

HOTLINE

► **Hotline refers to crisis intervention, information and referral provided 24 hours a day, every day of the year, on a telephone line answered by qualified, trained staff members or volunteers.**

SERVICE STANDARDS AND GUIDELINES FOR HOTLINE

1. A hotline operated by a domestic violence program must provide 24-hour crisis telephone access to the program.
2. The hotline number must be listed in a local telephone book, be widely distributed, and be available from local telephone information services within the domestic violence program's service area.
3. To ensure 24-hour hotline accessibility, programs should have a minimum of two telephone lines, one of which is the hotline. The use of caller-identification equipment or services is in conflict with the spirit of anonymity and programs must, as a condition of informed consent, inform callers of the use of such equipment, if applicable.
4. The hotline must be answered by a program staff member or volunteer who has had domestic violence crisis intervention training.
5. The hotline must be answered in a manner that identifies the purpose of the hotline.
6. Programs offering hotline services must provide emergency telephone crisis intervention and advocacy. These services include, but are not limited to:
 - a. Assessment of the caller's critical needs;
 - b. Listening to and validating the caller's experience;
 - c. Safety planning;
 - d. Information about available legal remedies;
 - e. Crisis intervention; and
 - f. Information and referral to available community resources.
7. Victims of domestic violence who are deaf and hard of hearing must have equal access to the domestic violence hotline.
8. A domestic violence program must have written procedures on how advocates will respond to non-English speaking persons.
9. Programs offering hotline services shall maintain a schedule that provides volunteers with a staff member as back-up during hotline coverage.
10. A hotline may not be answered by automated call-routing equipment, an answering machine or answering service.
11. Programs offering hotline services shall have written procedures that include, but are not limited to:
 - a. Safety of hotline worker;
 - b. Scheduling, coverage and back-up;
 - c. Confidentiality and exceptions to confidentiality;
 - d. Assessing for suicidality of caller; and
 - e. Assessing risk.

CRISIS INTERVENTION

► Crisis intervention defines the interactions and activities performed over the telephone or in person by qualified, trained staff members or volunteers with an individual in crisis to stabilize emotions, clarify issues, and provide support and assistance to help explore options for resolution of the individual's self-defined crisis and needs.

SERVICE STANDARDS AND GUIDELINES FOR CRISIS INTERVENTION

1. Crisis intervention services must be provided by a trained domestic violence program staff member or volunteer.
2. Crisis intervention services must be provided with a primary focus on the provision of information, advocacy, validating feelings, safety planning and empowerment to reinforce the individual's autonomy and self-determination.
3. Crisis intervention services are based upon a problem-solving model to provide information and referrals that assist an individual in crisis. Crisis intervention services include, but are not limited to:
 - a. Assessing risk and/or danger;
 - b. Assessing needs;
 - c. Listening;
 - d. Establishing rapport and communication;
 - e. Validating feelings and providing support;
 - f. Identifying the major problems;
 - g. Safety planning;
 - h. Providing referrals;
 - i. Providing information about available legal remedies;
 - j. Exploring possible alternatives;
 - k. Formulating an action plan; and
 - l. Taking follow-up measures.
4. Crisis intervention services are provided by a qualified, trained staff member or volunteer in three parts. These phases of crisis intervention services can be identified as follows:

PART I: Assessment and Establishing Contact

 - a. The beginning phase of crisis intervention involves establishing contact, listening to the person tell about what has happened, determining what the crisis is, assessing risk and/or danger, and setting up time for future activities geared toward alleviating the crisis;

PART II: Providing Information, Intervention and Support

 - b. The middle phase of crisis intervention focuses on implementation: the identification of tasks and who is responsible for carrying out tasks that are designed to solve specific problems in the current life situation, to modify previous ways of dealing with the situation when necessary, to identify strengths and to learn new skills when needed; and

PART III: Review

 - c. The ending phase of crisis intervention covers the termination of the interaction and requires the advocate to review the intervention from the start of contact to the present with an emphasis on the tasks accomplished, existing or potential skills to be developed, resources and referrals established, and planning for future or ongoing contact.
5. Goals for crisis intervention services are defined as including, but not limited to, interactions that:
 - a. Stabilize emotions;
 - b. Clarify issues; and
 - c. Provide support and assistance.

