Skills Development

**Goal (PowerPoint 7-2):**

Participants will:

- Learn key principles related to the nature of helping relationships, active listening and communication.

- Gain clarity about their roles in providing services and support to victims.

- Become familiar with models for problem solving, crisis intervention and safety planning.

- Practice new skills.

**Sections:**

7-1. Understanding Crisis 15 minutes
7-2. The Helping Relationship 1.5 hours
7-3. Effective Communication 2.5 hours
7-4. Problem Solving 2.5 hours
7-5. Crisis Intervention 3.25 hours
7-6. Safety Planning 2 hours
7-7. Goal Planning 30 minutes

**Time Required: 12.5 Hours**
Module 7 – Section 1

Skills Development

Section 1 – Understanding Crisis

Objectives (PowerPoint 7.1-3):
Participants will:
- understand the feelings and needs of individuals in crisis.
- learn a basic definition of crisis.

Time Required: 15 minutes

Materials needed:
- PowerPoints 7-2 and 7.1-2 through 7.1-5
- Paper and pencils or pens for participants
- Newsprint and colorful markers

Understanding Crisis

NOTE TO THE TRAINER

This is a lengthy module but it is one of the most critical in educating new advocates about their interactions with victims and their children. Participants will transfer their newly acquired knowledge and thinking to the actual performance of their roles. Several of the sections in this module include activities requiring participants to practice the concepts introduced. The time frames are provided as a minimum expectation – if participants need additional practice in developing these skills the trainer should ensure that adequate time is set aside to do so before moving ahead with each section.

The assistance of one or more co-trainers or other program staff to observe the practice segments is strongly encouraged so the skills of each participant can be fully assessed.

This is one of the modules in which trainers can feel free to use additional scenarios or role-plays that more closely reflect the community and situations/experiences of survivors the program has recently assisted. Remain mindful of the objectives for each section in choosing any alternative situations.
NOTE TO THE TRAINER

This activity illustrates the frame of mind victims may be in when first reaching out to a domestic violence program. It asks participants to personally respond to situations or events that may have occurred in some of their lives. Be sensitive to those participants who may become distressed by these memories. Assure them they will not be asked to talk about the situations.

Instructions to the Trainer:

Review PowerPoint 7-2 (Goals for Module 7) to introduce participants to the next important part of the JARS Curriculum, Skills Development.

Review PowerPoint 7.1-3 (Objectives for Section 1) to introduce the skills development sections of the curriculum. Tell them we will begin by examining the nature of crisis and the impact it has on people.

For the following introductory activity, participants will need a sheet of paper and a pen.

Tell participants you are going to read a set of five situations that are fairly common life experiences. Some of them may have experienced similar situations. If not, they are life experiences that most will be able to relate to.

Ask them to write down their immediate reactions to the situation – what they would probably say, any feelings that come up, what they want at the moment and what they might want from another person. Tell them it is important not to think at length but to go with their immediate emotional responses. Give participants 2-3 minutes to write their responses; when it appears most have written a response, read the next one.

Situations:

1. You discovered a lump in your breast, and had a needle biopsy done. The doctor has just informed you that you have breast cancer (if males are present, add prostrate cancer to this).

2. You come home from work, and as you walk in the door, you see luggage piled near the door. Your husband, wife, partner, significant other – the person you live with and/or have an intimate relationship with – comes into the room and states s/he is leaving you.

3. You are paged at work and told that a family member is on the phone. When you pick up the call, you are told that another family member (mother, father, sister, brother, spouse, child) has been in a car accident, is in critical condition and you need to go to the hospital immediately.
4. Most people have a secret, something in their past or present, that very few, if anyone, knows. You prefer it that way. You go to a family gathering and a relative comes up and asks, “Is it true that______________? Everyone is talking about it.”

5. You hear the fire engines roaring through town, and receive a call from a neighbor that your house is on fire. You rush home, and watch your home and all your belongings burn to the ground. You have lost everything.

Ask the group for their individual responses to “How did you feel?” Write the responses on newsprint. If anyone gives a response that is not a feeling word, delve further and ask “And how did you feel?” or “What feeling word would you give to that?” Responses may include: anger, betrayal, fear, helplessness, hopelessness, shame, guilt, shock, overwhelmed, numbness, anxiety.

Ask participants what they wanted at that moment? Write their responses on newsprint. Responses may include: someone to talk to; for the problem to go away; someone to fix it; no judgment or blame; concrete help, information.

Ask the group members what they wanted from another person, and write their responses on a second sheet of newsprint. Responses may include: to be listened to, nonjudgmental attitude; options; empathy. Some responses may reflect those on the previous newsprint.

Stand back and look at the newsprint. Turn to participants and state these situations and their responses represent both a crisis and crisis intervention. More importantly, they represent a battered woman when she contacts a domestic violence program. The situations described involve life threats, loss, secrets – all elements of the life of a battered woman.

Ask participants:

Based on this activity, what constitutes a crisis? Write their responses on newsprint. They should reflect the following definition of the elements of a crisis.

Review PowerPoint 7.1-4, “A crisis is:”

- an upset in the normal balance of an individual’s life.
• an emotionally significant or radical change of status in a person's life.
• their usual ways of coping are no longer effective.

The two symbols in Chinese for the word "crisis" represent "danger" and "opportunity." The opportunity is for a change in circumstances, personal understanding and/or growth. Encourage participants to challenge their fears about dealing with someone in crisis to viewing each interaction with a victim as an opportunity for change in her situation – enhanced by the advocate's assistance in assuring access to the goals represented by "JARS."

Summarize with PowerPoint 7.1-5: “Crisis and Survivors.”

Victims of domestic violence come to domestic violence programs because other resources have not been helpful and they feel they have no other options or because something has just occurred that has disrupted their ability to manage their lives, i.e., in crisis. Advocates should never minimize how a victim is responding to what has happened to her. For many victims, the overwhelming feelings and the effort of reaching out to complete strangers are exactly what may have put them in crisis – they were managing just fine until this point.

Stress to participants that they must keep the reality of the crisis nature of a victim’s life in mind as they learn about and practice new skills in the following sections.
Module 7 – Section 2

The Helping Relationship

Objectives (PowerPoint 7.2-1):
Participants will
- Learn the definition and goal of a helping relationship.
- Understand the essential conditions for a helping relationship.
- Gain knowledge of behaviors not helpful to those in crisis.

Time required: 1.5 hours

Materials needed:
- PowerPoints 7.2-1 through 7.2-9
- Newsprint and colorful markers

Activities:
- Large group work
- Lecture with discussion

Instructions to the Trainer:

Begin with a review of the learning objectives for Section 2 of Module 7, PowerPoint 7.2-1.

Introduce this section of the training by explaining to participants that we are now going to focus on the nature of the helping relationship. Knowing the elements and goals of a good helping relationship is not just helpful in working with victims, but in our day-to-day interactions with family, friends, colleagues and strangers as well. Tell them that before we start talking about an effective helping relationship, we’re going to talk about helping styles that may prove to be not very helpful to an individual in crisis.

Large Group Work:

Ask participants to think of a time when they were going through a very difficult time, similar to what was discussed

This section is important because it examines a well-known theory of helping relationships that, in essence, reflects the philosophical approach and definitions of woman-centered advocacy and “Who’s Driving the Bus” discussed in earlier modules. The participants will see that this empowerment, woman-centered model is based on years of research and is an acceptable therapeutic model. It is important for the trainer to emphasize throughout that the helping relationship is a powerful combination of individual personal attributes and helping skills.
in the previous section, a crisis but not such an overwhelming event that they are unable to participate in the exercise.

Ask:

...them to take a moment to think about the kinds of things some people may have said or done or how in trying to be helpful, they were actually unhelpful to them. When people have had a few minutes to think on their own, ask them to share some of the responses. Write the responses on the newsprint and discuss.

**Possible responses:**

- Judging
- Minimizing (wasn’t that bad)
- Intellectualizing
- Advice-giving
- Taking power away/giving advice (e.g., “When that happened to me, I _______ and it worked great. You should, too.”)
- Asking why or what you did
- Saying that everything will be okay
- Rescuing (taking on the problem as your own)
- Victim-blaming
- Seemed to stay “distant,” emotionally uninvolved

Ask:

... how these responses made people feel. Write these on the newsprint.

**Possible responses:**

- ANGRY
- SAD
- CONFUSED
- ALONE
- BETRAYED
- STUPID
- ASHAMED
- EMBARRASSED
skills development

◆ HURT
◆ CRAZY
◆ DISTRESSED
◆ ANXIOUS
◆ SCARED

Discuss how important it is to provide helpful and supportive assistance to survivors and to avoid ineffective helping styles.

Discussion with PowerPoint

Tell participants that there are a number of ineffective helping styles out there and we’re going to quickly go over some of them. Some people in the helping professions, may, for example, come across like “district attorneys”....

Moving through PowerPoints 7.2-2 and 7.2-3, item by item, ask participants to describe how a district attorney might relate to someone, a salesperson, a colonel, etc. The following list provides some direction in what the trainer is seeking from the group.

- **District Attorney**: cross examines; focuses on the facts, not the feelings.
- **Salesperson**: overly optimistic; “Everything will turn out fine.”
- **Colonel**: gives orders on how to feel and what to do.
- **Philosopher**: platitudes and proverbs – “We’re never given more than we can handle.”
- **CEO**: lays out problems and solutions: “Here’s what you need to do.”
- **Psychiatrist**: clinical labels “Sounds like an anxiety attack.”
- **Pollyanna**: offers simplistic solutions; “Get a PFA and leave.”
- **Center of Universe**: turns attention on self; “That happened to me...” “I know just how you feel.”
- **The Mother Hen**: takes over; “I’ll make it all better.”

Elaborate on each of the unhelpful styles, asking participants if they’ve ever had anyone in their lives do this to them, and ask how these styles are likely to make people feel.
Point out that although the list is labeled as “Unhelpful,” there are situations for the specific profession where these are exactly the styles necessary to get what is needed (e.g., the DA – the facts; a salesperson – paints things in a positive light in order to make the sale; etc.).

Ask:

... the group if, based on how we have been describing advocacy, are these styles we would adopt?

**Answer:**

◆ NO!

Discuss as a group why we want to make sure we do not utilize these helping styles with survivors.

**Large Group Discussion with PowerPoint:**

Remind participants it is important to recognize that there are a number of things that can interfere with our ability to give effective help.

Ask:

... participants what factors interfere with their ability to be helpful. Write their response on newsprint and discuss. Use the next few PowerPoints to reinforce or expand on what participants suggest.

PowerPoint 7.2-4, "Factors Interfering With Our Ability to Be Helpful":

◆ We enjoy giving advice!!

◆ Many of us want to immediately move to problem solving because it is more comfortable than just listening.

◆ We think we know best.

◆ We don’t understand cultural differences.

◆ Our personal values and beliefs get in the way.

◆ Internal and external noise.

Review PowerPoint 7.2-5, “Countering Unhelpful Behaviors”:

Emphasize the following:

◆ We each have to be very consciously aware of ourselves and work to avoid unhelpful behaviors.

◆ Self-awareness is extremely important. Stay in tune with what your feelings and thoughts are.
Many who work in this movement are survivors themselves and when someone discloses something to you as a survivor, it may be so similar to your own experience that you’re inclined to make assumptions. This is very dangerous. It is a real asset to have survivors in the movement, but it’s important to not make assumptions about other survivors’ experiences. This really limits how we are able to help clients.

- Also pay attention to your intuition, your “gut” feelings.

- Be honest with yourself and the survivor you are helping. If you have only 5 minutes, let her know that and set up another time to talk or get someone who has more time at that moment. If you don’t know the answer to a question, say that and find the answer rather than providing an answer you hope to be true.

- Be aware of your value system and do not let it put you in a position of judging another person. If you do, you’re no longer being helpful. You also may not like your client, and that’s fine. We don’t have to like people in order to be helpful to them. Clients should not know whom you like or dislike!

- Know the limits of what you are able to do. Sometimes our desire to help overcomes what we are actually able to do. Do not make promises you cannot keep or that you have no control over (e.g. “This is a strong case; I’m sure he’ll be convicted.”). Also, you cannot rescue someone from her/his feelings. Never say, “Everything will be okay,” because maybe it won’t. Attend trainings whether informational about changes in the law or other systems or “counseling” and skill development ones. Take the time to attend meetings of other advocates to share experiences and concerns and problems.

- Be conscious of nonverbal communication, both yours and the survivor’s.

- Don’t give advice. Our role is to provide options, not advice.
**Large Group Work:**

Ask participants:

- What is a helping relationship, an effective helping relationship, one that works for the victim and for you as an advocate?
- What words can you think of to describe the helper – you, the advocate?
- What are the words to describe the relationship or the process of a helping relationship?

Write their responses on newsprint.

After completing this, tell the participants they will now hear a definition of a helping relationship that utilizes the research and writings of Carl Rogers, one of the first psychologists to ever use the terms “nondirective,” “client-centered,” “person-centered,” and “collaborators” to describe the helping relationship.

