocate contains personal emotional issues and acknowledges that the caller may share emotional information that could be disturbing. The advocate considers self-grounding by keeping both feet on the floor and taking three deep breaths.

Physical. The advocate locates resources needed such as paper, pen, and outside referral information, and takes time to address any physical needs by stretching, getting a beverage, or using the bathroom.

Making the Call

Advocates engage in helpline calls according to center policy, including responding within a required timeframe. Calls are made from a private location both to protect confidentiality and to have as few distractions as possible. An advocate may decide to use the same space each time they are on-call, making the space comfortable and ready at a moment's notice. Advocates will vary in what space they choose to use to make calls. An advocate may choose not to use the bedroom to make a call since it is a personal private space, while another advocate may feel that the bedroom is the only space without distractions so they make a specific corner of a bedroom their space to make calls.



Also, it is important to remember that the caller may share information about sexual violence that is emotionally disturbing. Since most advocates will be taking calls from their homes, it is often helpful to think ahead of time about how the space will be set up to contain personal responses or any other remnants from a call once it has ended. For example, some advocates will prepare a specific chair or desk for making calls, to create a separation between advocacy space and personal space that they can then get up and leave once the call is over.

Maintaining Confidentiality

Advocates must be careful to maintain confidentiality when returning a call. It is important for an advocate to make sure they are speaking with the person who called before stating that the advocate is calling from the helpline. Here is an example of how to maintain confidentiality when returning a call:

Caller: *Hello?*

Advocate: *Hello, my name is Mary. Is Anne there?*

Caller: *This is Anne.*

Advocate: *Hi Anne, this is Mary, I am with... how may I help you?*

In some cases, the telephone will be answered by someone other than the original caller. When this happens, the advocate can ask for the original caller by first name. There is no need for the advocate to give their own first name, and it is important to avoid mentioning that the advocate is calling from a sexual assault support center. If the original caller is not there or is not available, the advocate can casually state that “I am just getting back to [the original caller] and don’t need to leave a message.”

The Call

Generally, people call the helpline for a specific purpose, such as needing emotional support, requesting information, or asking for help sorting out the next step they need to take.

Identifying and responding to the caller’s underlying feelings and concerns can help focus the conversation

and make it more useful.

The best way for an advocate to assist the caller is to:

- Validate and believe the caller’s experience.
- Provide emotional support.
- Help identify and connect with support systems.
- Note the option to seek medical care when appropriate.
- Provide crisis intervention as needed.
- Give information and referrals as appropriate.
- Assist with safety planning and focusing on next steps.
- Offer follow-up support to the caller.

Advocacy skills are just like other learned skills and will become easier with practice. Advocates will learn from their own experience and the experiences of others and will quickly gain confidence in their ability to assist callers.

Types of Helpline Calls

Helpline calls can vary greatly. Callers present a variety of issues and experiences, in unique combinations. During some calls, an advocate may find it easier to follow the steps previously laid out, while in other calls, an advocate may need to make more effort to attend to the concerns raised by the caller. Finding any particular call easy or more difficult will vary from advocate to advocate. It is important for advocates to handle calls as best they can and follow specific center policy at all times. Staff back-up and supervisors are available to discuss calls whenever helpful or necessary.

Non-Crisis: Individuals will call for a variety of reasons with nothing apparently urgent going on. Callers may want to talk, may want to be heard, or may want to bounce an idea off a caring person. Advocates can provide active support for callers by validating their experiences and supporting the decisions they make. This may require discussing outside resources available. For example, if the caller is interested in seeing a therapist, an advocate can offer a list of suitable therapists based on the caller’s needs. An advocate may offer educational materials, brochures, or other information useful to the caller.



CONSIDERATIONS FOR ADVOCATES



Often a caller can find their own answers. Sometimes it is helpful to ask questions about what the caller has done to deal with stressful situations in the past, and whether there are people in their life who are able to support them as they heal. An advocate can then ask the caller to evaluate the different options that have been considered. In the end, it will be the caller who determines which of these options is most appropriate.





