CRISIS LINE HANDBOOK

A Resource Guide for Domestic Violence, Sexual Assault, Stalking and Human Sex Trafficking Advocacy

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A Resource Guide for Domestic Violence, Sexual Assault, Stalking, and Human Sex Trafficking Advocacy

1st Edition, 2021

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FOREWORD

It is a privilege to provide the first handbook designed specifically for advocates who work with victims of domestic violence, sexual assault, stalking, and human sex trafficking in Oklahoma. Those who answer the crisis line are the literal **lifeline** for victims and survivors, and for the people who support them. If you answer crisis lines, thank you! You can be the path to life-changing, and, often, life-saving services for victims--both an honor and responsibility. As a crisis line advocate, you let victims know there is a safe place that will believe and help them.

The first crisis line for victims of crime was established in 1972 in San Francisco for victims of sexual assault. The first crisis line for victims of domestic violence was initiated in 1972 in St. Paul, Minnesota. The first services were developed and answered by and for survivors. The first rape crisis hotline in Oklahoma started in 1975, and the first domestic violence program opened in 1978. Crisis lines remain the backbone of sexual assault, domestic violence, stalking, and human sex trafficking services today. In Oklahoma, 24-hour crisis lines are a required service for all programs. Crisis line workers are often the first contact victims have with help. If you are the person answers the crisis line at your agency, you are perhaps the most important call a survivor will ever make--you can make a safe connection that may lead them to life-changing and life-saving decisions. The work you do is so important--and often difficult. We developed this handbook with you in mind. It is our hope that you will find the information helpful to you and to the victims you serve.

Today, we know more about the impact of trauma and the needs of survivors, but we still have the obligation to acknowledge, respect, listen, and help victims. We know that something has happened to the people who contact us. We know that what happened represented a crisis, that they may not always know how to handle alone…so they courageously pick up the phone to call us. That is where you step in.

We need to know how to assess and support victims. One of the primary purposes of crisis intervention is dangerousness assessment and safety planning. We may be dealing with finding diapers for a baby, a recent or past sexual assault, harassment from a former partner, finding resources, affirmation of what they have experienced is real, or a life and death situation from a current or former partner, stalker, or trafficker. That is how this handbook was born--to help you do the work you do. It is our hope that this handbook will help you do your important work. We welcome your feedback.

Thank you for all you do—every single time you answer the crisis line! You are our heroes!

In hope, respect, humility, and gratitude,

Ann, Jackie, and Gwen

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I. INTRODUCTION

Purpose of the Handbook

The purpose of this handbook is to provide advocates with useful information and guidance while serving callers to the crisis line. It is not intended to take the place of the policies, procedures, and practices of the agencies where advocates work or volunteer. Since all advocates (paid and volunteer) working at Attorney General Certified programs are required to receive foundational information about domestic violence, sexual assault, stalking, and human sex trafficking, prior to answering the crisis line, this handbook provides only a very brief overview of these issues.

Terminology

We recognize that experiences of violence and abuse are universal with far-reaching impact that is unique to everyone. Over the years, various terms such as “victim” or “survivor” have been used to describe individuals who have experienced various types of violence and abuse. The term “victim” continues to be a common term used by advocates and is often used by members of law enforcement or within the context of court proceedings. More recently, the term “survivor” is used in many of our organizations because it has fidelity to the philosophy of empowerment. Importantly, since different terms have different meanings for individuals who have experienced violence and abuse, we should take the lead of the person seeking our services. So, while we use these terms interchangeably throughout this handbook, we understand that labels have the potential to ignore the whole person and narrowly define who they are as individuals with agency and identity that extend far beyond their experiences of abuse and violence.