**Discussion with PowerPoint:**

PowerPoint 7.2-6, “The Helping Relationship Is”:

The helping relationship is a process that helps a person to go in the direction the person chooses; to solve their own problems; and to face crises as they arise. Carol Rogers wrote: “How can I provide a relationship which this person may use for his (her) own personal growth?” Rogers believed that the client knows what hurts, what problems are crucial, what experiences are buried, and what directions to go in. He said we help people to take responsibility for themselves. From the moment an individual has the very first contact with one of us, we have entered into a relationship. Remember the first minute often determines the first hour! Ask participants if this sounds really familiar. Expect nods of agreement. Note these were very radical concepts when Rogers first wrote those words.

PowerPoint 7.2-7, “The Process Involves”:

When we talk about the process of a helping relationship, we are talking about 2 components. They are building the relationship and facilitating action. They are equally important elements and they are interconnected. In this section we are talking about the building of the relationship – the person-
to-person interaction. In the next section we will talk about the process of facilitating action, which involves specific skills.

PowerPoints 7.2-8 and 7.2-9, “Conditions for Helping Relationships”:

Rogers says there are three essential conditions for an effective helping relationship, what we could call “atmospheric conditions.” They are: 1) genuineness; 2) non-possessive positive regard; 3) empathetic understanding.

- **Genuineness**: Authenticity – not hiding behind a professional façade; being fully present to help the person recognize, feel and express their own feelings, thoughts and desires. Includes congruency – being honest in one's reactions; not impulsively sharing all of one's reactions, but not pretending feelings that are untrue; consistency between verbal messages and non-verbals. "I respect both of us enough to be sensitively honest, and will not pretend things I don't feel." Consistency between attitudes and actions.

- **Non-possessive positive regard**: A warm caring regard and respect for the person. Accepting and caring about the person as a human being; not necessarily tied to liking or being attracted to the person; believing that human beings are good and trustworthy and want to solve their problems. "I care about you through our common bond as people, and I am not invested in your decisions out of my own personal interests." "I respect your knowledge and strengths, and don’t pretend to know what's best for you.”

- **Empathetic understanding**: Being able to tap into and accept the client’s perceptions and feelings while maintaining one’s own boundaries – being able to tap one's own past experience in order to understand the other's present situation and feelings. "I've felt similar things, and can understand what you're feeling."
Rogers also says that a helping relationship is one in which the following are present: 1) avoidance of control, 2) responding to the person not to the problem, and 3) active listening.

- **“Avoidance of control”** is a non-directive approach to the client. In other words, a person centered, woman-centered approach as we discussed previously.

- **“Focus on the person”** who has the problem not on the problem. “Active listening” involves a set of skills to be talked about in the next section.

Tell participants that articles on the work of Carl Rogers and client-centered, non-directive counseling theory are in the Participant’s Manual in Module 7, Section 2.

**Summary:**

Ask participants to think about the JARS again, going over in their heads the definition of a helping relationship, the conditions for an effective helping relationship, guarding against unhelpful behaviors – if this information is in tune with what’s been discussed, how would this type of helping relationship add to the JARS?

Ask for responses and put candy in the appropriate jars.

Tell participants that discussing their behavior as advocates and the conditions necessary for an effective helping relationship has laid the foundation for building rapport and trust with a victim.

To assist the victim in moving in the direction she wants to go, become responsible for herself, and have the freedom and safety to grow, an advocate must also have skills. The next section will examine effective communication and how advocates can use it in interactions with battered women and their children.
**Module 7 – Section 3**

**Effective Communication**

**Objectives (PowerPoint 7.3-1):**

Participants will:

- understand that effective, helpful communication is achieved through active listening.
- become more skilled in the application of these skills: open questions, paraphrasing, reflecting feelings, reframing, attending, normalizing, clarifying and summarizing.

**Time involved:** 2.5 hours

**Materials needed:**

- PowerPoints 7.3-1 through 7.3-27
- Paper and pencils for participants
- A timer or watch to time for the practice exercises
- Trainer’s Handouts:
  - #1 “Role Plays for Reflecting Feelings”
  - #2 “Responding to Feelings Scale”
  - #3 “How To Rate The Different Levels In Responding To Feelings Scale”
  - #4 “Reframing Exercise”
  - #5 “Practice Exercises A, B and C”
  - #6 “Effective Communication Skills”

**Activities:**

- Lecture with discussion and PowerPoints
- Brainstorming
- Small and large group work
- Practice role-plays

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This is a rather lengthy section, and includes several short activities to help participants understand various skills. Remember to say often that as participants they have many skills – in this section they are refining ones they already have, naming skills they utilize, and learning new ones.
Introduction:

Instructions to the Trainer:

Review the objectives for this section of Module 7, PowerPoint 7.3-1.

Tell participants that the helping relationship consists of a “speaker,” the person presenting the problem, and a “listener,” the person acting as helper. Throughout this skills section, the term "speaker" will be used to denote the woman or child with whom you will be working, and the term "listener" will refer to you, the staff member.

Remember, the ultimate goal of the helping relationship is for the “speaker” to define her/his problem, select her/his own goals, define what help is needed and how to achieve the goals. In other words, the speaker is to reach her or his own decision concerning a course of action that will solve the problem. The “listener” brings a set of personal attributes as we previously discussed and a set of specific communication skills to facilitate the process of helping.

There are many, many communication skills, but we are going to talk about truly essential basic ones – active listening, open questions, attending, paraphrasing, reflecting feelings, reframing, clarifying, normalizing, and summarizing. The next section in this module will focus on another crucial skill, that of problem-solving.

PowerPoints with Discussion

PowerPoint 7.3-2, “Active Listening”:

Ask participants: “We listen all the time – what do you think of when you hear the phrase ‘active listening?’”

Repeat the responses of the group – then turn to the definition on PowerPoint 7.3-3 and add the following:

“Full attention on the speaker means that you are listening, not just physically hearing, with your ears, eyes, heart, intuition, and mind. Everything but the speaker is tuned out. You have rid your mind of other thoughts, especially what you will say next. You absorb the content of the words, the feelings expressed and those left unsaid, underlying messages and values; note facial expressions and body movements and changes in voice, such as pitch and tone; and intuit what is hidden.”
Large Group Exercise:

Instructions to the Trainer:

Tell participants you are going to read 2 very brief stories. Tell them that following each story they will hear 10 statements about the story. In response to the statements they are to write “T” for true, “F” for False, or a question mark if they are not certain if the statement is true or false. Instruct them to write the numbers 1 through 10 on a sheet of a paper. When they are ready, read the first story in a normal tone and speed of voice.

Listening Story #1:

A well-liked college teacher had just completed making up the final examinations and had turned off the lights in the office. Just then a tall, dark, broad figure appeared and demanded the examination. The professor opened the drawer. Everything in the drawer was picked up and the individual ran down the corridor. The dean was notified immediately.

Read the following statements about Listening Story #1. Remind participants to write down whether the statement is True, False or a question mark if they are not sure.

1. The thief was tall, dark and broad.
2. The professor turned off the lights.
3. A tall figure demanded the examination.
4. The examination was picked up by someone.
5. The examination was picked up by the professor.
6. A tall, dark figure appeared after the professor turned off the lights in the office.
7. The man who opened the drawer was the professor.
8. The professor ran down the corridor.
9. The drawer was never actually opened.
10. In this report, three persons are referred to.

Take a few minutes to go over the correct answers, reflected in the answer key below.

1. The thief was tall, dark and broad. ( ? – Did the tall, dark person take the contents or the professor?)
2. The professor turned off the lights. ( ? – Were the college teacher and the professor the same person? Was the tall, dark figure the professor or yet another person?)
3. A tall figure demanded the examination. **(TRUE)**
4. The examination was picked up by someone. **(TRUE)**
5. The examination was picked up by the professor. (? – not made clear)
6. A tall, dark figure appeared after the professor turned off the lights in the office. **(TRUE – if the teacher and the professor are the same person; otherwise ?)**
7. The man who opened the drawer was the professor. **(TRUE)**
8. The professor ran down the corridor. (? – not clear which individual ran down the corridor)
9. The drawer was never actually opened. **(FALSE)**
10. In this report, three persons are referred to. **(FALSE – Four: college teacher, professor, tall, dark figure, dean)**

Tell the participants they will do this a second time.
Ask them to turn over their papers and number again, 1 through 10. When participants are ready, read the second story, in a normal tone and speed of voice.

**Listening Story #2:**

A businessman had just turned off the lights in the store when a man appeared and demanded money. The owner opened a cash register. The contents of the cash register were scooped up, and the man sped away. A member of the police was notified promptly.

Read the following statements about Story #2. Remind participants to write down whether the statement is True, False or a question mark if they are not sure.

1. A man appeared after the owner had turned off his store lights.
2. The robber was a man.
3. No women participated in this event.
4. The man who opened the cash register was the storeowner.
5. The storeowner scooped up the contents of the cash register and ran away.
7. After the man who demanded the money had scooped up the contents of the cash register, he ran away.
8. While the cash register contained money, the story does not say how much.
9. The contents were left in the cash register.
10. The story concerns a series of events in which only three people are referred to the owner of the store, a man who demanded money, and a member of the police force.

Review the correct answers from the following answer key:

1. A man appeared after the owner had turned off his store lights. (TRUE)
2. The robber was a man. (TRUE)
3. No women participated in this event. (? – If the owner was NOT the same person as the businessman, we can’t determine if the owner was male or female.)
4. The man who opened the cash register was the storeowner. (TRUE)
5. The storeowner scooped up the contents of the cash register and ran away. (FALSE)
6. Someone opened a cash register. (TRUE)
7. After the man who demanded the money had scooped up the contents of the cash register, he ran away. (? – Who actually scooped up the contents?)
8. While the cash register contained money, the story does not say how much. (TRUE)
9. The contents were left in the cash register. (FALSE)
10. The story concerns a series of events in which only three people are referred to: the owner of the store, a man who demanded money, and a member of the police force. (? – Depends upon whether or not the businessman and the owner were the same person.)

Ask the group what may have interfered with their getting all correct answers, i.e., what interfered with their listening? Was it an external interference or an internal interference? Define external as people coughing, the shuffling of furniture, couldn’t hear and/or see the speaker, feeling cold.

Internal means you were thinking of something else; you thought it was a stupid exercise; you don’t feel well. Ask if anything else interfered? Explain that there are a number of external and internal barriers that affect our active listening.

Refer participants to Module 7, Section 3 of their manuals for additional information on listening.
Discussion with PowerPoints on Communication Skills:

Begin by reminding participants that active listening obviously means that you listen and then respond. This next activity reviews how to make our responses in this process truly effective communication.

Move around and ask individual participants these questions. Wait only a few seconds for their responses.

- What did you have for breakfast today?
- What all did you do on your last vacation?
- What kind of things do you do in your spare time?

Then ask another set of participants the following questions. Also allow only a few seconds for their responses.

- Did you have breakfast today?
- Did you take a vacation last year?
- Do you have any hobbies?

Ask:

Then ask the group what was the difference between the first 3 questions and the second 3 questions?

**Answer:**

The first ones were open and the second were closed.

Show PowerPoint 7.3-3, “Effective Communication Techniques”:

Ask the group why open questions are preferable when speaking with a victim?

**Responses:** the listener gets more information, the speaker hears her/his own words, the speaker opens up, the listener is hopefully talking less than speaker, the speaker’s answers provide clues to the listener’s next response.

PowerPoint 7.3-4, “Open Questions Are”:

Open questions start with the words – who, what, when, where, why and how.

Ask:

“Which “W” type of question should be used with caution?”

**Answer:**

- “WHY.”
Ask:

“Why?”

Answer:

- Usually people become defensive when they hear “Why”. Often “why” questions imply a negative.

PowerPoint 7.3-5, “Types of Open Questions”:

Polite imperatives are a special kind of open question in that it is more a nice “command” phrased like a question. “Tell me more about that…”

PowerPoint 7.3-6, “Specific Types”:

- “Prompts” – are not full questions but a word or few words that encourage continued talking by the speaker.

- “Nth degree” – are questions that encourage the speaker to think about extremes. For instance, if a victim is struggling with obtaining a PFA, the listener can say, “What is the worst thing that could happen if your abuser was served with a PFA?” If a victim calls the hotline and says, “I just can’t decide about leaving, but I think I really want to.” Respond with, “What would make it the easiest for you to leave?” Sometimes simply stating the worst or hardest thing makes it easier to come to grips with it. Stating the easiest or best thing can feel freeing.

**Small Group Work:**

Instruct participants to pair up with someone sitting near them. Ask them to decide who will be the speaker first with the other person being a listener. The listener will start the conversation with an open question about what the speaker does in her/his spare time when they are not working. The listener will continue this conversation for 2 minutes and can only use open questions. Tell the group that if the speaker hears a closed question, to remain silent and not respond.

After 2 minutes, tell them to switch roles and do the same thing for 2 minutes. Announce when to stop.

Then, ask how difficult or easy it was to do this. Remind participants that this is a skill that requires constant practice. Often, in a conversation, advocates may be so focused on forms or agency practices that involve getting information and it can be easy to get in the habit of using mostly closed questions.
**Attending Skills**

**Instructions to the Trainer:**

Prior to beginning the exercise, arrange with a co-trainer or another staff person that, during this demonstration, she should interrupt once with a phone call and also be really noisy off to the side.

Place 2 chairs facing each other in the front of the room.

The trainer should select a participant to do the following role-play. Ask the person selected if s/he is willing to do a brief demonstration in the front of the room and let her/him know that it will not be difficult or embarrassing.

