

## **SECTION 3**

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### **ADVOCACY AND ACCOMPANIMENT**



# ADVOCACY AND ACCOMPANIMENT

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## INTRODUCTION

Sexual assault support centers 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, or they may be experiencing it currently.
- 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 warning signs of child sexual abuse and how to protect a child in their life.
- Community members may call for information about sexual violence.

## THE ROLE OF THE ADVOCATE

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 or to put forth their own agenda, 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; however, advocates need to respect the fact that they may make sense to the caller and the caller's situation.

### Responsibilities to Self and to Callers

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.**



## 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.**

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
- Practice self-care
- Create safety by believing, supporting, and empowering callers
- Listen unconditionally
- Be empathetic
- 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. An important part of providing support is remaining nonjudgmental of the survivor, their choices, and behaviors, while being steadfast in the belief that no one deserves to experience sexual violence. Beyond this, an advocate offers information and referrals, and when needed, provides the survivor with accompaniment to area resources such as the hospital or police station.

### **Empower**

Many callers feel that they are not in control of their own lives and that the experience of sexual violence

## 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."**

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 those things they can influence may help them to trust their own ability to take care of themselves. This is one way individuals can re-establish control in their lives and heal from sexual violence. By supporting survivors in this, 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.

### **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.

### **Provide Information and Referrals**

Advocates regularly provide survivors, concerned others, and the community at large with useful information regarding sexual violence. Advocates also often provide 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, films, 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



## **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.”**

## 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 specific center's protocol.**

collaboration with other organizations and/or 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, including law enforcement, mental health professionals, government programs, other social services organizations, culturally-specific services, health care providers, 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.

### Safety Planning

One outcome of an interaction with a survivor may be the survivor's new or ongoing strategies to support their safety and well-being. The process of developing these strategies is called safety planning. A safety plan may include strategies to support a survivor's physical, emotional, and spiritual safety.

Advocates assist survivors in developing safety plans by listening to survivors' experiences and engaging them in a process of problem solving, brainstorming, and resource sharing. Safety plans cannot be created with a "one size fits all" approach. Safety planning involves considering and committing to actions that will uniquely benefit each survivor.

Safety planning strategies may be simple, such as locking all doors and windows, taking a certain route to work, or carrying a mobile telephone, or may

include other systems, such as locating temporary emergency shelter or obtaining a protection from abuse order. In addition, safety planning strategies may address immediate and long-term safety concerns. For example, a short-term safety planning strategy might be to seek immediate medical treatment at a health care facility with an advocate providing accompaniment, or to use certain grounding exercises (discussed later in this section) when experiencing extreme stress or anxiety. A longer-term safety plan might involve relocating to another area, or seeking a new job or educational program.

Safety planning may include contacting and involving other organizations, programs, and individuals. A sampling of other organizations, programs, and individuals that may come up while safety planning with survivors includes:

- Law enforcement – The survivor may decide to contact law enforcement to report the sexual violence.
- The Maine Victims' Compensation Program – A state program that provides some financial compensation to survivors of sexual violence (discussed in detail in the Legal Response and Resources section of this manual).
- The Maine Address Confidentiality Program – A state program that creates a mechanism for survivors to keep their address highly confidential (additional information available in centers' resource manuals).
- Protection from abuse orders (discussed in detail in the Legal Response and Resources section of this manual).
- Local domestic violence organizations.

When supporting survivors, advocates listen, provide information, and explore options with survivors

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as they consider the risks they face now and in the future. It is important that advocates understand their role to be one of problem solving, brainstorming, and offering information and resources, not telling the survivor what to do or which safety planning strategies to select. The approach taken by advocates is that survivors know best what strategies will enhance their safety.

Safety planning is an active process, and an advocate must be prepared to respond to a caller where they are at the time of the call. Survivors may change their safety plans and/or call again with new or different concerns. Advocates can help callers with some safety planning strategies by rehearsing, or walking through, the steps of the strategies, in order to evaluate how well they will work. Both advocates and callers must understand that safety plans can and will change depending on how situations evolve.

When safety planning with someone who is in immediate danger, or who is facing the possibility of being involved in an incident of sexual violence in the future, the following questions may help callers in choosing safety planning strategies:

- Where are you?
- Do you need medical attention?
- Where is the offender?
- How can you protect yourself?
- Can you leave your current location? Where can you go to be safe?
- Who can you call?
- Is there a code or plan you have, or can create, with someone you trust to let them know you need them to call for help?
- Is there anything you would like me to do (for example, call law enforcement, call back in 10 minutes, etc.)?

When engaging in general safety planning with survivors of sexual violence, advocates may consider asking the following questions:

- What has worked in the past to protect yourself (or others you are concerned about), or to make you feel safer?

- What sources of support (financial, spiritual, legal, housing and transportation, etc.) exist that might contribute to your safety?
- Can community organizations and programs (such as the sexual assault support center, law enforcement, and medical facilities) support you?
- What are your short term safety concerns?
- What are your longer term safety concerns?
- How can you create a safe environment in your home (door locks, changing or getting an unlisted telephone number, etc.)?
- How can you create a safe environment in public or at work (talking with someone at work, screening calls, etc.)?

In some cases, especially in cases in which the survivor knows the offender, safety planning for the future may also involve a conversation about the potential lethality of the offender. Lethality refers to the likelihood that an offender will use deadly violence against the survivor. Advocates may consider the following questions with callers to discuss the offender's lethality:

- Has the offender threatened homicide or suicide?
- Has the offender used weapons, threatened to use weapons, or does the offender have access to weapons?
- Is the offender using alcohol and/or drugs?
- Is the offender stalking the survivor and/or monitoring the survivor's behavior?
- Does the offender act jealous and obsessive toward the survivor?
- Does the offender have contact and access to the survivor?
- In cases involving marital rape, domestic violence, and acquaintance sexual violence, is there a recent or anticipated separation when the offender might experience a perceived loss of control and escalate their violence?

Safety planning strategies may be specific to survivors who have experienced, or are experiencing, particular types of sexual violence.

One example involves stalking situations, when survivors choose safety planning strategies specific to the risks presented by stalkers. Accordingly, some sections of this manual relating to particular types of sexual violence provide additional safety planning strategies relating to those types of sexual violence.

### ETHICAL CONSIDERATIONS

Advocates strive to provide each caller with a consistent level of respectful assistance, regardless of the caller's individual background or circumstance. Advocacy involves providing a caller with all the options available, rather than just those the advocate prefers. When an advocate recognizes a particular approach is not helpful to the caller, the advocate needs to be flexible and discuss other options. As discussed above, one of an advocate's key roles is to support a survivor's right to make an individual choice without judgment.

Ethical issues or questionable behaviors that an advocate must avoid include:

- Conflicts of interest, such as working with a caller with whom the advocate has a personal or professional relationship.
- Taking on a dual role with a caller. This occurs when a concerned other or community member calls and asks questions about another caller. Because of confidentiality (discussed in detail below), it is not appropriate to acknowledge any other

caller to the person currently on the phone.

- Attempting to realize personal gain through advocacy, such as entering into a friendship with a caller.
- Making promises that an advocate is not able to keep, such as telling a caller that an interaction will be confidential when mandated reporting may apply (see the Mandated Reporting subsection below for further explanation).
- Not following through with commitments, such as not making an agreed upon follow up telephone call.
- Failing to represent an advocate's roles and responsibilities accurately, such as when a caller assumes or states that advocates are counselors. The advocate must clarify this misunderstanding.
- Disrespecting the caller's right to pursue information and to make informed decisions, such as not informing a caller of their medical options.
- Breaking confidentiality inappropriately, such as providing information to a law enforcement officer without a release of information signed by a caller.

Advocates strive to do no harm. If an advocate is faced with a circumstance in which an ethical consideration arises, the advocate can consult the specific center's policy and procedures manual, and speak with a supervisor.



### Considerations for Advocates

**Advocates are encouraged to look within themselves and consider how they view boundaries in their personal life, outside of crisis and support line advocacy. Once advocates are able to question this, they will be able to examine how their personal view of boundaries is similar or different from the sexual assault support centers' view of boundaries. This process will help advocates to see the differences between personal and professional boundaries and how to utilize those boundaries accordingly.**

## Boundaries

Throughout this manual, readers will learn about boundaries. For example, learning about how to end a call, techniques of self-care, the importance of confidentiality, and listening unconditionally all involve the practice of setting boundaries. Boundaries are crucial to every aspect of sexual violence advocacy. Boundaries set limits to help regulate the impact people have on one another. Boundaries are parameters or limits that help keep people from invading one another's space, or being invaded upon. Boundaries are important for a variety of reasons: they help to create safety and protection, they aid in working with others, they help individuals to maintain a sense of personal power, and they help individuals preserve a sense of self.

When people hear the word boundaries, they often think of negative restrictions placed on them or on situations. Boundaries are not rigid regulations to control others' choices and behaviors. Rather, they are fluid and change depending on who a person interacts with, where the person is, and what the situation is. Boundaries are flexible and ever-changing, and they work best when each person is in control of their own self. While walls close us off from the world, flexible boundaries allow us to choose intimacy when we want it and protection when we need it.

People have two systems of boundaries. The first are external boundaries and relate to a person's sense of physical space. These can be sexual or nonsexual, and help to control how close a person wants others to be, as well as defining the people who are allowed to physically touch that person. The second are internal boundaries. These are tied to the way an individual establishes relationships with people, and the extent to which a person will allow another to influence how they think or feel. External and internal boundaries help individuals by setting up limits that keep outsiders from harming them. Rather than completely shutting others out or randomly allowing people in, healthy boundaries balance closeness and independence.