Similarly, terms such as “batterer”, “perpetrator”, “abuser” and “offender” have been used interchangeably throughout this handbook to describe individuals who have perpetrated violence and abuse. The terms “batterer” and “abuser” have historically been used to describe individuals who perpetrate domestic violence, while the term “perpetrator” is often used to describe individuals who perpetrate stalking and sexual violence. The term “offender” is most often used in the criminal justice system. Unique to the human sex trafficking field, is the use of the term “trafficker” to refer to individuals who engage in the trafficking of humans, including sex trafficking.

Purpose of the Crisis Line

Crisis lines serve a critical function on the continuum of services available to victims of domestic violence, sexual assault, stalking, and human sex trafficking in our communities. Victims’ needs and circumstances often require immediate access to trained advocates twenty-four hours a day, seven days a week. Calling a crisis line is an act of courage. Callers do not know what to

expect when they pick up the phone to call us. They do not know who will pick up the phone, how we can help, or even if we can help. They may feel ambivalent, embarrassed, or even scared to call. They may wonder if we will be compassionate and believe them or whether we will scrutinize or judge them. Many have felt judged before, by friends, family, systems, and of course, by the perpetrator. We know that many victims are blaming and judging themselves. You may be the first person to whom the victim has disclosed the abuse.

The primary purpose of the crisis line is to provide callers with immediate, nonjudgmental, and compassionate support, crisis intervention, safety planning, education/information, and linkage to resources necessary for safety, healing, well-being.

Homicide Prevention

The caller's **safety** is the priority. The work of advocates saves lives. A study conducted in Oklahoma found that victims who are helped by law enforcement to immediately connect to crisis lines from the scene of domestic violence incidents report greater protective strategies, such as seeking services, and experience less frequent and less severe violence in the future (Messing, Campbell, Wilson, Brown, Patchell, & Shall, 2014).

Advocacy and Support

Crisis lines provide access to immediate and accessible support services, including crisis intervention, risk assessment, resources, education and information, safety planning, and access to emergency shelter for victims of domestic violence, sexual assault, stalking and human sex trafficking.

"Gateway" to the System

Crisis lines are a link to the broader network of services and system support in the community and to the criminal justice system when needed. Crisis lines are a "gateway" to the system.

But…It's More Than Just Shelter!

In recent years, domestic violence crisis lines have in large part evolved into a "gateway" to emergency shelter. But crisis lines do not exist only for callers needing access to emergency shelter. While access to shelter is of course a critical resource for callers in danger, we must remember that our role and responsibility as advocates is to meet victims where they are and to address their needs to the extent possible. Many victims who call may be in immediate crisis or imminent danger, yet

others reach out simply because they want to talk about what has happened to them, to make sense of their experiences, explore their options, consider possibilities, plan their next steps, and to feel understood. Some call because they are questioning their relationship or having conflicting feelings about whether to return to an abusive partner. Callers may need immediate assistance to find safe shelter, deciding whether to file for an order of protection, what to do about an ex-partner who is stalking them, or need help because their abusive partner just obtained custody of their children. Callers may be feeling alone and reach out for human contact in the hope that it will ease their isolation, while others reach out for emotional support. They may simply need us to slow down and listen.

Let's Connect

"Victims need an environment in which they can flourish and be nurtured" (Davies & Lyon, 2014, p. 35) and no matter how brief the interaction, the crisis line provides a window of opportunity to form a compassionate connection. Victims are best served when we focus on connecting and engaging. Connections lead callers to feel validated, valued, and understood. To do this, we need to slow down and focus on being "present" or "being with" the caller, putting aside our own distractions and preconceptions, and opening ourselves to being in the moment with the caller.

Connections Form Relationships: Connections are the building blocks of relationships, the foundations of which are built during every single contact. The advocate-client relationship is a partnership - an allyship - between the advocate and the client. It is easy to underestimate the power of the relationship, but connection and the relationship facilitate healing. In fact, national trauma expert, Dr. Bruce Perry, very aptly observed that, **"There is no more effective neurobiological intervention than a safe relationship."**

Authentic connections enable us to really *hear* what the caller is trying to convey. Sometimes, there will be silence, and that is okay. Individuals in crisis may at times be unable to talk. They may be trying to sort out a lot of confusing feelings and thoughts. We need to learn to be comfortable with periods of silence. Be patient. Victims hope that we can slow down long enough to understand their stories and perspective and uncover their needs and priorities, which in turn directs our response (See *Section IV Advocacy Skills* for more information about how to promote connection and engagement with callers).