When the person comes to the front of the room, tell the person that s/he is coming to talk to you about getting a PFA, is uncertain and has many questions, and has an appointment. Ask if they can ad-lib for 2 minutes.

The trainer begins the role play and asks the person to sit down with no other greeting. From that point on the trainer will do everything wrong. Though the trainer will respond when the victim says something, s/he may be rude, abrupt, and not very compassionate. The trainer will have papers in hand and keep looking at them and writing; sit back with legs crossed; act annoyed – sigh, roll eyes; when co-trainer interrupts about a phone call, the trainer will engage in brief conversation about the call and say in front of the victim, “This won’t take long so I’ll call back shortly;” then when the co-trainer makes noise, get up and yell to the co-trainer to be quiet.

Then stop the role play and ask the participant how she felt during this conversation and ask her to talk a little about that.

Ask the group how they felt watching this. Most will acknowledge feeling very uncomfortable, embarrassed by the trainer’s behavior or that they felt sorry for the victim.

Ask the group what the listener did wrong. They will likely report things like: lack of any warm greeting, no warmth at all, lack of eye contact, barely acknowledging the victim, discounting her needs by saying she’d be done soon before she had even talked about her situation. etc.

Then repeat the demonstration—make eye contact, use a nice greeting with the person’s name, have a relaxed posture, tell co-trainer when interrupted that you can’t take the call, smile and nod, don’t write anything, etc.
Then ask the participant and the group how this was different. How did it feel different?

Use the following information to expand on each skill.

PowerPoints 7-3-7 and 7-3-8, “Attending”:

- Explain this next skill is called attending and basically involves non-verbal communication. In the exercise just completed, the listener’s non-verbals gave clear messages to the speaker, negative in the first demonstration and positive in the second. Remind the group that non-verbal communication and verbal communication must be congruent – give the same messages.

**Ask:**

...the group if they think people would trust words over non-verbal messages or non-verbal messages over words.

**Answer:**

Most people give greater credence to the non-verbal messages than the words someone says. Anyone can “talk the talk”; however, our feelings and attitudes are most often displayed through our non-verbal communication and are more difficult to disguise or hide.

Tell participants that attending involves all of the following, pointing out aspects of cultural differences for each:

- Eye contact (Some cultures view direct eye contact as disrespectful or threatening.)
- Body position (Sitting higher than the speaker can be demeaning; although a relaxed posture is suggested, some postures may be interpreted as too casual or too friendly.)
- Facial expression (A constant smile on one’s face could be interpreted as not taking them seriously; looks of shock or dismay can close down the speaker.)
Do not touch the client unless she initiates that kind of contact or you have a strong feeling that this would be okay with her. Be open to appropriate touching if the survivor wants that, but withdraw touch immediately if it seems uncomfortable to the client. Ask participants how they will know if touch is unwanted (someone may withdraw their hand or arm, even cringe). Note that touching carries heavy meaning in many cultures – asking permission should apply to everyone.

- Observe the client’s body language. Our non-verbal communication is often more honest than our verbal communication, and we can tell a lot about how someone is really feeling by watching their posture, movements, gestures, hesitations, etc. (For some, lowered head or eyes kept down may be a way of showing respect to you as a helper.)

- Listen for non-verbal communication when on the phone (voice, pitch, tone, smile). Also be aware that in some cultures silence is viewed as an essential part of the conversation – avoid the urge to fill those quiet spaces!

- Be aware of personal space, avoid quick movements. Remember that personal space is often a matter of both culture and personal preference.

PowerPoint 7.3-9, “Paraphrasing”:

This skill involves repeating back to the speaker the basic message s/he has given to you.

Ask:

Why do you think the ability to do this well is important?

Answer:

It tells the speaker that you are truly actively listening.

- Listen for the basic message. This is the hardest part and involves a skill we already have discussed – active listening. Without that total focus on listening, the basic message will not be heard. Paraphrasing involves listening to content – the words expressed verbally.

- Restate as a concise and simple summary – similar but fewer words.
- Observe verbal or non-verbal cues that confirm the accuracy.
- Repeat only the message heard.

It’s okay to be wrong; the speaker will correct you and you can ask for more clarification.

While there are some phrases that can be counted on to be helpful like “Tell me more about that,” “What I hear you saying is…,” “It sounds like…,” etc., it is critical to use phrases that feel natural to you, not forced. Communication should be honest and you don’t want to sound like you’re reading from a textbook. Some of these phrases can sound forced and artificial in a training setting, like “What I hear you saying is…” but in the right context can be extremely helpful.

PowerPoint 7.3-10, “Empathy”:

It can be overwhelming to have a person present a serious life-problem to you and ask for help. The place to start is by listening and responding to feelings, which is termed empathy. Empathy is crucial to a helping relationship. Some strong feelings, like anger or feeling hurt, are difficult for people to admit having, and/or are difficult for others to deal with appropriately and effectively. We learn in American culture that we should not feel anger, that we should learn to strive for emotional control and learn to view those who lose control as weak. Yet, we know that feelings are real. We know they are a part of our physical existence and understand that feelings cannot be just wished away. We also know that feelings, however much they are ignored, distrusted, and trampled upon, certainly affect our behavior.

A person with a problem has strong feelings about the problem, but may not be in touch with those feelings or aware of how those feelings are affecting them. To rectify a problem, a person must first understand her own feelings about it, and only then does it make sense to decide upon a course of action designed to solve the problem.

Empathy, the response to feelings on the part of the listener, is important because it allows the speaker to feel safe, not judged or condemned because of their feelings. When a listener responds to a speaker empathically, the person can feel comfortable and will be motivated to continue talking and will further explore their own feelings with the listener. As you facilitate both your own and the speaker's
understanding of their feelings, you build trust as well as help the speaker get a better handle on the problem. Empathy is the feeling that you, the listener, have in response to the speaker’s situation. The speaker will have many feelings and they affect her ability and willingness to take action. Sometimes s/he is able to express what is being felt or will give nonverbal cues to the feelings; sometimes s/he cannot. A basic tenet of counseling is “feelings first” or “focus on feelings”—in order for the speaker to be able to eventually take action. It is very, very difficult for “helpers” not to jump to problem solving. It’s easier and more comfortable to deal with events than with feelings. But if someone is experiencing strong feelings, they are not likely to be ready to move to problem solving without addressing the source of the feelings.

PowerPoint 7.3-11, “Reflecting Feelings”:

- Determine the feeling expressed or implied.
- Describe this feeling clearly.
- Say what you think the speaker might be feeling.
- Remain open to the speaker correcting your perception.

PowerPoint 7.3-12, “Reflecting Feelings Responses”:

Go over the examples on the PowerPoint. It is best to fill in the blank spaces with words or phrases.

PowerPoint 7.3-13, “Reflecting Feelings”:

- Observe reactions to the reflective statement.
- Wait for the person’s confirmation or denial of the accuracy of the feeling as a cue to your next response.

**Instructions to the Trainer:**

The trainer will need Trainer’s Handout #1, “Role Plays for Reflecting Feelings.” Before beginning, separate the role plays onto individual slips of paper or 4 x 6 cards.

Separate the participants into triads and tell them they will now get a chance to reflect feelings. Obviously they will use the skills of open questions, attending and paraphrasing, but will try to focus on feelings and reflect those feelings. Have them decide who, for the first role-play, will be the Speaker (survivor), the Listener (staff member), and the Observer (who will give feedback to the Listener).
**Practice Exercise #1:**

After they choose roles, pass out the first role play to the Speaker in each group.

Tell the Speakers to read the role play scenario. They should take a moment to think about other details they could make up to go with this story, because the role play will continue for 3 minutes. Tell everyone that the Speaker has a brief story they will read or paraphrase, and that they also have additional information that might come out during the conversation.

Tell the groups they will have about 3 minutes to do the role play and that it’s okay to make mistakes. That’s why we’re practicing!! But ask the Speaker and the Listener to try to stay in character for the full 3 minutes. The Observer should simply observe quietly and not interfere – they will be giving feedback at the end.

Remind the Speakers that most people do not label their own feelings directly (e.g., we don’t just say “I’m feeling a little depressed, but also somewhat lonely and angry, too.”). Rather, we say things like “I can’t believe this is happening to me!” and “I don’t know what to do…” Tell the Speakers not to make it too easy for the Listeners by labeling all of their own feelings.

Since each person will play the role of Observer and give feedback to the Listener, briefly go over the PowerPoints on feedback before beginning.

PowerPoints 7.3-14 through 7.3-16, **Feedback**:

- Give feedback to the Listener, not suggestions.
- Start with something positive!
- Be specific - state:
  - “I like it when you….”
  - “What you’re saying makes sense.”
- Focus on the things the counselor can assist with or change:
  - “Have you thought about…?”
  - “Perhaps we can try….”
- Avoid being critical or judgmental. Use the following phrase:
  - “When you said/did __________, she then said/did __________.”
Tips for Receiving Feedback:
- Respond objectively, not personally.
- Do not shift into defending yourself.
- Seek clarification - immediately and as needed.
- Ask for suggestions only as desired and with time permitting.

Tell the participants to start. After 2 minutes, tell the groups they have 1 minute to wrap up. Then stop the role play and have the Observer give feedback. They should not be attacking or critical; instead, simply state their observations about how the Listener responded to the Speaker and how that seemed to affect the conversation (both positively and negatively). Then the Speaker should give feedback in the same way, which might or might not reflect the Observer’s perspective. Allow the small groups to give each other feedback first for 2 minutes.

**Practice Exercise #2:**

Have groups switch roles and hand out a second scenario to the new Speaker. Repeat the same instructions and time frames as for the first scenario.

**Practice Exercise #3:**

Then pass out the third scenario and switch roles again so that everyone has a chance to be a Listener.

After all have been completed, ask participants to respond in their Observer role as to the skills they observed. Then ask participants to respond in their Speaker role as to what they felt their Listener did well. Then ask participants to respond as a Listener – what was hardest for them? Where did they feel stuck? Talk about any difficulties they had as Listeners.

Distribute copies of *Trainer’s Handouts #2, “Responding to Feelings Scale,”* and #3, *“How to Rate the Different Levels of Feelings Scale”* and review them briefly.

Tell participants we will now move on to more skills.

**PowerPoint 7.3-17, “Clarifying”:**

Often in the beginning of a relationship with a victim or a child, the speaker is overwhelmed with feelings and this can be confusing for her and for the listener. In trying to talk about her situation, there is so much to tell that it may not be possible to clearly define the problem/s. The victim’s history of abuse may not be a
linear one so it can be difficult to figure out where to start. The use of good open questions, paraphrasing and reflecting feelings are all-essential, but still as a listener you may feel confused about the content or the feelings. If so, you need to ask open questions that seek clarification. Always make sure that the phrasing of the question doesn’t make the speaker feel as if s/he is not communicating clearly.

PowerPoint 7.3-18, “Normalizing”:

Often victims feel isolated – they have had no one to talk to and begin to feel as if they are the only ones who have had their experiences or feel the way they do. The abuser has also manipulated the victim’s thinking so she does begin to feel she is the only one. Normalizing helps the victim to realize that her particular experiences with her abuser and in the context of her life experiences are unique, but the tactics of the abuser, her responses and her feelings are very similar to the experiences of other victims.

Ask for examples of normalizing:

Responses:

“Many of the women I have worked with share stories similar to yours.”

“Other women have described those same feelings.”

“I may not have had the same experiences as you, but I can understand the feelings you describe.”

PowerPoints 7.3-19 and 7.3-20, “Reframing”:

While we respect the perceptions of survivors we also understand that part of abuse is “messing with someone’s mind,” convincing them they’re crazy, stupid, or to blame for what’s happened to them. Sometimes we need to tactfully and respectfully reframe with clients.

◆ Accepting and believing the experience of the survivor. Help her see the situation from an outside perspective

◆ Offering another nonjudgmental way of looking at a situation
**Note to the Trainer**

PowerPoint 7.3-21, "Example of Reframing":

A survivor expresses she feels like she’s being a bad mom for taking the children away from their father.

*First*, validate her feelings: “It sounds like you love your children very much.”

*Then*, ask her to step back and look at the situation from an outside perspective: “In 10 years when you look back do you think your children would have been better off with their father but living with his violence, or being safe but without their father?”

Ask participants when they might engage in this type of reframing and when they would not. In this example, they would have to be careful if there was any chance of the woman returning to the assailant. The woman might feel judged by the advocate. Explain that we often offer an alternative way of looking at the situation when the survivor blames herself for her abuse.

**Instructions to the Trainer:**

Break participants into groups of 4-5 people. Provide each person with *Trainer’s Handout #4, “Reframing Exercise.”* Ask for each group to come up with responses to the statements that would reflect reframing. Give the groups about 10 minutes to work together, and then process as a large group. Ask someone from one of the small groups to provide their response to the first statement. Give feedback and then ask if other groups have any different responses. Then move to a different group and ask for their response to the second statement. Give feedback and ask if other groups have any different responses. Proceed in this way through the last 2 statements.

PowerPoint 7.3-22, "Using Silence Effectively":

Stress to participants not to be afraid of silence. A pause can give the speaker time to gather thoughts or elaborate. Sitting quietly but attentively can be a very effective strategy for encouraging more communication.