### Considerations for Advocates

**Advocates must be open to different styles and different approaches to boundaries while remaining grounded in the boundaries of advocacy and the specific center.**

### Considerations for Advocates

**It is recommended that an advocate not give out a last name, phone number, or other personal information to callers. This practice may vary from center to center when interacting with professionals at a police department, hospital, or another location. Although it may feel awkward to withhold this information, the advocate can explain that they are acting in accordance with their agency's policy.**

Boundaries are not something that people learn about and then practice perfectly. Becoming aware of and practicing one's boundaries is a learning and exploration process involving the examination of self. It is important to mention, however, that individuals with healthy boundaries still get hurt by others. Practicing healthy boundaries does not guarantee safety.

The issue of sexual violence is about power and control, when the survivor's external and internal boundaries have been invaded. When advocates model appropriate boundaries, they give power and control back to survivors. After a person is sexually violated, the most appropriate response by advocates is to acknowledge, be aware of, and maintain boundaries. Setting boundaries in sexual violence advocacy involves being clear and consistent about the limitations of the sexual assault support center and functioning within these limitations. For example, the advocate might need to explain that the crisis and support line cannot provide a long term counseling service. This will help to establish realistic expectations and decrease the likelihood that the caller will become dependent on crisis and support line services. It also involves allowing callers to make their own decisions and keeping the focus of the call on the caller. Consult your center's policies for additional information on boundaries and the limitations of services.

Some callers may understand the concept of boundaries and embrace them. Other callers may have never considered or acknowledged their personal boundaries and may not know

what boundaries are. Boundaries will also differ depending on a person's cultural heritage, ethnicity, and upbringing. Some survivors may not believe they have a right to personal boundaries or may be reluctant to have limits put in place for them because it is something they are not used to. When people are sexually violated, their personal boundaries are not respected. When children are sexually abused, particularly if the sexual abuse was perpetrated by a family member, someone close to the child, or someone living with the child while the abuse was happening, they may have never been taught appropriate boundaries and may have even been discouraged or forbidden to have boundaries. This could have been one way the offender established control over the child in order to continue the sexual abuse. As these children grow into adulthood the concept of boundaries may be new and difficult to grasp.

### **Personal Disclosures**

At some point most advocates face the question of whether to disclose information about their personal life to a caller, specifically their personal experience with sexual violence. This is not an effective practice in sexual violence advocacy. Giving personal information to callers changes the boundaries of the professional relationship and the interaction can quickly become more focused on the advocate than on the caller.

Below are some specific boundaries to consider and implement:



### **Considerations for Advocates**

**If an advocate is contacted by someone seeking information about a survivor or other caller and it is not a situation in which information can be shared, the advocate can answer simply, "I have no information for you." It is important that the advocate not even confirm that the other person has contacted the center.**

**If an advocate participates in a SART meeting, the role of the advocate is to listen to information about a specific case, but not to share information about the survivor in that setting.**

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- Provide limited or no personal disclosure, particularly about experiences of sexual violence (varies among centers)
- Do not attempt to solve the caller's problems
- Acknowledge the inability to rescue the caller from their current situation
- Focus on the services available rather than individual advocates, since specific advocates cannot be requested or guaranteed on the crisis and support line
- Do not provide transportation
- Insist on respectful behavior by callers and professionals

Regardless of how a survivor or a concerned other feels about boundaries or responds to the advocate's boundaries, advocates must maintain them. It may not always feel good to set these limits, and the caller may not always be pleased with the boundaries the advocate is setting. The advocate may wish that they could do more or behave differently toward a caller. Ultimately, advocates will be much more helpful if they maintain boundaries, protecting themselves and the caller. When one advocate provides something beyond the limits of advocacy, the caller is set up to have a false sense of what they can expect from the crisis and support line. This also sets up the other advocates who set and maintain appropriate boundaries.

### **Confidentiality**

A survivor must know the limits of confidentiality before making the decision to share information with an advocate or other community members through a release of information. Information is not shared unless there is a reporting obligation or a time-limited and specific release of information to a particular person or organization. In all cases, advocates must notify survivors prior to sharing any information. Generally, the only other people who receive any information about an advocate's interaction with a caller are the advocate's supervisors or other advocates within the center. It is essential that advocates understand their center's policy regarding confidentiality and that they uphold that policy at all times.

Confidentiality is not unlimited and may be broken in certain circumstances. Examples include when the advocate is working under supervision or in a team within the center, or when a third party, including a concerned other, is present and there is no guarantee they will keep information confidential. When meeting with the survivor and concerned others, advocates must first discuss confidentiality. The list below describes the circumstances that legally would require an advocate to break confidentiality. The first two items are explained in detail in subsections following the list:



### **Considerations for Advocates**

**It is important for advocates to be prepared to discuss the confidentiality policy with all callers. Advocates need to be able to help callers understand when confidentiality will be maintained or broken. If confidentiality is compromised, a survivor's safety may be affected. Advocates also need to be prepared to explain the confidentiality policy to people in the advocate's life who may be present when a call initially comes in, or who may ask about the call once it has ended.**

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- A caller discloses information about the abuse or neglect of a child (under 18 years old).
- A caller discloses information about the abuse, neglect, or exploitation of an incapacitated or dependent adult.
- A survivor requests in writing in an appropriate time-limited and specific release that information be released to third parties, providers, officials, or agencies.
- A court orders a release of information.

The sexual assault support centers have agency confidentiality policies which may contain additional criteria regarding confidentiality. It is important that advocates clearly understand and follow the confidentiality requirements of their individual center. Disclosing information when there is not a release or legally mandated reason for disclosure puts client confidentiality at risk and may negatively impact that survivor or future survivors.

### **Mandated Reporting**

As noted above, there are exceptions to confidentiality. Maine has specific laws in place to protect certain individuals, including children and incapacitated or dependent adults, who are unable to protect and care for themselves and are in danger of abuse, neglect, and/or exploitation. These terms are defined by statute and are included in the subsections below.

Maine law includes mandates that require a number of professionals (law enforcement officers, medical and mental health providers, school and crisis services personnel, advocates, and many others) to report suspected abuse, neglect, or exploitation to the Maine Department of Health and Human Services (DHHS) or the local district attorney's office. In addition, Maine law requires that anyone having full-time or part-time responsibility for the care or custody of a child or incapacitated or dependent adult also make a report of suspected abuse, neglect, or exploitation. Also, any concerned individual may make an optional report should that person suspect abuse, neglect, or exploitation. The following subsections provide more information about mandated reporting situations, when an advocate must legally break confidentiality. In every case, the advocate must refer to the center's mandated reporting policies and procedures, and speak with a supervisor.

### **Child Protective Services**

Within the Maine Department of Health and Human Services (DHHS) is the Office of Child and Family Services, which includes Child Protective Services (CPS). CPS is assigned the responsibility of protecting children (under 18 years old) from abuse or neglect. Abuse or neglect is defined as: "a threat to a child's health or welfare by physical, mental or emotional injury or impairment, sexual abuse or exploitation, deprivation of essential needs or lack of protection from these or failure to ensure compliance with school attendance requirements..., by a person responsible for the child" (Maine Revised Statutes Title 22 §4002(1)).

CPS will intervene in cases when no one is acting to protect a child and when a child is determined to be in "jeopardy to health or welfare." Jeopardy to health or welfare means a child is subject to serious abuse and neglect (Title 22, §4002(6)).

If a child is in jeopardy from a "person responsible for the child" (a caretaker, parent, guardian, etc.) a report must be made to CPS. If a child is in jeopardy from a "person not responsible for the



## Considerations for Advocates

**One aspect of child abuse and neglect for advocates to be aware of involves parental discipline of children. What one person may accept as a reasonable means of discipline could be viewed by another as an act of physical harm to a child. In deciding whether to make a mandated report, advocates may be making a subjective judgment, and should err on the side of caution and safety for children. A supervisor always needs to be involved.**

child” (anyone not charged with the care of the child), a report must be made to the district attorney’s office instead. In some cases, a responsible party may fail to protect a child from a non-responsible party, and this is reportable to both CPS and the district attorney’s office (Title 22, §4011-A).

### Adult Protective Services

The Office of Child and Family Services also includes Adult Protective Services (APS). APS is assigned the responsibility of providing protection for any person 18 years of age and over who is “incapacitated” or “dependent.” APS also serves emancipated individuals who are 16 years of age or older and are incapacitated or dependent.

An incapacitated adult is “any adult who is impaired by reason of mental illness, mental deficiency, physical illness or disability to the extent that that individual lacks sufficient understanding or capacity to make or communicate responsible decisions concerning that individual’s person, or to the extent the adult cannot effectively manage or apply that individual’s estate to necessary ends” (Title 22, §3472(10)).

A dependent adult is one “who has a physical or mental condition that substantially impairs the adult’s ability to adequately provide for that adult’s daily needs,” and includes but is not limited to: a resident of a licensed or required to

be licensed nursing home; a licensed or required to be licensed assisted living facility; or a person considered a dependent person within the Maine criminal statutes (Title 22, §3472(6)).

Maine law requires that a report be made to APS when an advocate has suspicion that an incapacitated or dependent adult, or incapacitated or dependent emancipated individual sixteen or older, is at substantial risk of abuse, neglect, or exploitation. This report is mandated regardless of whether the individual the advocate is concerned about has a guardian (Title 22, §3477).

Abuse here is defined as: “the infliction of injury, unreasonable confinement, intimidation or cruel punishment that causes or is likely to cause physical harm or pain or mental anguish; sexual abuse or sexual exploitation; or the intentional, knowing or reckless deprivation of essential needs. ‘Abuse’ includes acts and omissions” (Title 22, §3472(1)).