SERVICE STANDARDS AND GUIDELINES FOR CRISIS INTERVENTION (CONTINUED)

6. Crisis intervention services may include the provision of education and information about:
 - a. How batterers maintain control and dominance over their victims;
 - b. The need for the community to hold batterers accountable for their actions;
 - c. The recognition that individuals victimized by domestic violence are responsible for their own life decisions and that batterers are responsible for their violent behavior; and
 - d. The role of society in perpetuating violence against women and the social change necessary to eliminate violence against women, including the elimination of discrimination based on ethnicity, color, gender, age, sexual orientation, disability including substance abuse, economic or educational status, religion, HIV/AIDS or health status, and national origin.
7. A domestic violence shelter that offers crisis intervention services must provide the services to residents and non-residents.
8. Evaluation of the domestic violence face-to-face crisis intervention services must be conducted to ensure quality of services.
 - a. Most evaluation procedures should be voluntary and anonymous. Anonymous evaluations may include, but are not limited to:
 - i. Periodic satisfaction surveys; and/or
 - ii. Exit surveys.
 - b. Non-anonymous evaluations may include, but are not limited to:
 - i. An Advisory Board consisting of current and former service recipients and staff who review policies and procedures; and/or
 - ii. Focus groups.

HOTLINE CALLS IN A TRAUMA-INFORMED MANNER

"I want you to understand how hard this is for me to call."

A survivor of trauma

Domestic violence agencies use hotlines for many different purposes. Often, individuals are looking for safe shelter to escape a dangerous situation. However, people also call the hotline for information, referrals, validation of their thoughts and feelings, or simply because they need someone to listen to them. Individuals also phone hotlines to see what type of help is available in their community.

When an individual calls a hotline, it may be the survivor's first connection to a helping professional who works with domestic violence. Conversely, she may have asked other helping professionals for assistance with her situation and didn't receive help or was not treated well. An advocate must remember that calling a hotline is a courageous act for many domestic violence survivors.

Because talking on the phone with someone does not give you the opportunity to read each other's body language or establish a face-to-face connection, it is imperative to remember how trauma impacts a person victimized by domestic violence.

The traumas the caller may have suffered might impact her help-seeking behavior and her responses to you. For example, she may hesitate to trust you or to share private information. A trauma-informed response would be to understand her reaction as a protective response to her traumatic experiences instead of an attempt to manipulate or keep information from you.

During hotline calls, the advocate needs to focus on the possible feelings and needs of the caller. Domestic violence victims have a wide variety of feelings about their situations, ranging from anger to conviction to apprehension to fear to ambivalence to sadness. All of these feelings are normal responses to domestic violence, so advocates must be comfortable with this wide range of feelings and emotions.



*Your voice on the
other end of the line
can be the voice
that either engages
the individual to
continue seeking
help for her
situation or causes
her to feel further
victimized and stop
seeking help.*



That fact impacts your conversation.

❖ **The way you ask questions can be traumatizing. Think through the impact of the questions you ask.**

➤ Do not ask the question, “why”. The question “why” makes a caller feel defensive by implying her guilt. Rather, ask questions in a sensitive manner, such as “*Help me understand about....*” or “*Would you describe to me what....*” This approach conveys a non-judgmental attitude and provides the opportunity for the caller to share openly if desired.

❖ **The person on the phone didn’t call to answer your questions. They called for support and empathy.**

➤ Be aware that the “intake questions” on the hotline form may not be the priority for the caller.

➤ Many experienced advocates collect information by allowing the caller to share her story. As the story unfolds, the questions on the agency’s intake are usually answered.