PowerPoint 7.3-23 and 24, "Using Self-Disclosure":

Use self-disclosure carefully. Used correctly, it can break down barriers between the speaker and listener. The listener must be careful not to shift the focus to her/himself. Self-disclosure is something to engage in infrequently and thoughtfully. Anyone in doubt of
their ability to self-disclose without shifting the focus to themselves should refrain from self-disclosing. Be aware of the REASON behind self-disclosure – think ahead of time whether the self-disclosure is necessary, and whether it would enhance or detract from an effective helping relationship.

PowerPoint 7-3-25 and 26, “Summarizing”:

Ironically, the last skill is summarizing. Any contact with a victim, whether by telephone or in-person, at the conclusion of the contact or conversation, the counselor/advocate should take a moment to summarize the content and the feelings of the conversation. It should be brief but capture the main elements of the conversation. The advocate should end the summary with a closed question similar to, “Is that what we have been discussing?” The advocate is seeking a “Yes” answer. If the survivor says, “No,” then simply ask what was missed or left out. Thank the survivor for answering your question. If the survivor continues at length, s/he may be telling you that s/he is simply not ready to end the conversation or to leave or to take action. At this point the advocate will need to decide if the conversation will continue or if another time to get together should be set. If the conversation is to continue it might be wise to ask an open question to determine the focus of the on-going conversation.

**Instructions to the Trainer:**

The trainer will need Trainer’s Handout #5, “Practice Exercise 5-A, 5-B and 5-C,” and Trainer’s Handout #6, “Effective Communication Skills.”

Divide the participants into triads. Tell the participants that each person in the triad will have the opportunity to be a Victim, an Advocate and an Observer. Explain that the information for the Victim role is rather lengthy and when they are about to take this role, each participant should take a few moments to read the information and get in character.

When the Victim is ready to begin, s/he should tell the Advocate only the information listed under “Background.” Give the Observer a copy of Trainer’s Handout #6, “Effective Communication Skills,” which provides a list of the skills just discussed. Her role is to listen and mark on the paper.
each time s/he observes a skill being utilized. At the conclusion of the practice exercise, the Observer should give feedback about the skills utilized, including specifics s/he remembers. The Observer can also point out other areas that were effective in helping the Victim. Instruct them to provide specific examples such as “The advocate validated the victim’s feelings or praised her for the safety measures she had used.” Have the Victim give feedback as well, in a general way.

Remind everyone of the “Tips for Giving and Receiving Feedback” (PowerPoints 7.3-15 through 7.3-17).

Distribute copies of Practice Exercise “5-A” to the Victims and the Skills list to the Observers.

Tell the participants that they will have 10 minutes for the practice exercise. Alert them when there are about 2 minutes remaining and remind them to summarize at the conclusion of the conversation. When time is up, give the groups 3 additional minutes to provide feedback.

Then give out Practice Exercise “5-B” and the Skills list to the second set of Victims and Observers. Repeat the process.

Do the same for Practice Exercise “5-C”.

Bring everyone back together and ask how the advocates incorporated the skills into their victim contacts. Ask the group where they might have gotten stuck or what was hardest for them in doing this exercise.
Summary:
Close this section by asking participants to name the skills they learned and practiced.
Show PowerPoint 7.3-27 to capture any skills not mentioned:
- active listening
- attending behavior
- empathy
- open questions
- paraphrasing
- reflecting feelings
- reframing
- attending
- normalizing
- clarifying
- summarizing
Thank everyone for the good work they did. Inform the group that the next section will focus on the skill of problem solving. Point out that the problem-solving process involves the skills just practiced so they will have more practice opportunities in the next section and throughout the remainder of Module 7.


Role Plays for Reflecting Feelings

1. A woman calls to tell you that her friend just confided in her that her husband, a good provider, beats her regularly. The caller asks about counseling services for her friend and how to convince her friend to seek help. The woman expresses her disbelief that an attractive, intelligent woman would tolerate such treatment.

2. You answer the phone at 11pm, which is scheduled to be the end of your shift. It is a woman who has called 5 times previously regarding her husband’s violent temper. As yet, he has never hit her, but has smashed furniture, broken windows and kicked the dog in a rage. The woman talks of leaving, but seems more intent on relating the details of each episode, which she has told you in every previous conversation, than on taking action. You feel frustrated and annoyed with this woman. Deal with her.

3. A woman, a former client, has called to talk about her feelings of loneliness. She has divorced her husband and has established a life of her own. She has had a bad week, and needs someone to talk to. She remembers how helpful your group was when she left her husband.

4. The caller tells you she has put up with moderate beatings for 7 years. She values marriage and wants her kids to have a father. Last night, in a rage, he beat her 5-year-old daughter when she tried to help her mother. Now she wants out, but doesn’t know where to start. Is she doing the right thing? Is it fair to deprive the children of one parent?

5. The wife of a wealthy lawyer calls, saying that her husband abuses her, but that no one knows this because he hurts in her ways that will not leave marks. As you start to give her some options, such as shelter or a PFA, she has a reason not to do each thing. She can’t leave her house, the kids can’t miss school, etc. She is a “Yes, but…” caller.
Empathy
Responding to Feelings Scale

Level One: unhelpful
A. Listener responds to facts, information, situation, and storyline.
B. Listener doesn’t respond to speaker’s feelings.
C. Listener denies speaker’s feelings, puts down, judges, gives advice, ridicules, comes up with quick solutions.

Level Two: similar (somewhat helpful)
A. Listener responds to stated feelings by mirroring in same or words and expressions.
B. Listener is accepting of speaker’s feelings.
C. Listener’s non-verbal behavior is attentive to speaker.

Level Three: very helpful
A. Listener responds to stated feelings and labels undercurrents implicit in speaker’s statements but not actually stated by her.
B. Listener emphasizes intensity of speaker’s feelings by use of tone of voice, gestures, and words which accent feelings.
C. Listener responds to non-verbal cues from speaker.
How to Rate the Different Levels in the Responding to Feelings Scale

Speaker: My husband called again last night – that’s the fourth time this week. He started threatening me and saying horrible things. I’m really frightened that he’s going to call back tonight.

Listener: Why didn’t you just hang up on him?! The best thing for you and the kids is to change your number!

This listener is responding at a level ONE. She has not recognized any feelings the speaker stated, but instead, she has responded to the situation. She also gave the speaker advice as a quick solution. Most likely, the speaker would be turned off.

Speaker: My husband called again last night – that’s the fourth time this week. He started threatening me and saying horrible things. I’m really frightened that he’s going to call back tonight.

Listener: It sounds like you’re pretty scared.

This listener is responding at level TWO. She has mirrored the stated feeling of the speaker (frightened) and done so in a nonjudgmental way.

Speaker: My husband called again last night – that’s the fourth time this week. He started threatening me and saying horrible things. I’m really frightened that he’s going to call back tonight.

Listener: It sounds like you’re scared. But also really confused about what to do.

This listener is responding at a level THREE. She has responded to the speaker’s stated feelings (frightened) and labeled additional feelings that are implicit in the speaker’s statement (confused).
Reframing Exercise

Instructions: Working in a small group, use reframing to create appropriate responses to the following statements a survivor might make.

1. “It was stupid of me to come here (to the shelter). I overreacted when John shoved me. He’s almost never done that before, and I’m sure he’ll never do it again.”

2. “The doctor confirmed that my daughter has been sexually molested. When I asked her about it, she admitted it was my husband. I should have known! What an idiot I am – I should have seen the signs! I should have noticed she was uncomfortable around him!”

3. “My problem is I have no self-esteem. I let people walk all over me. I’m just weak. I’ve always been weak.”

4. “I’m so relieved. Joe’s agreed to stop drinking and he’s been going to AA for a month already. His drinking’s really the problem, so if he’s sober now I’m going to go home.”
Practice Exercise 5-A

Background:

- Angelina lives on Washington Street in Harrisburg, PA. She is 23-years-old and has a work history but is not working at the present time.
- Dwayne lives on Smoketown Road in Millersburg, PA, age 22 years, is unemployed, and has a history of drug and alcohol abuse.
- They are the parents of 2 children, Daeshon, age 7 weeks, and Kaylyn, age 4 years. They are not married and have lived together in the past but are now living at separate residences. The 2 children live with their mother.
- Angelina has made an appointment with the domestic violence program to discuss concerns about the temporary PFA she has obtained.

Current Situation:

One week ago Dwayne pushed Angelina to the floor several times and pushed her face into the wall. Dwayne left the home with his mother and then returned alone and kicked in the front door. Angelina called the police, who arrived before Dwayne could enter the apartment. The police arrested him. Less than a month before this incident he had hit Angelina in the back of the head.

Angelina has a temporary PFA against Dwayne. It includes that Dwayne must stay away from her residence or other locations where she may be; he must refrain from stalking, harassing, or threatening her wherever she is; and Dwayne can have no contact with the children. After the hearing for the final order, Dwayne will have supervised visitation at his mother’s house but must refrain from the use of alcohol or drugs during the 12 hours before and during visitation. The children will be exchanged at a local Sheetz’s.

Angelina has made an appointment with the program to discuss her fears about the supervised visitation. She doesn’t want the children to be with him, and her daughter is afraid of her father. She is scared to even meet him to exchange the children. She is also concerned he may fight for custody of the children.

Additional Information:

A few months ago Angelina suffered a broken nose and ribs and severe bruising to her arms and legs as a consequence of one of Dwayne’s rages. At the time she was working and, due to the injuries, was off work for several weeks, during which she lost wages. She feels Dwayne’s repeated appearances at her workplace contributed to the loss of her job.

In the recent past Dwayne has:

- taken her keys from the car ignition when she tried to leave; broke the car antennae; and kicked the car door, shattering the mirror;
- thrown a lit cigarette in her face, grazing her face;
- hit her in the face with a telephone;
- appeared unannounced at her home and work, and called home and work repeatedly.
Practice Exercise 5-B

Background:
- Elizabeth lives on Pine Street in Brookville, PA, is 39-years-old and employed.
- Alan lives on Bowley Road in Brookville, PA, is 43-years-old and employed.
- Elizabeth and Alan are married but have been separated for 2 1/2 months
- Elizabeth has called the hotline because Alan is becoming “scarier.”

Current Situation:
When Elizabeth came home from work today, Alan was waiting on her steps and wanted to talk to her. She didn’t want to let him in, but since he was standing right there, she felt she had no choice. Alan tried to talk her into coming back home to him, “where she belonged.” When she said that was not going to happen, he backed her into a corner, grabbed her arm when she tried to get around him. He let her past and then went out to his truck to “get something.” Elizabeth was frightened about what he was getting from the truck, since he has guns, so she locked the door. Alan returned and beat on the door. He then kicked the door, breaking one of the locks. Elizabeth screamed that she was calling the police and he left.

Elizabeth does not want to call the police or get a PFA because that would make him go ballistic; however, she doesn’t know what to do and is very frightened. The door has a second lock on it but that is not as strong as the one he broke.

Additional Information:
- Elizabeth moved out because Alan was more and more controlling, and if she didn’t do things the way he wanted, he would explode.
- He told her when she left that he would not make it easy on her.
- He has been calling her at all hours of the day and night, sometimes 5 or 6 times during the night. Sometimes when she came home from work, he would be waiting out front of her apartment and she would run into the house because she was too afraid to let him in “to talk.”
- The couple has a long history of domestic violence.
Practice Exercise 5-C

Background:
- Mary lives on Third Street in Pottstown, PA and is employed.
- Robert lives at the same address and is currently laid off from work.
- They are not married. There are 2 children in the home, Paige age 8 years, and Brittany, age 4 years. Robert is Brittany’s father but not Paige’s.
- Mary is seeking shelter services.

Current Situation:
When Mary came home from work yesterday, her mother was there with her 2 daughters. Paige and her mother said that Robert had told her that he was going to slap her in the mouth and send her to school with cuts and bruises all over her. He threatened that if she told her father, Brian, he would hurt her father, too. Paige has complained to Mary before that he has grabbed her shoulder roughly, digging his fingernails into her shoulder, or squeezed her hand too tight. He is also emotionally abusive to her. Paige has also complained to her mother that he is never mean to Brittany, his daughter, and she is a spoiled brat. Mary has noticed that he treats the 2 girls differently and it is getting more noticeable; however, the 4-year-old is also scared of him because he is constantly yelling at both of them. But he then always treats Brittany nicely after that.

Robert has said to Mary that no one ever leaves him and gets away with it. Last night she overheard Robert talking to a friend of his, saying that they were going to set up her ex-husband, Brian, to make it look like he was buying drugs, and then call the police on him. Mary says, “Robert is upset because my ex-husband is fighting with me for custody of our daughter, Paige. Robert also has said that if I ever call the child abuse people about his treatment of Paige, both of us will regret that.”

Mary wants to come to shelter because she is afraid for the children and if Robert and his friend follow through with this set-up of Brian and it backfires, then Brian will use that to get custody of Paige.

Additional Information:
- Though they both live at the same residence and the landlord knows she is there, Mary is not on the lease.
- Robert has only been laid off for a short time and is expected to go back to work soon. But he has become more belligerent since he was laid off. Mary works and is calling from work to the program.
- The children are in school until 2:30 pm and Mary does not want to go back home today. Her mother picks up the kids from school each day. She wants the children to come to the shelter and she will leave work to come there.
Effective Communication Skills

Instructions to Practice Exercise Observers: As you listen to the role play, note each time you observe one of the skills listed below being utilized by the Advocate. At the conclusion of the practice exercise, provide feedback about the skills you noted, including specifics about what was said or done. Point out any other specific things the Advocate did that were effective in helping the Victim.