Neglect here is defined as: “a threat to an adult’s health or welfare by physical or mental injury or impairment, deprivation of essential needs or lack of protection from these” (Title 22, §3472(11)).

Exploitation here is defined as: “the illegal or improper use of an incapacitated or dependent adult or that adult’s resources for another’s profit or advantage” (Title 22, §3472(9)).

## Subpoenas

If an advocate is served with a subpoena, a legal document requesting information, records, and/or the advocate's presence in court, the advocate brings this to the immediate attention of the director of the center. Simply receiving a subpoena does not mean that an advocate will testify. Often subpoenas will not hold up to a legal challenge. It is important for advocates to keep survivor safety and confidentiality in mind throughout this process.

## COMMUNICATION

It is important that advocates be aware of the different ways in which they convey messages. The caller will be aware not only of what an advocate is saying, but also how it is being said. Tone of voice, pauses in conversation, lowering and raising the voice, and emphasis on specific words, are all examples of how an advocate can communicate meaning.

### Listening

Listening skills are at the core of advocacy work. It is essential that an advocate is available to listen, believe, and empower the caller. The caller may be hesitant to share information, and may have faced unsupportive listeners in the past. Although listening may sound like a simple task, there are skills to help an advocate become a more effective listener, and therefore more helpful to the caller. The skills outlined below will help an advocate build a rapport and a comfortable talking relationship with the caller.

#### Be an Effective Listener

An advocate must give the caller their full attention and avoid doing any busy work during the course of the call. It is important that an advocate pay close attention to what the caller is saying and how the caller says it, as well as what the caller may not be saying. As the caller speaks, an advocate might reinforce the

fact that they are listening. One way of doing this without interrupting is by making neutral responses such as, "Mmm hmm."

### Listen Unconditionally

Good advocacy involves more listening than speaking. An advocate must be willing to listen to people talk about things that are difficult to hear. Some callers may keep difficult details about their experience to themselves for fear that they will hurt the listener. It is important for advocates to continually make it clear that they are willing to hear whatever the caller wants to say, and that the caller will not hurt an advocate by disclosing details of their experience.

An advocate needs to be prepared to spend time with the caller, allowing the conversation to proceed at whatever pace the caller sets. This may involve lengthy silences or listening to a caller cry. These are natural reactions to talking about sexual violence.

### Reflective Listening

An advocate's reflection of the caller's feelings may help an advocate better understand what the caller is feeling and may also help the caller identify their own feelings and feel supported in having those feelings.

Reflective listening involves advocates checking to see if they have heard correctly what callers have said. It can be a way to focus on the feelings the caller is having, or the events the caller is describing. It may not always be easy for an advocate to correctly name the way the caller is feeling. An example of reflective listening involves an advocate mirroring back to a caller what they heard the caller saying, and then asking the caller if the advocate heard it correctly:

Advocate: *It sounds like you are feeling sad. Is that accurate?*

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### **Coded Disclosures**

Callers may talk about sexual violence in vague terms or in ways that may not be obvious: this is referred to as a coded disclosure. Individuals may say things and use language that causes the advocate to consider that something is not being said. The caller may not have the words or may be choosing not to describe the sexual violence that has occurred. Advocates are encouraged to do their best active listening and to ask respectful clarifying questions when appropriate.

It is also important to consider that coded disclosures may not be verbal at all. In face-to-face advocacy the person may use behavioral and/or physical indicators to tell what has happened to them. Older adults and people with intellectual disabilities may use coded disclosures more often than others.

### **Barriers to Listening**

It is sometimes difficult for an advocate to effectively listen to a caller. The following may be barriers to effective listening.

**Red Flag Listening.** Hearing certain words or hearing about certain events may cause a person to get upset and stop listening. If this occurs to an advocate while supporting a caller, an advocate may lose the chance to develop a rapport with the caller and be effective in providing services. Red flags are different for each individual. They might relate to religion, sexual orientation, incest, or other topics.

**Open Ears/Closed Mind Listening.** Sometimes a person decides quickly that either they can predict what the caller wants or is trying to say, or that the caller is not making sense. In this way an advocate fails to listen and learn what the caller needs.

**Fact Listening.** Often an advocate tries to remember everything the caller is saying. If an advocate focuses too much on keeping all of the

facts straight, the advocate may not hear what the caller says next. It is best to try to remember only the important facts and main ideas. If an advocate has the key facts, they can work with the caller to fill in any gaps.

**Pencil Listening.** When an advocate tries to write everything down, they are not able to focus on what the caller is saying. It is best to jot down only key words that relate to the major feelings or ideas that the caller is communicating. After the call, the advocate destroys the notes or handles them in accordance with center policy.

### **Responding**

In order to respond effectively, it's important for advocates to be aware that no one style of communication is helpful for every caller. In some cases for example, a caller may be comfortable with the advocate asking questions, and in other cases a caller may feel challenged or blamed by questions. If one style of responding does not seem useful for the caller, an advocate needs to continue the conversation another way.

An effective tool for advocates is to use words that mirror the caller's words. Keep language simple and clear. Using words that are familiar to the caller will allow them to be more comfortable and will let the caller know that the advocate is listening to what the caller is saying. Another good practice for advocates is to use descriptive explanations, avoiding professional jargon or technical names. The skills outlined below will help an advocate respond in an effective manner.

### **Validation**

Validation refers to the advocate giving strength or validity to the caller's experiences, feelings, and thoughts. Advocates can offer validation by providing the caller time to share whatever they need to, including talking about how they are feeling emotionally and physically, and/or describing the sexual violence they experienced. The advocate's role is to let the caller know that any feelings and reactions are reasonable and



## Considerations for Advocates

**It may be helpful to ask the caller what “getting over it” means to them. This can help an advocate offer support or can give the caller an opportunity to talk about methods of healing.**

are understandable reactions to being traumatized.

Validation can be shown through the use of the active listening skills previously outlined. These techniques will provide the caller with a sense of being heard, that what they are saying is important, and that the advocate actively supports the caller. The message is that an advocate wants to listen and help. Validation tells the caller that the advocate is interested in them as a person.

However, if the caller’s reaction sounds like it will be harmful to their healing process, the advocate can offer some gentle support. For example, when a caller says, *“It’s all my fault, I should never have gone to that bar alone,”* the advocate would say something such as, *“I can hear why you might feel guilty. Each of us should feel safe to go to any public place, and it is not your fault that this happened to you.”*

If the caller mentions frustration with their reaction to the sexual violence, an advocate can explain to them that their reaction helped them survive. For example, when a caller says, *“I wish I had fought back,”* the advocate might say *“You did the best you could in that situation to keep yourself as safe as possible.”*

### **Paraphrasing**

Paraphrasing means that an advocate restates what has been said, using different words, to clarify the meaning. When listening and supporting a caller, an advocate might paraphrase statements made by the caller to have a better understanding about what the caller’s experiences and needs are. An advocate might begin by saying, *“I hear you telling me..., is that accurate?”* or something similar. This technique will help to clarify what a caller has said and assist the advocate in responding to the caller’s needs.

### **Address Feelings**

Individuals respond to sexual violence in a variety of ways, and

## Considerations for Advocates

**It is likely that an advocate will speak to callers who are angry. Anger is an intense emotion that can be overwhelming. When anger builds up, it may become more difficult for a person to function. Sometimes people release their anger in ways that are destructive to themselves or others. Advocates can help by working with the caller to think of healthy ways to cope with anger. Methods that work for some people include punching a pillow, going for a walk or a run, or screaming in a private place such as their bedroom or car.**

there is no typical emotional response that an advocate can expect from a caller. The emotions a person experiences and the ways in which they express them will vary from caller to caller. The advocate needs to be aware that some callers will express a lot of emotion while others will seem to have less emotion or perhaps no emotion. These reactions may be different from what the advocate anticipates; however, the caller must be allowed ownership of their feelings, whatever these may be. Callers may wonder if they will ever “get over” or move past what happened to them. Advocates can assure the caller that healing is possible by acknowledging that it may be difficult, and by discussing what might lay ahead in the healing process, the medical process, or the criminal justice process.

The caller also needs enough time to express emotions, as unexpressed emotions can slow down the healing process. If the caller does not talk about feelings, an advocate might ask them how they are feeling, either in general, or about a specific issue. Usually during a call, callers reach a point when they have expressed their emotions and they begin to sound calmer. The advocate might sense that the caller is feeling more balanced. This may be an appropriate time for advocates to help callers determine specific next steps in the healing process.

### **Effective Use of Questioning**

Asking questions is a tool that can help an advocate gain and understand information. It is appropriate for an advocate to ask questions when clarification is needed, and it is always better to ask questions than to assume.

When advocates do ask questions, they must carefully consider their tone. For questioning to be effective, it needs to be caring and free of judgment. Advocates avoid asking questions that begin with “why.” “Why” questions may sound like an interrogation, or may imply that the caller was somehow responsible for the act of sexual violence that happened to them, or may suggest that the advocate does not believe the caller. This may leave the caller feeling as if they are expected to justify their actions, and it can tap directly into feelings of guilt and responsibility for the act of sexual violence. It is also important that advocates not ask questions out of curiosity.

Questions are also useful to keep the conversation going. Asking yes or no questions may be helpful in gaining specific factual information; however, it is best to ask open-ended questions. Open-ended questions will encourage the caller to talk and may help the caller think about situations in a way they have not thought of before. This style of questions will also allow the



### **Considerations for Advocates**

**Ask the caller if it is okay to ask a question to get information or clarify something. Be sure to let the caller know that they do not have to answer the question.**

advocate to guide the conversation without controlling it. Examples of open-ended questions include, *“Could you tell me more about...?”* and *“Would you tell me what you do when...?”*

Advocates may need to ask difficult or sensitive questions that other people tend to avoid. An example of this method is asking if there are younger children in the home who may be at risk of sexual abuse.