Who Calls the Crisis Line?

Most calls to the crisis line are from victims of domestic violence, sexual assault, stalking, and human sex trafficking. However, a significant number of calls are from family and friends who may be trying to make sense of what happened to their loved one and seeking ways to help. Sometimes, employers or co-workers may call, trying to find resources to pass along to their colleague.

Other callers to the crisis line may include:

- Attorneys working with victims.
- Law enforcement calling after conducting a lethality screen (LAP) on the scene and connecting the victim to the crisis line or calling to arrange for a SANE/DVNE exam.
- Other victim service providers.
- Other social service agencies, e.g., mental health/substance abuse, homeless organizations, housing agencies, etc.
- Allied professionals, e.g., child welfare workers, counselors, clergy, etc., who are working with a victim.
- Individuals requesting general information about services.
- Unrelated calls; wrong numbers; crank callers, obscene callers.
- Perpetrators.
- Individuals attempting to locate someone in the emergency shelter (remember confidentiality).

Types of Services Provided

Advocates provide a broad range of trauma-informed services to callers:

- Crisis intervention.
- Risk assessment.
- Individualized safety planning.
- Emotional support (active listening, connection, engagement, validation, empathy, allowing callers to talk about what has happened).
- Education (related to the issues of domestic violence, sexual assault [including SANE exams], stalking, and human sex trafficking).
- Identifying needs and exploring options (including shelter, protective orders, making a police report, obtaining legal advice, etc.).
- Referral and linkage to resources (including emergency shelter, medical, mental health, and substance abuse assistance, basic needs, e.g., food, clothing, housing, legal assistance).
- System information (including questions related to the criminal justice system, law enforcement, child welfare, etc.).

Victims' Needs

Advocates answering crisis line calls respond to victims' varied needs, requests, and life circumstances. Some callers are not sure what they need, nor how we can be of assistance, and it may take some time to help them to uncover their needs and priorities. Other callers have very specific reasons for calling and can easily convey what they need. According to the National Domestic Violence Hotline (NDVH) (2019), the most common needs of callers from

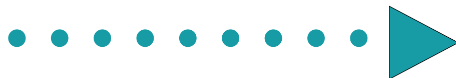
Oklahoma are emergency shelter, legal advocacy, individual professional counseling, support groups, legal representation, and protective order assistance.

Other Examples of Callers' Needs:

- Emergency Shelter
- Legal Advocacy and Protective Order Assistance
- Emotional Support (related to experiences with abuse, just needing to talk, trying to decide next steps, feeling scared, overwhelmed, isolated).
- Help with Basic Needs (e.g., housing, food, medical).

- SANE/DVNE Exams
- Individual Professional Counseling (related to victimization/abuse, trauma, and mental health).
- Support Groups.
- Legal Representation.
- Help with System Issues (e.g., police, prosecutor, etc.).
- Needs Related to the Children.

Being safer means helping victims to help uncover their needs and develop strategies to successfully get those needs met. The concept of safety is broad and encompasses not just victims' immediate needs but also their longer-term needs. It includes not only the need for safe shelter, to file a protective order, or to obtain a forensic exam, but also to obtain resources to meet basic needs. In addition, being safer means access to resources to improve physical, social, and emotional well-being. For example, while the link between safety and a victim's need to have their child evaluated for a possible developmental delay may not be immediately obvious, the link becomes clearer when we consider the possibility that the child is being "targeted" by the perpetrator, and that the mother regularly intervenes to try and prevent harm to the child.