- Attending
- Clarifying
- Normalizing
- Open Questions
- Paraphrasing
- Reflecting Feelings
- Reframing
- Summarizing
- Use of Silence
Module 7 – Section 4

Problem Solving

Objectives (PowerPoint 7.4-1):
Participants will:
- learn a basic problem-solving model.
- understand conflict and strategies for de-escalating conflicts.
- enhance problem solving skills in shelter and counseling center settings.

Time required: 2.5 hours

Activities:
- Problem Solving 1 hour
- Conflict Resolution and De-escalation 1.5 hours
Lecture and Triads on Problem Solving

Objectives (PowerPoint 7.4-2):
Participants will:
- become familiar with a model for problem solving.
- learn skills to help survivors problem solve.

Time Required: 1 hour

Materials Needed:
- PowerPoints 7.4-2 to 7.4-4
- Newsprint and colorful markers
- Copies of Trainer’s Handout #1, “Problem Solving Scenarios”
- JARS and candy or marbles to put in jars
- Watch or timer to time small group activity

Activities:
- Lecture and small group work

Instructions to the Trainer:
Review PowerPoint 7.4-2, “Objectives,” for this section.
Tell participants that a key part of the helping process deals with problem solving. It is during this step in the helping relationship that the advocate can take a more active role in helping the survivor recognize how feelings, values and attitudes can affect behavior. The advocate can also encourage the survivor to try new ways to work through a problem.

Although the advocate can take a more active part in the problem-solving process, an advocate’s role is still NOT to solve the problem for the survivor. Advice giving does not allow the survivor the opportunity to solve the problem herself.

Explain to participants that, in the problem-solving process, they are being asked to learn the steps to finding solutions. There will be no exact formula to follow. Ask them to think of the following steps as a roadmap toward solving the problem.
Show PowerPoint 7.4-3, “The Problem-Solving Process”:

1. Stop….Breathe…Focus on feelings.
2. Define the problem.
3. Imagine the problem gone.
4. Consider possible options.
5. Discuss the pros and cons of each alternative.
7. ACT
8. Assess

If it worked, wonderful. If not, return to step #2 or the step that seems most appropriate.

Explain each step in detail, asking for examples from participants. Use the following as guide for the discussion:

**Step 1:** Breathe  This may seem simple but if the survivor is not clear about how she feels, arriving at a realistic and satisfactory solution will be difficult. It’s only natural to want to solve her problem as soon as possible. This step also applies to the advocate. When advocates provide solutions before examining what is actually happening or what the survivor really wants, the real problem may never be identified. Taking time to “breathe” and to focus on feelings for a moment, allows the advocate to think more clearly. Of course, the advocate does this self-assessment in her own head and does not bring it into the process she follows with the survivor.

**Step 2:** Defining the problem is the most important step. Asking what is going on now or what has just happened and what the survivor wants to happen next will help in determining whether you and she are getting close to the real issue. It’s important to point out any inconsistencies in what the survivor wants, how she describes her feelings or what she initially asks for. (Example: victims sometimes call domestic violence agencies and ask for a protection order immediately but, after further conversation about what is happening now and what is of most concern to her, she may decide that a protection order is not what she needs or wants.)
Step 3: Imagining the problem gone opens up a realm of possibilities that may not have occurred to the survivor. The advocate can ask, “What will it take to get there?” This is an important aspect of identifying what will be realistic or unrealistic at this point in time.

Step 4: Consider possible options expands on #3 and focuses on the most realistic options and the pros and cons of each option. During this process the survivor will begin to recognize which of the solutions will be possible for her, which feel okay and which may only increase her uncertainty or overwhelming feelings.

Step 5: Pros and Cons Paying careful attention to what the survivor says about how she feels about each option, the advocate and the survivor can now focus on the good, the bad and the ugly of each. The advocate now also assists in identifying the steps necessary to accomplish the goal of each option.

Step 6: Decide Maybe the simplest step – PICK ONE! And decide how to begin.

Step 7: Act Next to defining the problem, this is probably the hardest step. Remind participants of what they learned about crisis – that doing nothing is also an option. If the survivor finds s/he can’t act, a different option can be considered.

Step 8: Assess Ask, did it work, did we accomplish what we wanted? If yes, what does the survivor want to do next? If not, why not? Does she want to try again or try a new approach?

If it didn’t work, or another “problem” presented itself, it’s back to the drawing board. Continue the problem solving process by returning to whichever step seems most appropriate.
**Trainer Role Play:**

In the following exercise, Trainer #1 acts the role of the Survivor, answers the questions and provides additional information as the discussion progresses. Trainer #2 asks the questions, keeps the conversation moving and offers help and suggestions.

**Trainer #2:**

Read the following statement to the group: “A survivor comes to you and tells you her boss has threatened to fire her if she’s late to work one more time.”

**Trainer #2:**

Ask the group what they would want to know next.

- Example: “Why is she late for work now?”

*Response from Survivor, Trainer #1:*

- “My sister watches my 2- and 3-year-old, and she is often late coming over to watch them.”

**Trainer #2:**

Summarize: “So now the problem is lack of childcare for her kids.”

**Trainer #2:**

Continue the discussion with questions to the large group as follows:

1. Ask participant what kinds of questions they would ask to identify alternative solutions to the problem?

*Examples might include:*

- Who else in her life could watch the kids?
- Why is her sister late?
- Can she afford to pay for childcare?
- Is she happy with her sister watching the kids other than the fact that she’s late?

**Trainer #1 /survivor, should say:**

“I have no money to pay for childcare, my neighbor might be willing to watch the kids in exchange for me watching her kids on the weekend; and my sister is late because she oversleeps.”
Trainer #2 continues:

2. Ask participants what alternatives have been identified, and what are the pros and cons of each? Write these on newsprint.

3. Ask participants what the next step is and how to implement one of the solutions. Who decides which solution gets implemented?

4. Ask participants when and how often should an advocate monitor whether the solution is working? Answer: As often as the survivor indicates or only as the survivor needs assistance.

5. Ask participants what might need to be modified along the way? Make up some possible scenarios that might arise from the strategy being implemented.

6. Ask participants how long they would give the strategy before suggesting another option. Be sure to allow enough time for change to occur and to have back up plans.

Ask the participants why childcare is a legitimate issue for a domestic violence advocate to help with, since it has nothing to do with abuse. Help participants understand how everything is interrelated and how the lack of a job could affect many other areas of a survivor’s life. Be sure they understand that the abuse is just one aspect of a survivor’s life and remind them of earlier activities about life-generated risks and cultural issues. If a survivor wants to work on education, employment, housing, transportation, even if they don’t seem to relate to the abuse she has experienced, advocates have a responsibility to assist her.

Reinforce the JARS concept and ask participants which jar this scenario fits. Drop candy in the jars they identify and discuss each. They might identify Justice (financial resources = economic justice), Autonomy, Safety (if lack of employment might leave her fewer options to stay away from him) and possibly even Restoration (a renewed sense of what she is capable of or how strong she is).
**Practice:**

**Instructions to the Trainer:**

Distribute copies of Trainer’s Handout #1, “Problem Solving Scenarios” to participants.

Divide participants into small groups of 4-5. Tell them they will work in small groups to problem solve, using the problem solving model.

Assign a different scenario to each group. Ask each group to select a recorder and a reporter. Allow about 15 minutes for the groups to work on solving the problem. The trainer should circulate among the groups to assist those who may struggle with defining the problem.

When they have finished, ask the reporter for each group to read their scenario, define the problem and describe how they solved the problem. Encourage questions and feedback from the other groups.

Ask each small group to select one of the other scenarios and to conduct a group role play in which one person is the client and the rest of the group takes turns acting as her advocate. The trainer can either time the trade-off in roles or tell participants the client gets to turn to another advocate whenever she feels the advocate is not helping her work towards a solution.

Remind participants that problem solving involves using the following communication skills: open-ended questioning, paraphrasing, reflecting, reframing, and active listening.

The next set of activities examines situations in which clear heads may not be prevailing and suggests strategies for intervention.

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**NOTE TO THE TRAINER**

Before beginning this activity, decide whether most of the participants are ready to begin problem solving a variety of situations OR if they need more practice. If they need more explanation or time, ask all the small groups to work on the same scenario first. Give them 5-7 minutes to get started. Check in with them as to how easily they have defined the problem. Finish the first scenario as a large group. Then move to other scenarios, working in small groups as outlined.
### Lecture and Practice on Conflict Resolution and De-Escalation

#### Objectives (PowerPoint slide 7.4-4):

Participants will:

- learn concrete skills for resolving conflicts.
- practice skills for de-escalating difficult situations.

#### Time Required: 1.5 hours

#### Materials Needed:

- Reading #4-1 from the Participant’s Manual: “Thinking About Conflict: A Personal Inventory”
- Trainer’s Handout #2, “Conflict Resolution/De-Escalation Scenarios”
- Newsprint and colorful markers

#### Activities:

- Group brainstorm, discussion and practice scenarios

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#### Instructions to the Trainer:

Point out to participants that they can expect conflict to arise at times between staff and survivors, between survivors, between staff and community service providers, and among staff members themselves. Conflict is not bad, but for most it can be uncomfortable.

Refer participants to Reading #4.1, “Thinking About Conflict: A Personal Inventory,” in Module 7, Section #4 of the Participant’s Manual and ask participants to complete it. Stress that they will not be asked hand it in, they will keep it for themselves, and so they should be as honest as possible. Give them about 10 minutes to do so.

#### Process Questions for the Group:

- Would anyone like to share what they learned about their own conflict style from doing this exercise?
- Some people enjoy conflict, others find it uncomfortable, and others avoid it completely. How would different conflict styles interact in negative ways? Use as an example a staff member in conflict with a survivor; what if the survivor was hostile and the staff member was afraid of conflict? What if this were reversed?
Group Brainstorm and Discussion:

Conflict Resolution and De-Escalation Skills

Tell participants that because conflicts can arise in many contexts, it is necessary to learn and practice skills to resolve conflicts and de-escalate situations.

Ask:

...participants to brainstorm the various feelings that tend to be present when people are in conflict. Write these on the newsprint.

Examples:

◆ anger, frustration, confusion, fear, sadness, overwhelmed.

Ask:

...participants why these feelings are often present. Help them recognize that strong emotions arise from conflict.

Ask:

...participants to brainstorm the physiological responses to conflict. Write these on another newsprint.

Examples:

◆ face feels hot, heart is pounding, pulse is racing, voice is raised, fists and teeth are clenched, body is tense.

Ask:

...the group to look at both newsprints. Ask if this illustration helps to clarify why it is difficult to remain calm and to think clearly when a person is in crisis.

Tell participants before talking about how to de-escalate conflict, there will be a discussion about escalating conflict.

Ask:

...participants to name some ways that may make a conflict situation worse. Write the responses on newsprint under the heading: “Escalating Conflict”.

Examples:

◆ raise your voice, invade someone’s space, belittle them, ignore their feelings, hit them.
Ask:
...participants how conflicts may be de-escalated. Post their responses on a second sheet of newsprint under the heading “De-escalating Conflict”.

Examples:
◆ keep your voice low and even, maintain distance, respect the person’s perspectives and feelings, don’t attack (verbally or physically).

Participants may name some of the same components mentioned under “Active Listening and The Helping Relationship”: asking open-ended questions, paraphrasing, reframing. If they do, remind them of the connection. If they don’t, ask which of the skills they remember from “Active Listening and The Helping Relationship” that would be helpful in de-escalating conflict.

Ask:
...participants if they think someone in conflict may feel attacked or backed into a corner. If so, ask what can be said or done to defuse the situation.

Responses:
◆ let them know you’re listening to them, work out a solution together, present options, etc.

Note that sometimes, if a person does not seem able to calm down right away, the best strategy might be to calmly and respectfully say something like, “I don’t think we’re getting anywhere right now. I really want us to resolve this in a way we can both live with. Maybe we should take some time and come back to this”, and then leave the room.

Ask participants:
“How does body language indicate escalation and how might body language help to de-escalate conflict?”

Responses:
◆ give the person space, maintain an “open” posture, sit down if the other person is seated.
When and How to Use Confrontation in a Conversation:

Tell participants that sometimes it is necessary to confront someone directly about their behavior. Provide examples like a person denying their own substance abuse, abuse of their children, being verbally abusive toward others, etc. Ask participants to suggest responses for each example.

Stress to participants that confrontation should only be used after a caring relationship has been established. If confrontation is necessary:

- Be respectful
- Keep judgments out of it
- State facts and positions

Tell participants that if they have had to confront a survivor, it is a good idea to talk with another staff person or supervisor as soon as possible to receive feedback on how they handled the situation.

Practice in De-escalation:

Instructions to the Trainer:

Refer to Trainer’s Handout #4-2, “Conflict Resolution and De-Escalation Scenarios.”

If two trainers are present, they should model one scenario for the group before asking for volunteers.

Ask for two volunteers to come to the front of the room to practice conflict resolution and de-escalation techniques.