### **Focusing**

Callers may present several concerns on a call and may have difficulty focusing on one concern at a time. Allow callers the opportunity to talk about the various situations in their life that may be causing them concern. At some point in the call, however, it may be necessary to ask the caller to choose one or two areas to focus on. This will help the caller to avoid becoming overwhelmed. Also, by working on one concern at a time, the caller may feel that their situation is much more manageable. Once the caller has identified the most immediate concerns, the advocate can work together with the caller to explore the situation and generate ideas about how to move forward.

### **Encouragement**

Callers may overlook or be unable to see the progress they have made. When the advocate provides positive feedback about the caller’s accomplishments, they can start to reclaim their power and control. It is equally important to help the caller understand that setbacks are a natural part of the healing process, and that the goal is forward movement rather than perfection.

An advocate can provide encouragement by:

- Acknowledging steps the caller has taken to be in charge of their situation
- Supporting efforts the caller has taken to address fears, anxiety, depression, etc.
- Pointing out improvements in the caller’s coping skills

### **Brainstorming**

Brainstorming is a tool to help the caller with the decision making process without offering advice. Advocates believe that callers possess their own answers and may need the opportunity to discuss options to better organize their thoughts.

Advocates might start by asking callers about things they have already thought of and/or tried. Then the advocate and caller can discuss the situation, exploring as many options as possible. Ultimately the caller will decide which of these options might be best. The advocate might suggest brainstorming to look at the best and worst case scenarios for a particular plan of action. While an option may seem appropriate in the short term, it may not be the most helpful or safest plan for the future.

When brainstorming, the advocate’s goal is to be sensitive and respectful of cultural differences that may impact how the caller might handle their situation. Additionally, people in difficult situations may not see a solution that may seem obvious to an outside observer. Therefore, it is important not to skip the simple suggestions – include these in the brainstorming process.

### **Responding to Anger**

As callers communicate with advocates, a wide range of emotions from sadness to anger may be shared. It is important that advocates understand that these are appropriate reactions by callers to their experiences. At times, however, advocates may experience callers directing strong emotions not only toward the offender or others, but toward the advocate as well. The strong emotions could be a result of the sexual violence or could be a complaint by the caller about a service the advocate or someone else is providing. When this happens, it is important that the advocate calmly ask the caller to clarify their concern and not direct their anger at the advocate. If a caller wants to continue the conversation in a respectful way, then the advocate is advised to continue

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the call. If the caller continues to direct anger or frustration at the advocate, the advocate can follow center protocol regarding ending a call. Just as survivors deserve the best services advocates can provide, advocates deserve to be treated with respect.

### Summarize

Considerable information is discussed during a crisis and support line call, and it is often helpful to the caller for an advocate to summarize, or provide a brief overview of, the call. An advocate might briefly review the concerns that were discussed, the plan that was agreed upon, and then ask the caller how they are doing.

Refer to “Supportive and Non-Threatening Communication Techniques” located in the Additional Materials at the end of this section for more methods of responding.

## 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 in order 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 the 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 may have the added benefit of teaching new coping skills which 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*
- **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.

One specific grounding technique an advocate can use is the 5-4-3-2-1 technique: The advocate asks the caller to name five things in the room where they are, then asks the caller to name four different, not repeated things, then three, two, and one.

An alternate 5-4-3-2-1 technique involves a caller sitting or lying down in a comfortable position and naming items that they see, hear, and feel, while progressing down a number scale. During the first round the person would name and count 5 of each of the things they see, hear, and feel. During the second round the person would take one thing out of each list, keeping the other 4 in the list of things they see, hear, and feel the same. During the third round the person would take one more thing out of each list, etc. Example: *Five - I see a book. I see a chair. I see a rug. I see a clock. I see a blanket. I hear a bird. I hear a clock. I hear a car. I hear the TV. I hear the refrigerator. I feel my headache. I feel tense shoulders. I feel my toes wiggle. I feel my stomach growl. I feel my fingernails. Four - I see a book. I see a chair. I see a rug. I see a blanket. I hear a bird. I hear a clock. I hear the TV. I hear the refrigerator. I feel my headache. I feel tense shoulders. I feel my toes wiggle. I feel my fingernails. Three - I see a book. I see a chair. I see a rug. I hear a bird. I hear the TV. I hear the refrigerator. Etc.*

The steps for another grounding technique that an advocate can use are below:

1. Validate and use reflecting listening skills.
2. Assess immediate safety.
3. Assess surroundings.
  - a. Encourage the caller to sit on a solid surface such as a chair and request that they put both feet on the floor.
  - b. Ask about lighting. Request that they turn on a light, if one is not already on.
4. Ask direct questions.
  - a. Encourage the caller to describe things

in their room, i.e. walls, pictures, knick knacks, etc.

- b. Ask about the color of the things described.
5. Use breathing techniques.
    - a. Ask the caller to take 3 deep, slow breaths while on the telephone, guiding them through the process of breathing in deeply, filling the lungs completely, and then exhaling completely.
    - b. Ask the caller to take a deep breath and hold for a count of 10 (repeat if necessary).

After moving through these steps, ask how the caller is feeling. If the caller identifies feeling better, continue with the call. If the caller needs to spend more time grounding, repeat steps 4 and 5 above. If needed, offer additional suggestions such as those listed below, remembering that not all of the grounding techniques will work for everyone, and some callers may find a particular grounding technique to be difficult (it may remind them of a traumatic event):

- Look to, or touch, nearby concrete objects or symbols (a special picture, stone, piece of clothing, toy, etc.) that create a feeling of safety
- Wiggle toes and hands, telling yourself that you are okay

### Coping Skills

People adopt behaviors or strategies to help them get through difficult situations in their lives – 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. As an advocate, 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 offer suggestions from the list below, remembering 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 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.
- Contact a supportive friend or family member – call, e-mail, text, or visit.
- Go for a walk or engage in some other physical activity.
- Be creative - sew, cross-stitch, knit, bead, draw, color, etc.
- 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, etc.
- Sing – alone or with others.
- Take up new activity, sport, class, craft, etc.
- 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), individuals 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, etc.). 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 and/or may allow the caller to have power over the word, rather than the word having power over the caller.
- Call the crisis and support line anytime day or night.

### Containment

For many survivors the trauma of sexual violence is long lasting. In order for a survivor to maintain a positive direction in their life it may be helpful to figure out a way to contain their emotions as needed. This does not mean that an individual does not feel their emotions or stuffs their feelings inside, but that they find a way to manage their emotions that allows them time to heal and space to live in the present. Containment is “the process of consciously postponing dealing with intrusive Post Traumatic Stress Disorder symptoms, being able to notice a symptom, communicate about it, set it aside (contain it), and revisit it later” (Sidran Institute, n.d.).

Containment is a tool that advocates can share with callers to help them control sensations, thoughts, or feelings that may be re-traumatizing and that need to be worked on at another time and place (on



### Considerations for Advocates

**Although most people who self-injure are not trying to kill themselves, some behaviors may put callers in danger of unintentionally doing serious harm or killing themselves. It is important for advocates to talk with callers to try to assess whether their behaviors are potentially dangerous.**



## Considerations for Advocates

**It is important to remember that, even though it may not be obvious to an outside observer, self-injury serves a purpose for the person who does it. Trying to help the caller figure out what purpose self-injury serves, and helping the caller learn other ways to get those needs met, is essential to helping anyone who self-injures.**

another crisis and support line call, at a therapy appointment, or at a time the survivor chooses). Containment is like putting a caller's traumatic emotions and memories in a safe storage container that can be opened at a later time, allowing the caller to go about their day-to-day activities. For example, when a survivor returns to the workplace they will want to be able to complete their work tasks and not think about the act of sexual violence while at work. By using containment they can attempt to create a safe environment in which to work and a place to hold their emotions for another time.

If the caller needs and wants to contain their feelings, and does not already have a technique that works well for them, the advocate can offer suggestions from the list below. Remember that not all of these will work for everyone, and some callers may be triggered by a technique:

- Write down thoughts and feelings in a journal and put in a safe place until the caller is ready to explore at a later time.
- Imagine “dialing down” the difficult feelings or memories until they are at a level the caller is comfortable with. For example, if the caller is feeling anxious and the level of anxiety has reached a 10, ask the caller to visualize a dial slowly turning down to 9...8...7...6...5...etc. (or a pressure gauge moving out of the “red zone”, or a thermometer dropping below the boiling point), until it reaches a level at which the caller can breathe more easily and think more clearly.
- Picture a colorful hot-air balloon, then fill the balloon with all the emotions you want to store, then release the weights that keep it on the ground, and then up, up, and away.
- Visualize that all the emotions and experiences that are causing pain are in a room, and you leave that room, close and lock the door, put duct tape over all the cracks around the door. Then walk away.
- Imagine placing those thoughts, feelings, or experiences in a trash can or dumpster and leaving it at the curb.

### **Self-Medication**

In some cases, individuals may call after they have taken alcohol, drugs, or prescription medication to cope with the impacts of sexual violence – this is called self-medication. A caller may present with obvious signs of self-medication, or it may not be obvious at all. In addition, a caller may be on a prescribed medication at a medically appropriate dosage, but may sound disorganized, or have some of the same signs as callers who are self-medicating. It is important for advocates not to jump to conclusions about whether a caller is self-medicating, as other issues may present similarly. For more

information about substance use, please see the Mental Health section of this manual.

### Self-Injury

The information in this section about self-injury was adapted from the American Self-Harm Information Clearinghouse.