CONSIDERATIONS FOR ADVOCATES



Keep in mind that the types of calls are not mutually exclusive; one interaction can include aspects of several of the types of calls described above. Every call is unique and needs to be individually assessed.

Crisis Calls: Callers may need crisis intervention. This may be because the caller recently experienced sexual violence, or a past act of sexual violence has been triggered in the present. In either situation, advocates can refer to the crisis intervention model previously outlined.

Information and Referral: Community members such as medical professionals, teachers, clergy, and law enforcement may call looking for information and resources. Callers may also present situations beyond the scope of an advocate's ability to help. Once an advocate has listened to the caller and helped them identify options to address their most immediate concerns, an advocate might help a caller connect with other services. Advocates need to be aware of how to find other resources in their area. Many sexual assault support centers provide advocates with resource directories.

Accompaniment: Survivors may choose to go to a healthcare facility for medical attention, or to a police station to make a report. Advocates provide accompaniment at these locations. Most sexual assault support centers also have staff available to accompany survivors to court or to obtain a protection order.

Prank Calls: Advocates may receive prank calls. Some prank calls may be from people who will giggle, yell, breathe heavily, or scream into the phone. Other times a person may try to use the helpline for sexual gratification, breathing heavily, or masturbating. Advocates are not expected to listen to prank callers and can terminate such calls according to their center's policy.

Calls from Offenders: Sex offenders occasionally call, though when they do it could be for a variety of reasons. They may want to discuss their own experiences with sexual violence and may use those experiences as a way of justifying the sexual violence they have committed against others. A sex offender may call and ask for a referral to a local therapist, perhaps because they are mandated to attend counseling as a probation condition, or for some other reason.

Sexual assault support centers provide services to survivors and concerned others. Out of respect for every individual's right to services, advocates do provide referrals to offenders and make it clear that the center itself does not provide those services. Advocates can refer to the specific center's policy for additional guidance.



CONSIDERATIONS FOR ADVOCATES



Advocates should never give callers their personal information such as phone numbers, e-mail profiles, or on-call schedules.

Ending the Call

Sometimes ending a call can be challenging, especially for new advocates. Yet it is an important skill for advocates to learn. It may be time to bring the call to closure once the caller has addressed their feelings, brainstormed the next steps in their healing process, and the advocate has provided resources such as grounding techniques, coping skills, or other information.

As previously described, summarizing can be helpful to review the concerns discussed on the call and plans already agreed upon. The advocate may ask if the caller would like additional information about resources such as support groups, specific information on healing, or other services the center may offer. Request a mailing address if needed, and explain that information can be sent in an unmarked envelope. Then pass this information on to the correct person according to the center's policy.

In addition, it may be helpful to ask one of the following questions:

- "We have been on the phone for XX minutes, let's take 10 more minutes. What would you like to talk about in those 10 minutes?"



- *“It seems like we have talked about a lot this evening/morning/afternoon. How do you feel about ending the call now?”*

At the close of a call, advocates should ask callers the closing outcome question. This question is an important tool to help determine whether the caller’s needs were met, as well as for statewide program development. Advocates should not ask the question if it is not appropriate in the context of the call, or if callers do not seem grounded and comfortable. Callers do not need to answer the question. More information about the closing question, the specific language, and the protocol for reporting outcomes and other data is available through the center.

Finally, when ending a call, it is important for an advocate to tell the caller that the helpline is available 24 hours a day and that the caller is welcome to call anytime.



CONSIDERATIONS FOR ADVOCATES



The emergency department or law enforcement agency may call the helpline directly to request an advocate. Advocates follow their center’s policy concerning this type of request.