Ask the two volunteers to decide who will be the escalator and who will be the de-escalator. Tell them what their roles are (e.g., staff, client, board member, community member) and describe the situation they should act out. Let the two volunteers role play for about 3 minutes or until the situation de-escalates. Stop and ask participants to give feedback, and then choose two more volunteers. Continue with other volunteers until all the situations have been practiced.

Option: This could be done in triads at their tables to provide everyone with an opportunity to practice.
**To summarize:**

- Debrief by asking participants what they thought was most effective in de-escalating the situations they practiced or observed.
- Ask participants to name the most important things they learned about problem solving and de-escalation.

Close this section by telling participants the skills they have just learned about and practiced are important as a foundation for the skills covered in the next two sections, “Crisis Intervention” and “Safety Planning”. Both will further enhance their ability to respond appropriately and effectively in difficult situations.
Scenarios

Situation #1
You and your husband have been fighting a lot. There has been no physical abuse but the verbal abuse has recently reached a scary level – he hasn’t hit you but he threw some furniture around last night. The two of you seem to fight over everything – especially about budgeting, bills and other pressures related to his recent lay-off. You are concerned about the impact his temper is having on your kids. You work part-time.

Situation #2
You are a formerly battered woman now living on your own and becoming increasingly dissatisfied with your social life. The situation feels complicated because you know you want to make some changes but you’re simply not sure what you want or how to go about it.

Situation #3
You have been married for 6 months. Two days ago, your husband struck you in the face. You aren’t even sure what the argument was about. You went to your sister’s the morning after it happened and haven’t talked to him since even though he sent you flowers with a note saying he loves you.

You are feeling confused and fearful. Your sister is supportive but you know she never really liked your husband.

Scenario #4
You called the hotline, supposedly for a friend. You have been in an abusive relationship for several years. Tonight the beating was severe – several blows to the head and kicks to your ribs. You say you want to know what your friend can do.

Depending upon the response you receive, you may want to omit that you are talking about yourself as your partner is the same gender as your own.

Scenario #5
Rachael called the agency in a state of crisis after leaving her husband earlier in the day. She wandered aimlessly around town for several hours after he beat her. He has beaten her before. This time the beating was because she didn’t want to become pregnant. Each time she left in the past she returned later the same day. This time she is determined not to return but, as the day grew longer and colder, she realized she had nowhere else to go.

She began rationalizing away his beating because she refused him sex – telling herself the demands for sex proved how much he loved and needed her. She called him from the local café, planning to say she was returning home. When he answered the phone he was in a rage over her leaving and told her the next time he saw her he was going to kill her. Once before when she threatened to leave he told her he was going to kill her little dog, Fargo. When she returned the dog was gone – he said it had run away.

A waitress at the café overheard her conversation with him and told her about the domestic violence program and helped her make the call.
Conflict Resolution and De-Escalation Scenarios

1. Roles: two staff members
   - The Project Coordinator (Escalator) goes to the office of the Children’s Advocate (De-Escalator) and asks where their section of the grant application is that is due to go out in 30 minutes.
   - The Children’s Advocate (De-escalator) explains that a crisis arose in the shelter and they didn’t get to their section of the application.
   - The Project Coordinator (Escalator) should behave badly about this.

2. Roles: staff member (De-escalator) and community member (Escalator)
   - The community member calls the business line and offers to donate 10 large boxes of used clothing and a broken piano to the shelter.
   - The staff member has to explain that the agency is not accepting clothes at this time and has no use for a broken piano.
   - The community member should be difficult and belligerent.

3. Roles: staff member (De-escalator) and client (Escalator)
   - The shelter resident has come in after curfew and is clearly intoxicated. She demands to be let into the kitchen to make a sandwich, and the kitchen is closed for the evening.

4. Scenario Involving Three Persons
   - Roles: staff member (De-escalator) and two clients (Jan and Cel - both escalators)
     - Jan tells Cel, not very nicely, that she went into Cel’s room and found her (Jan’s) hairbrush. She accuses Cel of stealing it. Cel accuses Jan of trespassing in her room.
     - The argument escalates and the staff member must de-escalate.
Module 7 – Section 5

Crisis Intervention

Objectives (PowerPoint 7.5-1):
Participants will:
- be able to determine the seriousness of a situation.
- learn specific crisis intervention skills.
- be able to identify possible suicide situations and effectively offer assistance.

Time Required: 3.25 hours

Materials Needed:
- PowerPoints 7.5-1- through 7.5-40

Activities:
- 5-1. Understanding crises and their effect on behavior 30 minutes
- 5-2. Crisis intervention strategies 2 hours
- 5.3. Assessing emergencies 45 minutes
Section #5-1: Understanding Crises and Their Effect on Behavior

Objectives (PowerPoint 7.5-2):
Participants will:
- increase knowledge of stages of crisis.
- begin to define the goal of crisis intervention.

Time Required: 30 minutes

Materials Needed:
- Newsprint and colorful markers
- PowerPoints 7.5-2 through 7.5-6
- Readings from the Participant’s Manual:
  - #1-1 - “What Is a Crisis?”
  - #5-1 - “Maslow’s Hierarchy of Needs”

Activities:
- Lecture, brainstorming, triads and small group work.

Instructions to the Trainer:
Review the objectives for this section, PowerPoint 7.5-2.
Explain to participants that the following segment will deal with crisis and its effect on behavior. Ask them to recall the introduction to this module in which they were asked to respond to several general situations.

Review the definition (PowerPoint 7.5-3).

A crisis is:
- an upset in the normal balance of an individual’s life;
- an emotionally significant or radical change of status in a person’s life;
- their usual ways of coping are no longer effective.

Recalling the earlier exercise, ask participants to name some events or situations that may create a crisis for someone. Write these on the newsprint.

Examples: auto accidents, fires, death, end of a relationship, break-in, victimization.
Remind participants what constitutes a crisis for one person may not be a crisis for another. It is important to validate the victim’s feelings even if it’s difficult to understand why this particular event created a crisis for the individual.

Review PowerPoint 7.5-4, “The Goal of Crisis Intervention”

To return the person to pre-crisis functioning and a level of equilibrium such that s/he can begin to move towards resolution.

**Ask:**

...participants to review Reading # 5-1, “Maslow’s Hierarchy of Needs,” in the Participant’s Manual.

Refer to PowerPoint 7.5-5, “Maslow’s Hierarchy of Needs”, and stress the following:

- If someone’s basic life needs are not met they cannot focus on anything else.
- Once someone’s basic needs (food, shelter) are met, they can focus on their safety needs.
- Notice that personal growth and fulfillment (self-actualization) is only a priority after all of the other basic and more “primary” needs are met.

Ask participants to keep these points in mind throughout the crisis intervention module.

Remind participants that everyone responds to crisis differently and that survivors of domestic violence display the same behaviors as survivors of any life threatening situation or trauma. Feelings can become so overwhelming that people may find it difficult to function. These responses are normal, and with support and practical assistance survivors can successfully move on with their lives.

**Working with Specific Feelings of Callers**

**Instructions to the Trainer:**

Explain that is important to acknowledge the feelings and emotions that the victim is expressing. Do not deny that emotions are present. In some crisis situations, emotional reactions will be extreme. In order to work effectively, the advocate must recognize her own prejudices, stereotypes, biases and reactions to stress. An advocate’s value system must be suspended (not forgotten or changed) to effectively
deal with victims. Some common feelings that will be expressed by callers can include the following:

Show PowerPoint 7.5-6, “Working with Specific Feelings:”

1. **Powerlessness**: One of the most important values an advocate can reinforce for a caller is the belief that they can resume or assume power in their lives. At times the advocate may be the only one who believes the caller. The most important time to communicate support is when the caller expresses an inability to act. It may seem as though they need or want to be told what to do, and it may be easy to fall into the trap of deciding what the caller should do. The advocate should express confidence in the victim’s ability to decide for herself, and then guide her through problem-solving steps.

   The process of restoring power to the victim is often termed “empowerment counseling.” As examined earlier, domestic violence programs in Pennsylvania are strongly committed to this framework.

2. **Low Self-Esteem**: Some victims have been so emotionally and psychologically “beaten down” by their batterers that they no longer view themselves positively. They have often been told they are ugly, crazy, bad cooks, bad mothers, stupid, worthless, etc. The good news is this can be corrected with time. The advocate’s role is to focus on the victim’s strengths, to counteract those negative messages, and to reassure her that she is not alone.

3. **Fear**: Fear is a feeling shared by most victims of domestic violence. Fear has become a very real, daily part of the victim’s existence. Advocates can help victims recognize fear as a response to the constant threat of violence, and help to assess how realistic the fear is at any given time. Practical suggestions, such as knowing where she can go if her abuser comes after her, changing the locks, keeping her address confidential, etc., can go a long way toward reducing fears. This is a perfect opportunity to help the victim identify ways she can begin to protect herself and to congratulate her for her insight, courage, resourcefulness, etc. Acknowledge that the fear may last a long time for her and her children, and she may need continued support.
Advocates can help the victim be specific about what the fears actually are. They must be careful not to minimize fears or tell victims it won’t happen again.

4. **Anger.** Many people who have been victimized feel angry, however women in general may have a hard time expressing anger. Anger is often internalized into guilt, shame, self-blame, depression. Sometimes a victim may displace the guilt and might act out her anger on the advocate. Advocates can help by letting the victim know it is understandable that she is angry, and can help her find ways to feel safe and to begin to get in touch with her anger.

If a victim has been repressing anger, she may feel overwhelmed at first. An advocate can help her accept the anger, vent it, and then find constructive channels for the energy released by the process. Advocates should not let themselves be frightened by a victim’s anger. The advocate can reframe her own fears about anger to see it as a strength a victim may not have been aware of until now. It is actually a good sign that an advocate has given the victim a safe space to begin to feel and express anger.

Advocates can help victims to differentiate between feeling anger and acting it out inappropriately. Support feelings but not acts of violence.

The victim may state during the call or imply she’s going to kill her batterer or have him killed. If the advocate thinks the victim is serious, and not simply venting, the advocate should calmly discuss the pros and cons. Begin by focusing on the cons. What are the consequences of this behavior? Advocates may ask what are the possible alternative ways to get satisfaction without putting herself in jeopardy? Most callers will calm down after awhile and begin to view the situation more clearly.

Advocates must be especially careful not to make the victim feel guilty when they express a wish that the batterer was dead or they want to kill the batterer. These thoughts may be normal after what the victim has experienced.

Ask participants if they have any suggestions for what an advocate can say to the victim when she says the following, “The next time he walks in that door I’m going to blow his f… ing head off with his own gun.”
Responses may include: “That’s a pretty graphic image. Let’s talk about what’s making you feel like you want to resort to killing him.” or “Sounds like you’re really scared of what he might do next. Can you think of other things you could do instead?”

5. **Guilt**: Most battered women have been given many reasons from their batterers about why they have been abused; they did not follow his directions, they did something he didn’t want them to do, they didn’t do something he wanted done, etc. The victim may also feel guilty because other people in her life warned her about him or his violence. Advocates should not be too quick to offer reassurance. The victim may not trust that the advocate understands her feelings. Reassurance, when given too early can be a conversation stopper. First allow the victim to explore and examine the guilt she feels. She might, for example, focus on something she said or did that triggered an attack. Discuss how the use of violence is a choice the abuser made, and that he had other choices. Sometimes an advocate can say, “If someone did that to you, would you be justified in beating them up?” to illustrate that violence is a choice.

A victim may feel guilty about fighting back. Again, discuss the circumstances and reframe it with her. Is self-defense justifiable? Would she blame her mother, daughter or sister for defending herself against an attack?

6. **Ambivalence**: Many battered women are at least somewhat ambivalent about their situations. The abuser is not a two-headed monster without any redeeming qualities. He might be a good father, he might be supportive of her in some ways, and she may still love him. She might also want to maintain the lifestyle she currently has. Examples of ambivalence are:

- Wanting the children to be safe but not wanting them to lose their father
- Wanting the relationship to work but not wanting to be fearful of him
- Wanting him to stop the abuse but not wanting him arrested
- Wanting him arrested, but not wanting him to be unfairly treated by a racist system
It is important that the victim not feel judged or criticized for her ambivalence. Acknowledge that there will be grief and a sense of loss if she leaves the relationship, and that these feelings are as real and important as the relief and new sense of freedom she will also feel.

7. **Shame.** We live in a society where it is shameful and humiliating to be a victim. We want to be victors, not victims; we want to win, not lose; and many people have bought into myths around domestic violence – including victims themselves. Many women will feel ashamed about having to call a domestic violence program/agency, they’ll feel ashamed they haven’t “protected” their children, and they may feel ashamed to have to call (“beg”) for help.

Showing women respect, treating them as equals, and treating them with dignity at all times is crucial to reducing their sense of shame.

Ask participants to find Reading #1-1, “**What Is a Crisis?**” in Module 7, Section 1 of the Participant’s Manual. Review it as a group.

Remind participants that their role, as an advocate, is to help survivors resolve crises in positive ways that will help the victim become stronger and better able to handle any crises that may arise in the future.

The rest of Section 5 will give them some additional skills needed to do this.
Section #5-2: Crisis Intervention Strategies

Objectives (PowerPoint 7.5-7):
Participants will:
- review the qualities of an effective helper.
- learn specific crisis-call intervention skills and counseling skills.