Self-injury, also known as self-harm, self-mutilation, self-inflicted violence, or self-injurious behavior, is a coping strategy used by some survivors who have experienced sexual violence. Examples of self-injury include cutting, burning, pulling one's hair out, biting oneself, or hitting oneself with fists or a heavy object. Injuries may vary from minor cuts that heal quickly to wounds that leave permanent scars. It is important to understand that most individuals who hurt themselves are not trying to kill themselves. Rather, they injure themselves for other reasons explained in detail below.

#### Common Reasons Survivors Self-injure

*"I don't always know why I self-injure. Sometimes it's used as a distraction from the pain or anxiety I'm feeling. Sometimes I use it as a way of saying with my body what I can't say with words. At times there are no words for what is going on inside me. Other times I use self-injury as a way of releasing the anxiety and panic I am feeling. And sometimes I use it as a way of punishing myself for whatever it is at that moment for which I feel I need to be punished. [female, 44 years old, 24 years self-injuring]" (Secret Shame Self-Injury Information, 2001).*

Survivors may self-injure to:

- Express feelings that they have no words for

- Feel pain on the outside instead of on the inside
- Get "badness" out of themselves
- Soothe, calm, or distract from overwhelming feelings or emotional pain
- Feel alive by ending feelings of numbness
- Express anger towards themselves
- Create a situation that requires them to self-nurture by tending to the injury

#### Signs of Self-injury

When providing in-person advocacy, signs that a person engages in self-injurious behavior may include cuts or scars on the body, most noticeably on the legs or arms. The individual may be wearing long-sleeved shirts or pants, regardless of weather conditions, to hide wounds and/or scars. The person may withdraw from friends, family, and favorite activities and if asked about the wound, they may make an unlikely excuse about how the injury happened.

#### Helping Those Who Hurt Themselves

On a crisis and support line call it may be difficult to know if a caller is engaging in self-injury. The caller may say something that makes the advocate concerned that the caller is engaged in self-injurious behavior. Active listening skills will help the advocate determine how to best help the caller. The caller might also tell the advocate that they are calling to avoid self-harm and that calling has helped them avoid this behavior in the past. Or they may tell the advocate directly that they are calling because they are actively engaged in self-injurious behavior and want to stop. If this is the situation, a direct approach



### Considerations for Advocates

**If a caller is having difficulty overcoming self-injury, it may be helpful for the advocate to gently remind the caller that healing is a process and takes time.**

may be needed to assist the caller to stay safe. Here is an example of how a dialogue between an advocate and someone who is self-injuring might proceed. This conversation assumes that the caller has already disclosed that they are self-injuring by cutting:

Advocate: *How deep are the cuts?*

Caller: *The cuts are just surface cuts.*

Advocate: *How much bleeding is there?*

Caller: *There is some bleeding.*

Advocate: *Do you have a large enough bandage or a clean cloth that you can use to apply pressure?*

Caller: *I have a towel.*

Advocate: *Why don't you get the towel and I'll stay on the line with you.*

Caller: *All right, I am pressing the towel on it.*

Advocate: *Good. What would you like to talk about next?*

### Alternatives to Self-Injury

Survivors can learn safe options to manage the strong emotions and other impacts of sexual violence. By seeking help with the experiences that led to the self-injurious behavior, individuals can move past self-injury as a coping strategy. Breaking a pattern of self-injury is not easy work for a survivor, but advocates can help people discover inner strengths that will point a person toward safer coping strategies.

When speaking with a caller who is self-injuring, the following list of ideas may be helpful:

- Try to be around people, visit a friend, go shopping, etc.
- Wear an elastic band on a wrist and snap it when feeling the urge to self-injure
- Draw red lines on the skin with washable markers instead of cutting or injuring
- Hold ice cubes, which causes temporary pain in the hands without a risk of greater harm
- Punch a pillow as a physical outlet for anger and frustration

- Scratch marks into a thick piece of wood
- Avoid temptation by avoiding people, places, or things that may trigger the urge to self-injure (e.g. avoiding the area in the drugstore where the razor blades are displayed, etc.)
- Speak up to others and make feelings known
- Go outside and make noise, scream and yell, etc.

### Assisting Concerned Others

Since self-injury is often carefully hidden, family members, intimate partners, and friends may be shocked to learn of a loved one's self-injury. An advocate may receive a call from a concerned other about their loved one's behavior.

It is important for advocates to explain to concerned others that they cannot force someone who self-injures to stop. Advocates can explain that it may not be helpful to get angry at, reject or lecture the person who is self-injuring, or to beg them to stop. Instead, it is helpful for concerned others to tell someone who is self-injuring that they care, that the person deserves to be healthy and happy, and that no one needs to go through a difficult time alone.

### Common Reactions of Concerned Others

**Denial.** Self-injury is a physical sign of how much emotional pain an individual is in. To deny the self-injury is to deny the presence of pain. Denial may lead the person who is injuring themselves to feel that no one cares, that no one is interested or willing to help.

**Anger and frustration.** It may be frustrating for a concerned other to know that a loved one is self-injuring. Realizing one's helplessness in changing a loved one's behavior may also cause anger and frustration

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for the concerned other. They might believe that scolding the person who self-injures is a way to convince them to stop.

**Guilt.** Concerned others might feel that they did something to cause the self-injuring behavior. They may be afraid they were not a good parent, partner, or friend.

**Confusion.** It can be difficult to understand why or how people could hurt themselves on purpose. Concerned others may feel the person who is hurting themselves is crazy.

### **What to Do and What Not to Do**

Many individuals who want to help someone who is self-injuring may not have the knowledge or skills to be supportive. The list below contains ideas for helping someone who is engaging in self-injuring behaviors:

- Talk about the self-injurious behavior.
- Be supportive. Talking is one way to show support. If someone is not sure how to be supportive, that person can ask what the other person needs from them
- Be available, within limits. Offering company and support can decrease the chances of self-injury.
- Recognize the severity of the person's distress. Be willing to talk about emotional pain, so the person can talk about internal suffering rather than express it through

hurting themselves.

- Refer the person to the statewide sexual assault crisis and support line.
- Suggest treatment options, including professional therapy and counseling, as these have proven helpful for many people who self-injure.
- Seek support for yourself.

The following list includes behaviors for individuals to avoid when supporting someone who self-injures:

- Don't discourage or encourage self-injury. Recognize that people make their own choices to self-injure and to stop. Self-injury is a coping strategy for survival when other methods have failed. The person needs to feel free to make that choice. One survivor noted, "My mom demanded I stop hurting myself, so I just hide it from her."
- Don't judge. Making judgments or hurtful comments conflict with support.
- Don't pressure or keep asking questions if the person does not wish to talk about their behavior.

### **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



### **Considerations for Advocates**

**If an advocate is wondering if a caller is considering suicide, it is important for the advocate 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.**

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. Messages received from society or from people in their lives may make them believe that they are somehow responsible for the violence that 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 and/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 translate to social isolation, family problems, failure to achieve goals in school, and the loss of friends.

It is a common myth that people who are serious about dying by suicide do not talk with others about their plans. In fact, most people who die by suicide have talked about their intention (O'Halloran, Coleman & Dicara, n.d.). Not all people who feel suicidal have made the decision that they want to die. In fact, 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 to achieve this goal.

### **Lethality**

The likelihood that a person is going to die by a suicide attempt is referred to as lethality. The fact that a person talks about suicide does not mean that they will kill themselves. If a person makes a suicide attempt, it may or may not be lethal, depending in part



## **Considerations for Advocates**

**It is important to realize that 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.**

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on the means chosen and the intervention received. There are a number of factors that influence lethality. Some common factors include:

**History.** A person who has made an attempt in the past is more likely to make another attempt.

**Plan.** The more specific, developed and within reach the plan is, the greater the risk.

**Means chosen.** Some methods to die by suicide are more lethal than others and include hanging, shooting, or jumping from a height. Taking medication is less lethal because it creates a period of time between the attempt and death in which the person can be helped if they receive medical attention.

**Resources.** Having resources available tends to decrease the likelihood that a person will die by suicide. These resources may include supportive people, pets, a place where they feel safe, and money to meet their needs.

### **Advocate Intervention: Building a Relationship**

A call from a person who is thinking about suicide will usually begin like any other call. There is no way to generalize how any call will progress, but it is likely that an advocate will not know right away that the caller is suicidal. In the beginning of the call, an advocate will have a chance to talk with, and provide support to, the caller. This will help them gain insight into the caller's personality, history, and current issues. It may also help the caller gain some degree of trust and connection with the advocate.

Talking with an advocate on the crisis and support line is one way a person can attempt to stay safe. When someone talks about having suicidal thoughts, it must always be taken seriously. For advocates, it is important to recognize that it is never appropriate to argue with a caller about

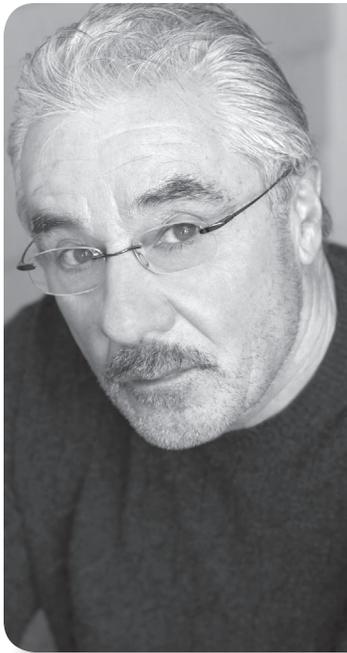
whether suicide is right or wrong. The caller must be invested in living and must make the ultimate decision. Just as with all callers, an advocate can offer support, information, and additional resources. To offer comfort, an advocate may say something like, "*As another human being I care whether you live or die, and I am here for you to talk to as long as you need.*"

It is also important for advocates to recognize that if a caller ultimately dies by suicide, the choice was theirs to make and the advocate is not at fault. It is important for advocates to see the limits of their responsibility. An advocate's primary role and training is with issues of sexual violence, not with suicide.