It is important for advocates to be aware of their specific center’s policies regarding face-to-face contact with callers. When accompanying survivors, advocates may be asked by law enforcement officers and healthcare providers to give their name or sign paperwork as a witness. Center policies vary as to whether advocates provide their full name or first name only, and whether the advocate can sign papers as a witness.

Accompaniment

While many survivors and concerned others seek information and support through phone contact, there is often also a need for advocates to provide accompaniment. An advocate may be the first person to speak with a survivor following the act of sexual violence. The advocate will have the opportunity to talk with the survivor, provide immediate support, assess the current situation, and provide an overview of possible healthcare and law enforcement options.

Accompaniment, while using similar skills as helpline advocacy, brings the advocate face-to-face with the survivor and potentially with concerned others. Sexual assault support centers advocates provide accompaniment for survivors during medical care and forensic evidence collection at healthcare facilities, during law enforcement reporting, and through the criminal justice process. Center staff advocates provide law enforcement and legal accompaniment, as well as accompaniment to other locations.

Non-staff advocates provide accompaniment at healthcare facilities and may also become involved in the law enforcement reporting process.

Not all face-to-face advocacy is in the form of accompaniment. Center staff advocates may meet with survivors

and concerned others at the center’s office or at another designated location in the community. For example, some center advocates work directly with individuals in assisted living facilities, in group homes, on college campuses, and at high schools.

The advocate’s role during accompaniment is to provide emotional support, information, practical assistance, and to inform the survivor and concerned others about their options. It may also be necessary to provide information to healthcare providers or law enforcement officers to help create a non-judgmental and supportive atmosphere for the survivor.

Accompaniment requires that additional attention be given to maintaining boundaries and that the potential for increased impact on advocates be recognized. For example, a survivor may be at their most vulnerable when at a healthcare facility following an act of sexual violence. Advocates may witness both the visible physical injuries and the survivor’s emotional response.

During accompaniment, an advocate will be closer to the experiences of the survivor and must be prepared to provide support and assistance. Refer to the next chapter, Collaborating with Other Systems and Partners, for additional information.



Chapter 12

When people call the helpline, they typically know they need help or information, but they are usually not calling with an agenda for how you can help them from point A to Z. It's the advocates' job as advocates to provide a space where callers can express their needs, where we respond accordingly.

Call flow can be summarized like this:

- Introduction
- Affirm & believe
- Adjust tone & energy
- Assess for safety
- Listen & allow for silence
- Use door openers
- Reflect needs
- Bridge to next steps
- Close

There are three major ways of grounding:

- Mental: focusing the mind.
- Physical: focusing on the senses (e.g., touch, hearing).
- Soothing: self talk in a very kind way.

Safety planning is an ongoing process:

- Ask open-ended questions.
- Provide resources and options.
- Listen and support the survivor's problem-solving when a solution is hard to come by.
- Explore what feels safest to the survivor.
- Keep your own ideas of safety and biases in check.
- Clarify plan.

Crisis intervention is the process by which a person identifies, assesses, and intervenes with an individual in crisis to restore balance and reduce the effects of the crisis in their life. May look like individuals trying to manage their own overwhelm, including possible harm to themselves or harm to others.

Endnotes

¹ Valor. (2021). *Valor's support for survivors: Training for sexual assault counselors/advocates*. Retrieved from: <https://www.valor.us/publications/valor-support-for-survivors-in-english/>. p. 106

² Ibid, p. 104

⁵ O'Halloran, S., Coleman, L., & DiCara, C. (n.d.). *It's up to all of us. Maine Youth Suicide Prevention: Education, Resources and Support*. Retrieved from <http://www.maine.gov/suicide/docs/infobooklet.pdf>

⁴ Adapted from: MECASA. (2021). *Model Language Access Policy*.

⁵ National Association of the Deaf. (n.d.). *TTY and TTY Relay Services*. Retrieved from: <https://www.nad.org/resources/technology/telephone-and-relay-services/tty-and-tty-relay-services/>