Time Required: 2 hours

Materials Needed:
- PowerPoints 7.5-7 through 7.5-13
- Trainer’s Handout #7.5-1, “Scenarios for Practice Crisis Calls”
- A bell or watch to time the practice triads
- Readings from the Participant’s Manual:
  - #5-2 – Guidelines for Crisis Calls
  - #5-5 - What Battered Women Have to Say About How They Would Like to be Treated”

Activities:
- Lecture, brainstorming, triads and group discussion

Instructions to the Trainer:
Review the objectives for this section on PowerPoint 7.5-7.
Explain that the crisis line is sometimes the first link to a victim, and is sometimes her first link to help and support. It’s important to provide all victims with the best help possible when they call.

Review PowerPoint 7.5-8 as a way of reminding participants of the earlier discussion in this module

Qualities of an effective helper include:
1. Empathic listener
2. Honesty (Don’t raise false hopes; be realistic about what you can do.)
3. Patience (This may be the 10th call you received but it may be the first time this person has reached out to someone.)
4. Concern (ability to express genuine concern)
5. Nonjudgmental (Don’t let your values impede your work!)
6. Informed (Giving accurate information.)

Sometimes all a victim may want from a call is the support of the person on the other end of the line. The caller may not want additional counseling, advocacy, a place to stay, other services the program may offer, etc. Stay focused on what SHE wants and needs at this point in time. Don’t prescribe one particular course of action. Remember she is driving the bus!

Review PowerPoint 7.5-9, “Specific strategies for handling crisis calls:”

Remind participants that this process was reviewed earlier but it’s important to the practice they will do shortly.

Within the first few minutes of the call, advocates should try to get these points across:

◆ Reassure her that everything she says is confidential and she does not need to share anything she does not want to.
◆ Let her know you are there to support her and to help her understand her options, not to judge her, and that you will not push her into any specific actions.
◆ Assure her that she need not feel ashamed of being an abuse victim seeking help.
◆ Remind her of the 24-hour hotline.

Review PowerPoint 7.5-10, “All calls include”:

All calls, including crisis calls, should include the following:

◆ Establishing rapport
◆ Offering options
◆ Discussion of services
◆ Addressing safety concerns
◆ Identifying follow-up needs
◆ Referral (if appropriate)
**Practice Exercise:**

**Instructions to the Trainer:**

Use scenarios from *Trainer’s Handout #7.5-1, “Scenarios for Practice Crisis Calls,”* for this section. Provide participants with copies of all of the scenarios, as they will be using several of them as they rotate roles in the triads.

Tell participants that, as they did in the last section, they will now practice handling crisis calls, this time incorporating the information just reviewed into the calls.

Separate them into triads (Caller, Advocate, Observer). Those acting as the Advocate should answer the telephone the way they would at their agency. If actual contact logs are not available they can use blank paper to write down any information they get from the caller. Give each Caller a written scenario to act out, and a minute to think about how they will do this. Ask the Advocate to think about the skills they’ve just learned. Ask Observers to note the positive responses of the Advocate.

Start the role play by using a bell or saying “Ring! Ring!” to signal the phone call.

After about 3 minutes, stop the role plays and give the small groups 2 more minutes to give each other feedback.

Have participants switch roles and give new scenarios to the new Callers. Repeat until each person in the triad has had an opportunity act each role.

Discuss as a large group and process in a manner similar to the practice in the last section.

Summarize with a return to PowerPoint 7.5-10, “All Calls Should Include:”

Remind participants all calls should include these areas of discussion.

In closing out this section, refer participants to Readings 5-2, “Guideline for Crisis Calls” and #5-5, “What Battered Women Have to Say About How They Would Like to be Treated”, in Module 7, Section 5 of their manuals. Both provide a good review of the concepts covered in this section.
**Instructions to the Trainer:**

Tell participants that to this point the focus has been on crisis calls over the phone. This section will provide direction for working in person with someone in crisis. Conversation over the phone can be difficult because the information body language provides is absent. Face to face, in-person contacts provide this dimension – but how to respond to what you see is not always clear. The following provides examples of what advocates may encounter and offers clear suggestions for responding.

Show PowerPoints 7.5-11 through 12, “Guidelines for in-person crisis intervention”

1. **Do not ignore the victim’s tears.** Offer tissues and a gentle word: “I understand this is a difficult time and you may be feeling overwhelmed – that’s normal.” Sometimes simply touching the victim’s hand is enough reassurance – it provides a warm human link – but do so carefully, asking her permission when it seems questionable.

2. **If at all possible, when victims are visibly upset or visibly injured take them aside where you can talk privately.** It is understandably humiliating to be crying or badly bruised while trying to ask for assistance, especially when people are nearby. In a hospital or courthouse setting, arrange for private space before meeting someone there. In the shelter, an advocate can use an empty shelter room if private office space is unavailable. If advocates share an office, a signal can be developed to signal the need for privacy. Be sure to provide quiet, private areas in counseling centers, satellite offices or shelters.

3. **Be aware of and sensitive to the victim’s physical state.** If the victim seems dazed, unable to focus or listen, shaky or weak, this can signal more than emotional distress. Advocates should be alert for the need for medical attention. If a victim relates that a beating recently occurred, the advocate should inquire if she has sought medical attention, and/or determine if that is an option for her. Also, while in crisis, many victims forget or do not take time to eat. Having a supply of non-perishable food on hand to give to victims can be invaluable. It helps victims calm down and focus on the problems.
at hand, while communicating that the advocate is concerned about her well-being. Healthy snacks can also calm restless children who may be with the victim.

4. **Tell victims they don’t deserve to be abused.** Many victims feel that they are somehow responsible for the abuse. Assure them that they are not responsible and they don’t deserve to be hurt. It is important for victims to hear that specific “reasons” given by their abusive partners for abusing them are excuses for violent and brutal acts.

5. **Tell victims they are not alone.** Many victims feel like they are the only ones this has happened to. They may be feeling alone, crazy, different, weird, etc. They need to hear that those feelings are normal and that many victims experience them. Advocates sometimes use such statements as “I can’t imagine…” or “I can’t believe that happened to you…” to express horror and shock at a situation. Yet such incredulous statements often leave victims feeling isolated and different. Reaffirming that what they are feeling is real and normal, and that other victims have expressed similar feelings, helps victims to feel less alone.

5. **Do not make negative statements about the abuser.** There is a difference between telling victims that abuse is undeserved and that abusers are horrible people. Negative remarks about abusers communicate the judgment that they are bad people. This is not the appropriate way to show empathy for the victim’s situation. Ask participants why they think this might be. Answers may include: he might be the children’s father; she might still love him; she might be sympathetic to him; she might get defensive.

**REMINDER:** Remember to not use pronouns until you know the gender of the abuser. Assuming a male abuser will make a lesbian or bisexual survivor feel unwelcome at your program.

7. **Suggest the victim assess the abuser’s dangerousness.** Victims need to understand that batterers are not “out of control,” and although many “act crazy”, only a few may actually be mentally ill. Yet some batterers are extremely dangerous. A battered woman may want to seek assistance in evaluating how dangerous and potentially homicidal her abuser may be. Conducting lethality assessments will be discussed in detail in the next section.
8. **Engage in safety planning.** In every interaction an advocate has with a survivor safety planning is paramount. Survivors have already been engaged in their own safety planning in order to survive. It is important to acknowledge this and focus on their strengths. Safety planning is an ongoing process, and advocates can help survivors think about options and contingencies they might not have thought about before.

Tell participants that safety planning will be addressed in detail in Section 6.

9. **Acknowledge that the victim is very courageous.**
Battered women may be incredibly fearful when they contact or come to a domestic violence program. If the victim appears to be scared or anxious, an advocate may want to ask if she is fearful or anxious. It may be helpful to point out her courage not only in taking the steps to call or come in but also in her ability to stay safe thus far.

### Practice Group Exercise

**Instructions to the Trainer:**

Remind participants that the next activity will require using both the skills reviewed in this section and those they learned in "The Helping Relationship" section of this module.

Tell the group that sometimes when advocates ask survivors questions, there is an answer the advocate wants them to give. This can become coercive or manipulative, whether it is intended or not.

Tell participants the following are some common responses advocates may give survivors when difficult situations present themselves. Ask participants to think about the following as each scenario is read:

- what they think the advocate wants to hear,
- what they think the survivor might feel in response to the advocate’s words, and
- how the advocate might respond or follow up if the survivor gives the “wrong” answer to the statement or question.
- what they could suggest as an alternative statement from the advocate.
Read the scenarios, one at a time, from the list below.

Situation (In-person):
Survivor has been at shelter program for 29 days and doesn’t yet have a house. She’s thinking about going back to the abuser.
   - **Advocate:** “You’ve been at the shelter now for 29 days. Do you want an extension?”

Situation (Hotline): Abuse has been ongoing and last time the child was struck as well.
Question: “Do you want to get a PFA?”
Situation (In-person): Survivor has admitted she has a serious drinking problem. She has 3 children.
   - **Advocate:** “Do you want to get help for your drinking problem?”

Situation (Hotline): Survivor calls the crisis line wanting shelter.
   - **Advocate:** “Our program is drug-free. Do you have a drug problem?”

Situation (Hotline): Survivor is a shelter resident.
   - **Advocate:** “We offer support group on Tuesday evenings that we think are really important for women. Would you like to go to our support group?”

Situation (Hotline): Survivor has called the hotline. She is very upset, nearly hysterical. You hear yelling in the background.
   - **Advocate:** I’m going to call the police to get you and bring you to shelter. Please give me your address.

Ask participants for their suggestions for how to handle the situation. Ask them to reframe these questions in ways that reflect principles they have learned about the helping relationship and that address the survivor’s needs. Provide feedback about the pros and cons of the suggestions offered.
Summary:

Remind participants that people in crisis do not need someone to assume what they want or what is best for them. Helping them to identify what they want to do is the first step in returning some level of control over their lives to them. Doing so is not an easy task – it requires a balance of all the skills covered in this module – and practicing each is important.

PowerPoint 7.5-13:

◆ Reinforce s/he does not deserve to be abused.
◆ Tell her she is not alone.
◆ Acknowledge her courage.

Tell participants the last part of Section 5 will help them in assessing whether a call is a crisis or an emergency requiring additional responses.
Section #5-3: Assessing Emergencies

Objectives (PowerPoints 7.5-14):

Participants will:
- be able to determine whether a situation is an emergency, a crisis, or other difficult situation.
- learn specific crisis intervention skills.
- learn additional counseling skills.

Time Required: 45 minutes

Materials Needed:
- PowerPoints 7.5-14 through 7.5-40
- Newsprint and colorful markers
- Trainer’s Handout #7.5-2, “Scenarios for Practice Emergency Crisis Calls”
- Blank 8 1/2 x 11 paper for the role-plays OR actual crisis call forms
- A bell or watch to time the practice triads
- Readings from the Participant’s Manual:
  - #5.3 - “Common Misconceptions About Suicide”
  - #5.4 - “Suicide Intervention Questions You Should Ask”

Activities:
- Lecture, brainstorming and triads

Instructions to the Trainer:

Review the objectives for this section (PowerPoint 7.5-14).

Remind the group that earlier in the module, “The Helping Relationship” focused on active listening skills and basic counseling skills. This section will focus on when and how to use these skills. It will begin with handling crisis calls.

PowerPoint 7.5-15, “Emergency Call”

Tell participants that for purposes of this training, an “emergency call” is defined as one in which the caller is in immediate danger, has just been abused or could be seriously injured. In addition to talking to the victim, an advocate may have to take action, like calling the police or emergency services. When
handling emergency calls, the focus is not on in-depth counseling. It is on gathering essential information as quickly as possible, in order to appropriately handle the emergency.

Often the beginning of a crisis call will sound like an emergency but as the advocate asks the first few questions, it will become clear that the caller is not in immediate danger but feels very upset and needs to talk. This type of call is a “counseling call,” and the focus then moves to offering supportive/options counseling.

The initial step in assessing whether an emergency exists is to ask if the victim is safe. There are two possible answers: “Yes” or “No.”

PowerPoint 7.5-16 “Crisis Calls”.

Assess the immediate danger by asking:

- Are you safe at the moment?
- Do you have children? Are they in danger?
- Have you been injured?
- Was there a weapon involved?
- Where are you? Current location – and phone number in case you get cut off or she wants you to return her call.
- Where is the abuser?

Ask participants to identify any other steps needed to assess whether an emergency exists.

PowerPoint 7.5-17, “Starting the Conversation: SAFE AT THE MOMENT.”

The advocate must start the assessment conversation before beginning to offer options. The following are some suggestions to start the conversation.

- What prompted you to call?
- Talk to me about your situation.
- How may I help?

PowerPoint 7.5-18, “Remind Callers:”

During the conversation, provide assurance that:

- Calls are confidential.
- You are there to provide information and support for her decisions.
- She is not responsible for the abuse.
- There is a 24-hour hotline.
Stress to participants that during any calls this information should be addressed.

PowerPoints 7.5-19, “Emergency Calls: If she is NOT Safe:”

Begin to determine needs by asking very specific questions about safety.

Does she need or want to:

◆ call the police?
◆ get herself (and her children, if applicable) to a safe place?
◆ call the hotline back after she is in a safe place, or ready to come to the shelter?
◆ meet the advocate at a hospital, police department or safe place?
◆ come to the shelter if she has no friends or relatives with whom to stay?