For advocates, part of having healthy boundaries is to know the limitation of advocacy services. When a caller who is thinking about suicide calls the statewide sexual assault crisis and support line, it could be an indication that the caller does want to live and is looking for support. It may be helpful to remind the caller that it took a great deal of courage and strength to call. Advocates can remind the caller of their willingness to take this step, and let the caller know that the call is a sign that they want to live and want to continue with their personal healing process.

### **Addressing the Caller's Concerns**

As with any caller, it is important that the caller's feelings and concerns be taken seriously. The advocate may want to spend time validating how the caller is feeling and acknowledge 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.



## 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. It is important to keep in mind that depression is an illness closely tied to feelings of hopelessness and that the caller may be unable to recognize or act on possible solutions. 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.

### Helping the Caller Who Is In Immediate Danger

In this situation, a direct approach is needed to assist the caller with staying safe. Here is an example of how a dialogue between an advocate and someone who is thinking about suicide might proceed. This conversation assumes that the caller has made statements indicating that they are feeling hopeless and/or depressed, or for some other reason the advocate believes that suicide is something the caller is thinking about:

Advocate: *Are you thinking about suicide?*

Caller: *Well, yes.*

Advocate: *I’m glad you chose to call tonight so we can talk for a while.... Do you have a plan?*

Caller: *I have a bottle of sleeping pills.*

Advocate: *Do you have a way to take them?*

Caller: *I have pills and water on the night stand.*

Advocate: *When were you planning to take the pills?*

Caller: *Now.*

If the caller is planning a suicide attempt, it is important for the advocate 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 the 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. 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 backup or a supervisor. It is also important for advocates to use self-care strategies that will help with relaxation

and stress release. For more information, please see the Self Care and Vicarious Trauma subsections below.

### **Safety Planning, Resources and Referrals**

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, or they may need the advocate to call law enforcement on their behalf. 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, supportive family members and friends to call, and (varying from center to center) 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 would 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 will be useful to work toward identifying the personal resources that the caller has available.

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 a suicide-specific hotline or area therapists or counselors. When the advocate provides these options, it is important to make it clear to the caller that a referral is being made in order to offer the caller the most helpful services possible. It is important for advocates to offer referrals towards the end of the conversation after validating the caller's situation, after assessing lethality, and after making a safety plan with the caller.

### **Reactive Depression and Advocate Response**

Reactive depression is introduced with a detailed description of symptoms in the Introduction to Types of Sexual Violence section



### **Considerations for Advocates**

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



## Considerations for Advocates

**It is not the responsibility of the advocate 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.**

of this manual. Below are options for advocate response to the primary symptoms of reactive depression:

### **Sleep Disturbances**

The advocate's role is to support the caller where they are, and with how they are feeling about their current situation. The advocate's role may also involve assisting a caller in brainstorming ways to reestablish their typical rest or sleep pattern in an effort to allow the body and mind to 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 assist them in recognizing the link between rest and sleep and the healing process. Many people will easily see this connection when provided with an everyday example such as how a given task can be challenging when a person is not well-rested.

Advocates can also offer callers specific techniques to help callers rest or fall asleep. Some helpful techniques were previously discussed in the grounding subsection. In addition, advocates can provide the following options to help callers rest or sleep, stay asleep,

or get back to sleep after waking, keeping in mind that some of the following may be triggering for a caller:

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

### **Eating Disturbances**

As with sleeping disturbances, the advocate may support a caller who expresses concerns about eating and nutrition. Again, the advocate's role is to support the caller where they are at and with how they are feeling about their current situation. The advocate's role may also involve helping the caller identify the link between adequate nutrition for their mind and body and the healing process. Many people will easily see this connection when provided 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.

## SECTION 3: ADVOCACY AND ACCOMPANIMENT

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

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

It is also important for advocates to realize 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.

### **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
- Punch a pillow, upholstered furniture, or even a punching bag to release emotions
- Scream, yell, or sing loudly in the car
- Exercise or clean vigorously for a limited amount of time
- Write without stopping for at least 20 minutes or at least three pages.



### **Considerations for Advocates**

**It is important that advocates always dial \*67 before the caller's number to maintain anonymity, and dial carefully to ensure that the correct number is reached. If the caller does not accept private calls, advocates can follow center protocol for handling this situation.**

## **CRISIS AND SUPPORT LINE ADVOCACY**

There is no simple formula to describe the course of a crisis and support line 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 crisis and support call could look like, but it is not meant to be a step-by-step guide.

### Preparation

The first step in making a crisis and support line 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 return all calls according to center policy, including using the approved telephone and 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.



### Considerations for Advocates

**It is important to allow silence during a call. However, if the caller is not able to express their feelings and concerns, it can be useful to ask a gentle question. Examples: "Sometimes it is difficult to talk about the reason you called." "Do you want me to ask you a few questions to get us started?" "Has something happened to you or someone you care about?"**

## 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 crisis and support line. Below are examples 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 crisis and 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 crisis and support line 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
- Assist in identifying and connecting with support systems
- Provide encouragement 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.



## 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.**

## Types of Crisis and Support Line Calls

Crisis and support line 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 manage and attend to the concerns raised by the caller. Finding any particular call easy or more difficult to respond to 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. 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.

*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. Additionally, callers may present situations beyond the scope of an advocate's ability to help. Once an advocate has listened to the caller, and assisted them in identifying 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 health care facility for medical attention, or to a police station to make a report to law enforcement. Advocates provide accompaniment at these locations. In addition, most sexual assault support centers have staff available to accompany survivors to court and/or to obtain a protection order. For more information, refer to the Accompaniment subsection.

*Level II Calls:* Some calls involve callers with trauma-related emotional



### 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.**



## Considerations for Advocates

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

impacts, or callers who may be calling frequently or calling over an extended period of time. Centers designate these calls internally as “Level II” and provide them with the best service possible by connecting them with more experienced advocates who are specially trained. Policy regarding Level II calls may vary from center to center, so it is important that advocates become familiar with their center’s specific policy.

*Prank Calls:* It is important for advocates to be aware that they may receive prank calls. Some prank calls may be from young people who will giggle, yell, breathe heavily, or scream into the phone. Other times a person may try to use the crisis and support line for sexual gratification, breathing heavily and/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 call infrequently, 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. In addition, out of respect for every individual’s right to services, advocates 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. For more information, please refer to the Offenders section of this manual.

### Ending the Call

Sometimes ending a call can be challenging, especially for new advocates. Yet it is 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



## Considerations for Advocates

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



## Considerations for Advocates

**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 and/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. Maine law does provide advocates a "limited confidentiality privilege." Refer to the Legal Response and Resources section of the manual for more information.**

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 (about their decrease in anxiety as a result of the call). This question is an important tool for determining 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 crisis and support line is available 24 hours a day and that the caller is welcome to call anytime.

## ACCOMPANIMENT

While many survivors and concerned others seek information and support through telephone 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 crisis and support line advocacy, brings the advocate face-to-face with the survivor and potentially with concerned others.

Sexual assault support centers provide accompaniment for survivors during medical care and forensic

## SECTION 3: ADVOCACY AND ACCOMPANIMENT

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.

It is important to point out that 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 and/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 Medical Response and Resources, and Legal Response and Resources sections of the manual for additional information.

### **SELF- CARE**

Being an advocate, while rewarding, may not always be uplifting. Crisis work is often stressful, and speaking with someone who has experienced sexual violence can be emotionally exhausting. The

acts of sexual violence that advocates hear about may leave them feeling sad, angry, frustrated and/or fearful. Not every call will have this effect, although eventually every advocate will take a call that is emotionally difficult.

As advocates provide support and show empathy to callers, they must never let their own feelings become the focus of the call. It will be helpful for advocates to think ahead of time about what types of callers and scenarios might be difficult to handle, and speak with a supervisor about what they will do when they receive these types of calls.

It is important for advocates to talk about their feelings. Backup support is always available and advocates are encouraged to seek support according to their center's plan. It may also be helpful for an advocate to plan ahead for dealing with the stress of crisis work. It may be beneficial to explore ways to unwind after being on a call. While maintaining confidentiality, advocates might consider ways in which the people in their lives can be supportive.

It is necessary for advocates to think about individual self-care needs because self-care is essential to well-being and is often overlooked. Creating balance between the many roles and responsibilities in one's life takes insight and planning. The following list is offered to encourage exploration of the various areas of self-care:

#### **Physical**

- Eat regularly
- Get enough rest and sleep
- Engage in enjoyable physical activity
- Take time off when sick

#### **Psychological**

- Make time away from telephones
- Read literature that is unrelated to advocacy
- Say "no" to extra responsibilities sometimes
- Listen to personal thoughts, beliefs, attitudes, and feelings

### **Emotional**

- Identify comforting activities, objects, people, relationships, places, and seek them out
- Allow personal time to cry
- Find things that bring on laughter
- Play

### **Spiritual**

- Be open to inspiration
- Make time for reflection
- Spend time with nature
- Meditate/pray

### **Professional**

- Set boundaries and limits
- Arrange on-call space so that it is comfortable and comforting
- Seek support from a supervisor
- Attend advocate meetings for peer support  
(Adapted from Saakvitne et al, 2000).

### **Vicarious Trauma**

The term vicarious trauma was developed in 1990 (McCann & Pearlman). Vicarious trauma refers to ways in which an advocate is negatively affected by their empathic response to individuals who have experienced trauma. An empathic response means that an advocate connects with deep feelings while listening to accounts of pain and violence.