❖ **Many agencies have questions that they must ask, because of grant reporting requirements or other reasons. Ask these mandatory questions in an appropriate and sensitive way, with awareness as to how they might sound to survivors.**

➤ Use a pleasant tone in your voice that expresses sincerity and explain what you are asking and why.

• For example, “*I need to ask you a question that may not seem so important right now with all that you are sharing with me. I have to ask you and every person that I talk with what their zip code is, because the people that*

fund our services want to know what part of the state people are

IMPORTANT STEPS IN ANSWERING A HOTLINE CALL

1. *Warmly greet callers and thank the individual for calling.*

2. *Establish physical safety.*

3. *Establish a connection with the caller and build rapport.*

4. *Pay full attention to the call-the same way you do when doing an intake.*

5. *Ask intake questions sensitively.*

6. *Have the caller repeat instructions back to you.*

7. *Remember to thank the caller again for taking the time to call and talk with you.*

breath through your nose, holding for two seconds, and then exhaling through your mouth.

- This exercise will help to prepare you for the call you are answering by creating distance from what you were doing prior to the call and allowing you to focus completely on the caller.
- ❖ **At the onset of the call, answer according to your agency's greeting.**
- For instance, *"Hello, this is Jane at the domestic violence helpline...how may I assist you today?"*
- ❖ **Find out the caller's first name, if she is willing to share it with you. If she doesn't want to share it, don't push.**
- Repeating a person's name can help to engage them in a trusting relationship as well as to show that you are attentive and listening to details.
 - For example, you can say.... *"Tell me Tonisha a bit about what is going on...."*
 - Utilizing open-ended questions provides an opportunity for the caller to feel invited to share her experiences, needs and concerns.
- ❖ **Establish physical safety with the caller. This shows the caller that you understand the possible risks to her safety.**
- Inquire, *"Before we talk about what has been happening, let me first ask you if you are safe to be talking on the phone?"*
 - *"Are you alone or is someone near you?"*
 - Trust that survivors are aware of their safety and know its importance.
- ❖ **Take the time to thank her for her call. Even though she may feel unsure and/or confused, it is important to acknowledge the strength she showed by calling.**
- ❖ **Offer the caller your full attention, just as if the person were actually sitting with you.**
- Reduce distractions so you can focus only on the hotline caller and the information she is revealing.
 - Put all of your other work away (such as your cell phone and paperwork) while talking with the caller.
- ❖ **People who are traumatized need to feel a sense of safety while they are expressing their feelings and memories. Silence can give callers the space and time to gather their thoughts.**
- Becoming comfortable with silences is an acquired skill. To help you

you.

- You can rephrase and summarize what she has shared with you by using statements such as *“so what I hear you saying is....”*
- ❖ **When ending the call, you are terminating a helping relationship.**
 - Express compassion and empathy and share that she is welcome to call again and that the hotline is available around the clock. Tell her what assistance your agency provides, and provide referrals to other relevant services.
 - Callers often become attached to the initial advocate on the phone line because you have served as a positive helper who has provided trauma-informed care, which engages the caller. You have offered respect, hope, connection and information. While taking this into account, make sure you share with the survivor that if she chooses to call the hotline again, she can talk with any advocate who is answering.
- ❖ **If you are arranging for transportation to shelter, arrive at the time you agreed upon. Do not leave a traumatized individual alone and waiting. This could result in re-traumatizing her and her children.**
 - If the person is to be transported via the police according to agency policy, take the time to explain this procedure because of the potential anxiety. Share the reasoning of using this transportation to the caller. Be aware that if the victim’s partner is a police officer or has ties to the police department, than this will not be a safe option.
 - Be open to other transportation alternatives.
- ❖ **Remember that in a matter of minutes, you must regain the ability to listen to another caller with renewed empathy and compassion.**
 - Hotline advocates can practice a grounding exercise to renew energy:
 - Begin by breathing in and out through your nose, while simultaneously raising your shoulders when you inhale and releasing your shoulders down on exhale.
 - Repeat this several times.
 - Refer also to the section on vicarious trauma.