Ask the group to identify any other available options.

**Examples:**

◆ Going to the hospital, even if the victim thinks she has not been injured seriously enough to seek medical attention. She may have internal injuries. A hospital report is important if she should decide to press charges at a later date. A hospital is usually a safe, central location with security.

◆ Requesting an emergency protection from abuse order from the on-call district justice or central court. Tell participants to find out the procedure for requesting/obtaining an emergency order of protection in their jurisdiction.

◆ The advocate may offer the option of making a police report even if the victim doesn’t want to press charges*. This requires explaining that a police report may help her get more protection and will help if she decides to press charges later.

Ask the group to identify any other option if she doesn’t want to call the police.

PowerPoint 7.5-20, “Address Safety”

◆ For the short term, her options and plans for follow-up.
◆ Safety issues for the future for herself and her children (if applicable).
Ask the group to identify additional steps that may be necessary to assist the victim and address her safety concerns. Remind them safety will be examined more fully in Section 6, “Safety Planning”.

“Life-threatening Emergencies”

Explain to participants that there are times when an advocate may have to step out of the role of supportive helper and take action, without the survivor’s permission.

Using the examples on PowerPoints 7.5-21 and 22, ask the group “What would you do...if...”

- The call is interrupted by sounds of severe violence or a gunshot?
- The call is disconnected suddenly, after you’ve heard sounds of extreme danger, and you suspect the victim is in grave danger?
- The victim has been seriously injured and is in need of emergency medical services?
- The survivor tells you she has just slit her wrists or overdosed?

Emphasize these situations are rare, but under some conditions, it is necessary to act immediately:

Review PowerPoint 7.5-23, “The general guideline is IF A LIFE IS IN DANGER, CALL THE POLICE.

If an advocate thinks that a life-threatening emergency is occurring RIGHT NOW, it is her responsibility to call the police. This is the only time that confidentiality may be breached excluding mandated reporting of child abuse. In most cases advocates will NOT call the police without the survivor’s permission. When unsure, check with a supervisor about whether the police should be contacted.

Stress:

Even if it is absolutely necessary to take immediate action without the survivor’s permission, it is a breach of confidentiality. Remind them of the discussion in the module on confidentiality – programs must have procedures for what to do after a breach has occurred.
Review PowerPoint 7.5-24, “Not all drug crises or suicide threats are life-threatening emergencies.”

Tell participants that although this type of situation might never occur, it is important to be prepared and have a plan in place ahead of time. It’s also important to remember that not all drug crises or suicide threats are life-threatening emergencies.

**Examples:**
- A victim might talk about being an addict and say she just took something.
- A victim might say, “Life isn’t worth living.”

The advocate would NOT, in any situation, immediately leap to the conclusion that the situation is a life-threatening emergency. Remain calm and ALWAYS ask more questions. Answers from the victim will help identify what is actually occurring.

Remind participants of the procedure for handling crisis calls. In a life-threatening emergency it is necessary to determine immediate needs and get additional information about the victim’s safety and location of the abuser.

**Lecture: “In a Life-threatening Emergency”:**

Expand on the PowerPoints with the following information:

**PowerPoint 7.5-25:**

If the caller’s address or phone number is known, call the police immediately. Give them the pertinent information. If possible, call from another phone or signal another advocate to make the call. Keep the phone line open to the victim.

**PowerPoint 7.5-26:**

If the address is not known and the phone line is still open, the call can be traced. Leave your phone open, get to another person or signal to another worker to call the operator and ask for a supervisor. Ask for supervisor and explain the situation. Ask to have the call traced. Ask the operator to call 911 directly and give the address to the police so you can get back to the caller and keep her on the line.
PowerPoint 7.5-27.

If the phone line goes dead or the caller has hung up, there is nothing you can do without a phone number or address. Call a co-worker for support for yourself.

PowerPoints 7.5-28 and 29: **If You Must Call the Police**

In those rare cases when an advocate determines she must call the police, or when a survivor asks the advocate to call the police, use the following important guidelines:

- Identify yourself as a staff member of your agency.
- State the facts clearly and succinctly.
- Provide ONLY enough information for the police to respond quickly.
- Be firm and polite.
- State that you have knowledge of a crime and/or medical emergency in progress and you expect a quick response.
- Request the name of the person with whom you’re speaking and note the time of the call.

**Lecture on Suicide Intervention**

**Instructions to the Trainer:**

When asked about their worst fears about crisis calls most advocates will mention suicide calls. This section presents the suicide call as one of the possible life-threatening emergencies advocates may have to address. Tell participants it is normal to feel uncomfortable with the issue of suicide, (e.g. their own personal values, religious convictions, or fears of making it happen, etc.)

Stress that these calls are unsettling but infrequent. Acknowledge, that suicide calls can evoke strong feelings and emotional reactions for the advocate. This section will help advocates feel better prepared.

PowerPoint 7.5-30, **“Suicide might be a risk if you hear”:**

Following are some statements an advocate may hear from a caller:

- I’m just so tired...
- I can’t take it anymore...
- I feel helpless/hopeless...
- This is too much to bear...

**NOTE TO THE TRAINER**

Communities may have different procedures for tracing a call. Be sure to be familiar with the local procedure and outline it for participants. If the group includes people from several locations, stress that participants should familiarize themselves with their agency’s and the community’s procedures for call tracing.
I want it all to be over…
No one will care…
I just can’t get through this…

PowerPoint 7.5-31, Don’t be afraid to ask…”Are you planning to kill yourself?”

This type of direct question is important. If this is not why the victim called, the advocate can begin the conversation by asking about the feelings that are being experienced by the caller.

PowerPoint 7.5-32, “Suicide Intervention”

Remind participants that no one commits suicide based on a suggestion. It’s whether they have the will and the means to actually follow through – not the words an advocate may use.

PowerPoint 7.5-33, “Some common mistakes”

Advocates can waste critical time by focusing on:
- Trying to “talk her out of suicide” by
  - using moral sanctions.
  - arguing about the value of life.
  - telling her she would be letting people down.
  - trying to convince her that things really aren’t that bad.
- Doubting the caller’s intentions
- Minimizing intentions by laughing or saying that “suicide is crazy”

PowerPoint 7.5-34, “Your Response Is”.

There are some general suicide assessment questions that can be asked as follow-up to a “YES” answer to your initial question “Are you planning to kill yourself?”
- If “yes”
  - How are you planning to do commit suicide?
  - When?
  - Where?
  - Have you ever attempted to kill yourself before?
  - Never ask “Why”
Ask participants

“Why not ask ‘why?’”

Answer:

The caller then feels they have to justify their feelings – they called because they are in distress and reaching out.

This question may cause them to become angry or to simply hang up.

Instructions to the Trainer:

Continue the lecture with a careful review of the information on the following PowerPoints.

PowerPoint 7.5-35 through 7.5-37, “About Suicide.”
Stress PowerPoint 7.5-38, “It is not your fault if…”

PowerPoint 7.5-39, “Remember”

Present the following example of a suicide call to participants: “The victim has said that she has overdosed or slit her wrists.”

Ask them for suggestions of follow-up questions. Provide the following examples if they don’t provide them.

- What kind of drug(s) did they use?
- How much did they use?
- When did they use it?
- What did they use to cut their wrists?
- When did this occur?
- What is the volume of blood lost?
- Is there anyone else there that can provide assistance?
- Additional questions to assess the situation.

Stress it is important for participants to remember to ask additional questions before assuming the situation is a life-threatening emergency. Provide an example like the following:

A woman called indicating she had just taken a bottle of pills. After a few questions about what she took and how much, it became clear she had taken about 10 baby aspirin. This was not a life-threatening emergency. The advocate was able to shift the focus to the feelings of the caller and provide support and other options.
Close the lecture by referring participants to Readings #5.3, “Common Misconceptions About Suicide”, and #5.4, “Suicide Intervention Questions You Should Ask”, in their manuals.

**Practice Exercise**

**Instructions to the Trainer:**

Use the scenarios from *Trainer’s Handout #7.5-2, “Scenarios for Practice Emergency Crisis Calls”* for this practice activity. Provide participants with copies of all of the scenarios. They will be using several of them as they rotate roles in the triads.

Tell participants this is a practice exercise for answering emergency calls.

Separate them into triads (Caller, Advocate, Observer). Those acting the role of Advocate should answer the telephone the way they would at their agency. If actual contact logs are not available they can use blank paper to write down any information they get from the caller. Give each Caller a written scenario to act out, and one minute to think about how they will do it. Ask the Advocate to think about the skills they just learned. Ask the Observer to note the positive response of the Advocate as well as those that may need improvement.

Start the role play by using a bell or say “Ring! Ring!” to signal the phone call.

After 3-4 minutes, stop the role plays and give the small groups 2 minutes more to give each other feedback.

Have participants switch roles and give new scenarios to the new Callers. Repeat until each person in the triad has had an opportunity to act each role.

After everyone has had the opportunity to act the role of the Advocate at least once, conduct a large group discussion, proceeding in the following order. As participants provide their feedback, write the helpful/positive responses on one sheet of newsprint and the areas of difficulty on a second sheet.

- Ask the Callers how they felt about the call and what their Advocate did that was helpful.
- Ask the Advocates how they felt and where they may have had difficulty.
Ask the Observers what positive things they observed during the call(s).

After responses are heard from all three roles, review the newsprint. Briefly address the areas of difficulty and ask the participants for ideas on how to respond when this happens. Encourage participants to remember they can use responses like “I’m a little confused here, can we back up and go over that again?” or “I’m not sure I can give you an answer to that – let me get a bit more information and maybe we can figure out together who can help you with the next step.”

Review the positive response list with the group. Point out strategies or language that is particularly empowering and/or woman-centered. Congratulate the participants on their hard work and the things that they did well in their roles as advocates in this practice.

Summary:

PowerPoint 7.5-40, “Keep in Mind.”

Remind participants that crisis and life-threatening emergency calls are difficult. They should keep the following in mind:

- Asking appropriate questions will help to determine the type of call with which they are dealing;
- Listening and counseling skills are the most important skills in assessment;
- Confidentiality;
- Ethics for advocates.
Scenarios for Practice Crisis Calls

Note to the Trainer: Copy each of these scenarios on a separate sheet of paper and give one to each Caller in the triads.

1. This is the first time you have ever called a crisis line for assistance, and you’re not really sure why you called. Your sister has been concerned about your husband’s violence and she gave you this number. Your husband has been violent ever since you got married, and the abuse got worse three years ago when your first child was born. Last night your husband pushed your child into the wall; this is the first time he’s been violent against your child and he swore it would never happen again. You’re not so sure, and wonder if you should leave.

2. You’re new to the area, having relocated here from a southern state to escape your abusive ex-husband. He was stalking you and threatening you there, and you stayed at a shelter program there for three weeks. You hated staying at the shelter because of all the rules and too many women and kids crowding around. You came here because your sister is here, but she’s been avoiding you since you arrived. Your ex-husband doesn’t know where you are, but he’s probably going to figure it out because your sister is here. You don’t know what to do.

3. Your boyfriend, whom you love very much, beat you up again last night because you came home late from being at a baby shower. You’d had a few drinks there, which he also doesn’t like. You blame yourself for the abuse because you knew you shouldn’t be late and you shouldn’t have been drinking. You think you should go to the shelter for a couple days until your boyfriend cools down.
Scenarios for Emergency Crisis Calls

Note to the Trainer: Copy each of these scenarios on a separate sheet of paper and give one to each Caller in the triads.

1. You are calling the crisis line because you just can’t take it any more. Your abuser just won custody of your children because you have a history of depression, and you only have limited supervised visitation with them. The house feels empty and life just doesn’t seem worth living if you can’t raise your children.

Additional information if it comes up: You have attempted suicide twice in the past by overdosing on pills, and you have just taken an entire bottle of anti-depressants.

2. You are calling the crisis line because your abuser is banging on your back door to let him in. He must have been served with the PFA today and you knew it was going to make him blow his top. He’s yelling that he’s going to kill you. Your children are upstairs in their locked bedroom.

Additional information if it comes up: You don’t want to call the police because he’s a police officer and you don’t trust them to help. Since he is a police officer he usually carries a gun.

3. You are calling the crisis line because you’re feeling so depressed. You’ve lost your job because of your drinking, your adult children don’t want anything to do with you, your abuser keeps begging you to go back to him but you don’t trust that he’s changed, and you came home tonight to an eviction notice from your landlord. Be rather quiet and lethargic during the call. After talking for about 2 minutes, but before the role play is ended by the trainer, say, “I don’t want to talk any more” and hang up the phone.

Additional information if it comes up: You are not suicidal, but don’t say this unless asked. You have never contemplated suicide because it’s against your religion. This is NOT a life or death emergency.

4. You are calling the crisis line because life doesn’t seem worth living any more. You’re in a dead-end job, your abuser is stalking you so you rarely leave the house, and you have no close friends. Say things like “I’m just so tired…” and/or “I want it all to be over…”

Additional information if it comes up: Your mother killed herself when you were a teenager. You have thought about suicide in the past but have not tried it. You have not tried to commit suicide this time, but you’ve heard that slitting your wrists while sitting in a bathtub of warm water is a good way to do it. No one in your life would care if you died EXCEPT your dog, which you love very much. This could be your reason for living if the staff member brings it up.