Vicarious trauma is also sometimes referred to as secondary trauma or compassion fatigue. Secondary Traumatic Stress Disorder is a term used to describe the collection of symptoms that arise in people, such as advocates, who experience trauma second-hand. It is similar to Post Traumatic Stress Disorder, which is described in the Mental Health and Substance Use section of this manual.

One of the most striking similarities between primary and secondary trauma survivors is the tendency to minimize the impact of the event and to interpret normal reactions as signs of psychological problems or instability.

Vicarious trauma happens over time. The signs and symptoms vary because what may be hard for one person may be less difficult for another. Vicarious trauma includes both strong feelings and defenses against those feelings. It shows up as strong reactions of grief, rage and outrage, which increase as advocates repeatedly hear about and see people's pain and loss and are forced to recognize the human potential for cruelty and indifference. At the same time, vicarious trauma is also evident when advocates feel numb or want to be protected against knowing that such cruelty exists. While vicarious trauma occurs from working with survivors and facing the impact the violence creates, it is not something a particular person or system does to advocates, or causes advocates to feel or experience. Individuals' reactions to the work of advocacy are never the fault of those who seek support. (Adapted from Saakvitne et al, 2000)

Advocates can reduce the possibility of experiencing vicarious trauma by:

- Protecting oneself by arranging things ahead of time in anticipation of the stress of the work and its impact.
- Addressing the effects of doing the work includes doing things for self-care, self-nurturing, or escaping.
- Transforming the focus on difficult qualities of advocacy involving pain and violence to positive experiences such as witnessing and supporting survivors' growth, personal and spiritual development through doing the work, and helping people through difficult times in life.

(Adapted from Saakvitne et al, 2000)

In addition, the following are strategies to assist advocates in letting go of the work:

- Draw, paint, or write for five or ten minutes to release the impact of the work.
- Sit quietly for five minutes and breathe deeply to create a changed physical state before leaving the room where the call was taken, or in transit from accompanying a survivor, or when arriving home.

### SECTION 3: ADVOCACY AND ACCOMPANIMENT

- Close the door, metaphorically locking away the worries and stress of the work.
- Make a list of positive, hopeful events of the day.  
(Saakvitne et al, 2000)

#### **The Rewards of the Work**

The rewards of the work can sustain advocates and counteract vicarious trauma. Working with survivors can and does bring remarkable rewards. Survivors of sexual violence heal and grow and find their voices to speak out against injustice. They succeed in breaking the cycle of abuse. Witnessing pain as advocates does bring with it the witnessing of healing as well. People who survive trauma have great inner strengths and wisdom that can be used on their own behalf. Through this work, advocates witness resilience and psychological resourcefulness. Advocates also see first-hand that people's capacity for love, kindness, and generosity is as real as the capacity for cruelty and selfishness. (Saakvitne et al, 2000)

# ADDITIONAL MATERIALS

## Supportive and Non-Threatening Communication Techniques

TECHNIQUE	EXAMPLE / EXPLANATION
Attending	"Yes." "Mm hmmm."
Reflecting/Identifying Feelings	"Sounds like you're feeling angry, hurt, confused, sad, lonely, lost...etc."
Silence	Allows caller space to think, to process what has been said and to respond.
Paraphrasing/Restating	<p>Caller: "My mother will get upset and get drunk, then dad will get mad at her and they'll fight."</p> <p>Advocate: "You're worried about how your parents will react," or "You're afraid of the problems this might cause."</p>
Repeating	Repeating caller's statement
Offering Self	"I'm here." "Take your time."
Collaborating	"Let's work on..." "Shall we...?"
Open-ended Responses	Helps the caller talk about what they need to discuss and does not encourage "yes" or "no" answers. "Tell me more about..." "How do you feel about..." "What would you like to do...?"
Probing/Exploring	"And then..." "And..." "After that you..."
Accepting/Validating	"It's understandable why you feel that way." "Yes, your feelings really do make sense." "I would have felt angry, too." "Maybe that's just the space you need to be in for a while."
Observing	"You're hesitating. I wonder if that means you're not sure about..."
Clarifying	"I'm not sure I understand that." "Tell me what you mean by..." "When you say ... I don't know what you mean."

### SECTION 3: ADVOCACY AND ACCOMPANIMENT

TECHNIQUE	EXAMPLE / EXPLANATION
Encouraging Comparison	Helps caller and advocate understand and be aware of how similar situations may have felt and been handled. "Have you experienced anything like this before?" "What have you done at other times when you couldn't sleep?"
Placing Event in Time or Sequence	"Was that before or after...?"
Summarizing	Good technique to use when caller is talking about many different issues and the conversation feels scattered; helps advocate and caller pause for a look at what has gone on thus far; an aid for focusing or addressing concerns. "So far we've discussed... (include relevant factors and feelings)" "Okay, so your concerns about telling your family are..." "So the goals you have set for the next week are..."
Focusing	"Let's talk about/explore/get back to..."
Presenting Reality	Good technique for clarifying the range and limits of your responsibility and ability to help. "You're the only person who can make that decision." "It's going to take time to recover from the sexual assault." "Going through the court process can be very frustrating."
Encouraging Action	"What can you do to help cope with things until you meet with your counselor?" "Who do you trust that you can also talk to?" "What have you done in the past when you have felt depressed?" "What are your plans for the rest of the day?"



### Considerations for Advocates

**Advocates are not expected to handle difficult emotions on their own. By communicating with others and taking care of themselves, advocates will be better able to meet the needs of callers. Additionally, venting and getting support within the agency helps to sustain self-care while ensuring that confidentiality is not broken by advocates looking for support elsewhere. Practicing self-care helps advocates receive the same level of care that they are giving to callers.**

## Remember . . .

We are here to Listen . . .  
not to work miracles.

We are here to help [people] discover what they are  
feeling . . .  
not to make feelings go away.

We are here to help [people] identify [their] options  
. . .  
not to decide for [them] what [they] should do.

We are here to discuss steps with [people] . . .  
not to take the steps for [them].

We are here to help [people] discover [their] own  
strength . . .  
not to rescue [them] and leave [them] still  
vulnerable.

We are here to help [people] discover [they] can  
help [themselves] . . .  
not to take responsibility for [them].

We are here to help [people] learn to choose. . .  
not to make it unnecessary for [them] to make  
difficult choices.

We are here to provide support for change!

—Carol Parsons

## Listen

When I ask you to listen to me, and  
you start giving me advice, you have  
not done what I asked.

When I ask that you listen to me, and  
you begin to tell me why I shouldn't  
feel that way, you are trampling  
on my feelings.

When I ask you to listen to me, and  
you feel you have to do something to  
solve my problems, you have failed me,

strange as that may seem.  
Listen: all that I ask is that you  
listen, not talk or do, just hear me.

When you do something for me that I  
need to do for myself, you  
contribute to my fear and  
feelings of inadequacy.

But when you accept as a simple fact  
that I do feel what I feel, no matter  
how irrational, then I can quit trying  
to convince you and get about the  
business of understanding what's  
behind my feelings.

So, please listen and just hear me  
and, if you want to talk, wait a  
minute for your turn, and I'll  
listen to you.

- Author unknown

## Who is a sexual assault advocate? What do advocates do?

Here are some advocate roles to consider:

- Be able and willing to hear survivor's experiences without showing pity, disgust, judgment, etc.
- Provide accompaniment to the hospital and/or police department
- Validate a caller's experience, listen to them, and support them and their decisions
- Know what resources exist in the community outside of the center
- Examine personal boundaries and know center policy around boundaries; practice and maintain boundaries
- Assist a caller in ending a call if necessary
- Know about issues of sexual violence
- Provide callers with a menu of choices
- Accept a caller's decision unless it involves harm to self, animals, or others

### SECTION 3: ADVOCACY AND ACCOMPANIMENT

- Provide accurate and honest information
- Never make promises
- Follow through with commitments
- Comply with mandated reporting policies
- Learn not to assume things about people or their situations
- Only ask questions that are meant to benefit the caller or that will help you to understand a caller's request/situation better. Do not ask questions out of curiosity. For whom is the question being asked?
- Interact with area professionals and other members of the support team
- Get support for self
- Know self and what personal triggers are
- Do not disclose personal information and keep own needs, biases, etc., out of conversation
- Do not make someone else's crisis a personal crisis
- Know the impacts of trauma

#### **DO's**

- DO establish a feeling of trust, support, and confidence.
- DO allow the caller to speak freely and to ventilate feelings.
- DO listen carefully, not only to what is being said, but also to what is not being said.
- DO encourage callers to tell you what is troubling them.
- DO accept callers' right to feel as they do. The way they see the world at this time in their life is real for them.
- DO listen attentively and reflect feelings.
- DO be honest. If you do not know an answer or cannot provide the information requested, say so.
- DO ask for feedback to find out if you are on the right track.
- DO be realistic.
- DO ask what the caller is doing currently to manage the particular discomfort the caller is experiencing.
- DO ask how the caller has managed traumatic events in the past.
- DO help the caller draw from past successes in managing current personal crises.
- DO be alert for opportunities to reinforce the caller's strengths and positive qualities.
- DO build a sense of structure that the caller can relate to.
- DO help callers identify areas in their personal life over which they can assert control. Stress the need to devote energy to these areas rather than to areas over which they have no control.
- DO have updated, immediately available referral resources
- DO get in touch and stay in touch with yourself and what you, as the crisis and support line worker, are feeling.
- DO separate your needs, concerns, and values from the caller's. Respond to what the caller needs.

## HELP IN HEALING: A TRAINING GUIDE FOR ADVOCATES

- DO debrief with a fellow crisis and support line worker as needed.
- DO trust yourself to ask effective questions, to offer appropriate option, and to know when to stop.
- DO remember that your job is to listen, empathize, and help set some sense of structure for the caller who may feel out of control.
- DO remember that crisis and support line work is stressful. Take time to care for yourself as you care for others.

### DON'TS

- DON'T offer any service you cannot provide.
- DON'T agree or disagree with callers. The way they see the world at this time is real to them.
- DON'T interrupt callers while they are talking unless absolutely necessary. If you need more details, wait until the caller is finished, and then go back and ask for the needed information.
- DON'T argue with a caller.
- DON'T be afraid of silence. Give the caller time to think and feel.
- DON'T assume anything. Ask for clarification and if you are concerned about the caller's physical and emotional safety.
- DON'T allow the caller's anger or hostility to intimidate you.
- DON'T push your value system on the caller.
- DON'T push your religious beliefs on the caller.
- DON'T be afraid to admit that a caller might need further help that you cannot provide. Refer as necessary and as appropriate.
- DON'T allow callers to concentrate only on the negative aspects of their situation. Help them develop options.
- DON'T show excessive pity or sympathy.

(Adapted from advocate training materials from Rape Response Services and Sexual Assault Support Services of Midcoast Maine, 2009.)



### Considerations for Advocates

**The following is an account written by a survivor of ritualistic abuse, included as written, and the comments are at times specific to the survivor's experience. The majority of the comments are helpful feedback for any advocate to keep in mind when serving survivors on the statewide crisis and support line.**

**Please note that some of the practices suggested here should be used with discretion and discussed with a supervisor.**

**Presentation given by Mari Collings at Project Sanctuary, Ukiah, California, 1992. Reprinted by permission of the author.**

I am a survivor of ritual abuse. I have frequently called a hotline “in crisis,” that is, while experiencing overwhelming feelings of grief, shame, panic, terror or guilt. I have found that talking to another human being about what I am trying to overcome helps me a great deal. I can restabilize, process my feelings, and gain a deeper understanding of what I’m enduring. I can also get feedback from an outside observer that I have worth, that my struggles are healthy and important, and that I am not a “freak” or crazy or a “burden to the universe.” After calling a hotline and talking to a volunteer, I am often able to return to my responsibilities and goals, and this is probably the foremost reason I call: It frequently works. I can usually go on with my day, still feeling fragile and slightly off balance perhaps, but no longer disabled by the crushing emotions from my past.

**What helps.** I am most able to process the feelings from a remembered traumatic event and reclaim myself when my listener is balanced, grounded, honest, keeps good boundaries, doesn’t attempt to take care of me or take responsibility for me, doesn’t attempt to rescue me, allows me ample time to talk, feels comfortable with my crying and exhibits no panic or need to make me stop, and is able to keep seeing me as a human being with intrinsic worth, no matter what I tell her about myself. People who are comfortable with themselves, I’ve noticed, are usually comfortable hearing whatever I need to say.

I’ve compiled an informal list of pointers garnered from the many times I have called hotlines to help myself cope with the memory and reality of ritual abuse. Supporting survivors of ritual abuse is really not all that different from supporting survivors of other forms of abuse, but it can be intense and challenging at times. Just remember: whatever your level of skill or experience, as a listening, honest, compassionate human being you have a great deal to offer.

**Take care of yourself.** Check in with yourself, both before, during and after a crisis call. By doing so you can help to model the survival skills your listener is struggling to learn. How are you feeling? Are you feeling grounded? Secure? Are you upset about anything? The most productive conversations I’ve had with hotline workers when I’ve been in a crisis were with people who obviously take care of themselves. They come across as secure, well grounded, safe, warm and open. They seem to be adept at recognizing and acting on their needs. Being comfortable with themselves, they effortlessly project that they are comfortable with me. When I call a hotline, *I don’t want to hurt anybody with my story*, and always feel relieved when I can hear that the listener is capable and practiced at taking care of her/himself.

**Realize your limits, and accept your powerlessness.** I’ve noticed that when I’m speaking with someone who knows they are not responsible for me (or my feelings), I am able to go deeper and more honestly into my story, and I invariably leave the call feeling respected and supported. Trying to take care of someone, or feeling like you have to “solve their problems,” will leave you feeling like you’re on a “dead end.” It’s a small, tight, constricted feeling. (I know, I’ve spent many hours as a hotline volunteer myself, and I know this is a tough one.) But it feels wonderful to support and acknowledge someone without feeling responsible for them; it’s healthy for you and your caller. When I call a hotline, I don’t *want* anybody to “fix” me. I appreciate it so much when the volunteer respects me enough to assume that I am capable of figuring out how to get through whatever it is I’m confronting.

**Never underestimate the tremendous power in the simple act of listening.** When I’ve called a hotline struggling with some very imposing feelings and memories, just being listened to *always helps*.

Even if the volunteer really can't relate to what I'm talking about, or doesn't know that much about ritual abuse or sexual abuse, as long as they are sincere and honest and make an effort to just listen, I invariably leave the call feeling supported. Human contact, at once simple and profound, is very healing in and of itself. You don't have to be an expert to give someone something extremely valuable; you just need to be yourself.

**Accept the person where they are; strive to listen without judgment.** When you're listening to someone who has survived ritual abuse, hearing about some of the awful experiences they've endured, or disturbing thoughts and images they might be trying to cope with by calling can be challenging. But if you can just remember that you are listening to a traumatized human being, you can leave the call feeling very positive about your effort and impact. I was trying to cope once with a really awful memory, and I felt tortured by the impulse I felt to cover my hands with blood. Since I was at that time struggling with self-destructive impulses, this was especially frightening. The hotline worker I talked to was wonderful. She just kept asking about what other ways I could deal with the feels of self-destruction. She wasn't afraid of me, or repulsed by me, just concerned, in a very helpful way. I remember sobbing with shame when I told her I had thought about getting blood from somewhere, maybe a butcher shop, and immersing my hands in it to try to ease the awful image which was torturing me, and her reaction was reassuring and helpful. She just said, "If that will keep you from hurting yourself maybe you should try it." She wasn't shocked, and her tone was not horrified at all, she seemed truly to understand that the bizarre images I was enduring *were not my fault*. She clearly understood that the images I was suffering from were not my choice, and that they were based on a terrible past experience. She showed great respect for my courage and strength while accepting the nature of my struggle. To this day, I feel gratitude for her support and acceptance. (Don't support an act such as this unless you have had regular contact with the caller and know the caller has a strong support system.)

**Learn from your caller.** Ask questions that reflect

your concern, support and respect. If you feel stuck or unsure, ask the caller what they think will help. Ask them if there is anything you can say that would help. I love it when people do this for me, it helps me to focus myself on solutions, and often allows me to gain back a sense of control when I'm attempting to cope with some very out of control feelings. I've noticed that the very act of articulating desperation can sometimes be enough to ease it. So if you don't quite understand what the caller is talking about, or what they might need, say so. Ask for clarification.

**Listen for requests for reassurance, and offer it when you can.** I often need to be reminded over and over that the person I'm talking to doesn't think I'm a freak, doesn't feel horrified or afraid of me, and respects me as a struggling human being. I also love it when, if I start to cry, the person quietly reassures me that "it's okay to cry, it's very healing and appropriate, and I don't mind listening." That is just so wonderful to hear! That it truly, *finally* is okay to cry. If you feel proud of the caller for their efforts, tell them. *Just be careful not to react too strongly to the caller's perpetrators.* Survivors need to go through a very long recovery process, and much of it is spent feeling tremendous guilt and identification with the people who tortured and abused them. Instead of condemning the perpetrators outright, try saying something like: *It was wrong of them to hurt you. They were very disturbed, hurt people, very mixed up and wrong. It wasn't your fault, you couldn't have prevented the abuse, and you did the best you could. It should never have happened, you deserved to be protected and cared for. You were resourceful and survived and that's what counts.* You can then hang up and tell someone else how disgusted you are with the actions of the perpetrators, how much you despise them, and how much you'd like to see those poor excuses for human beings drawn and quartered, and most of the time this will probably be necessary. But just be careful about expressing too much hatred toward the actions of the perpetrators to a caller, as it can be confusing. During a crisis, when a survivor is trying to cope with overwhelming feelings of shame, terror and confusion (as well as excruciating guilt for having survived when so many others did not), it is easy for us to get mixed up and

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begin thinking that you are judging and rejecting us along with our perpetrators. Remember that most of us have to work very hard to overcome the negative conditioning of our childhood. We were told over and over again that we were “evil,” “ruined,” “abandoned and despised by God,” and that “no decent human being would ever want to have anything to do with us,” and that we’re “one of them (a perpetrator) forever.” So please be patient, and understand that we need time to come to terms with our misplaced sense of identification and culpability. This necessary part of the healing process simply cannot be rushed or forced in any way. But consistent, gentle reminders of our original innocence can help a great deal.

**Get support for yourself.** This goes back to guideline number one. After you hang up from a call from a survivor of ritual abuse, *let yourself feel* whatever the conversation brought up for you, and then find someone to talk to. You might feel hopeless, disoriented, appalled, frightened, enraged or simply changed. Whatever you feel, get support! And keep working through your feelings. If you need to go take a brisk walk and visualize kicking the crap out of the perpetrator you just heard about, do it. If you feel helpless, and need to go find someone (or something) to nurture, do that. (I often pour affection onto my animals when I’m feeling upset about memories I’ve endured or heard about, and it really helps.) By taking care of yourself, you will be able to be a consistent and effective source of support for others.

**A final word.** Thank you all for your commitment and support! By opening yourselves up to learning about ritual abuse, and by engaging in this challenging process of growth, you stand to make a real difference in someone’s life. I congratulate you on your courage, compassion and humanity.

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