While it may not always be obvious, it is important to connect the dots between almost everything we do on the crisis line to the overall immediate and/or longer-term, sustainable, physical and emotional safety for the family.

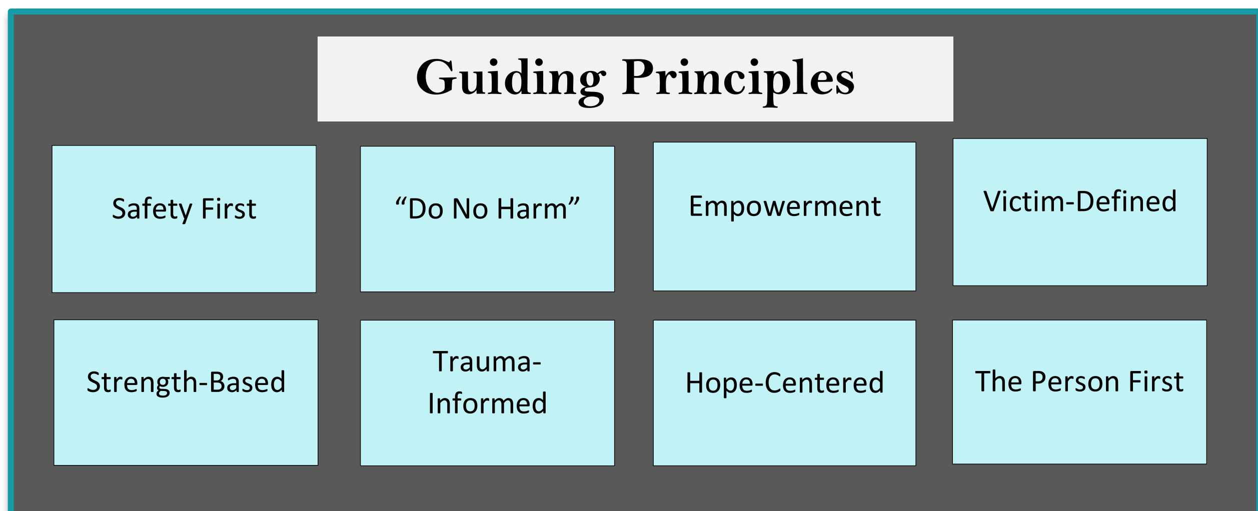
II. GUIDING PHILOSOPHY

The philosophy of our shared work emerges from our understanding of the issues, circumstances, and challenges faced by individuals who have been victimized. Philosophy guides *how* we deliver services to survivors - which is every bit as important as *what* services we deliver.

Guiding Principles

Underlying beliefs and values provide the foundation from which the guiding principles of a profession are derived. Guiding principles in any profession offer a framework created from common ground and consensus in the field. In the victim advocacy profession, there are several overarching, overlapping and intersecting principles that guide our work.

While not an exhaustive list, here are eight commonly accepted guiding principles in the field:



Safety First

The caller's safety takes precedence from the beginning to the end of the call. Assessing immediate safety and helping victims plan for their physical safety is a priority for advocates. It is additionally important for advocates to attend to victim's "emotional safety" (See *Section VI Risk Assessment and Safety Planning*), which is also connected to physical safety.

Do No Harm

The principle of "do no harm" originated with the Hippocratic Oath taken by medical practitioners (Charancle & Lucchi, 2012). In the victim services profession, it means that we work to ensure that no harm comes to our clients and that they are not inadvertently revictimized as a result of their participation in our services and interventions. Revictimization

occurs when we do not believe the victim, or in any way imply that the victim is to blame for the abuse perpetrated against them. It also occurs if we are not competent in our role and fail to provide victims with the knowledge, tools, support, and resources necessary to increase their safety, stability, and well-being. The victim's experience of trauma is connected to their overall safety. If our response to callers is not trauma-informed, we may misinterpret a victim's feelings, thoughts, behaviors, and decisions and fail to acknowledge the role that trauma plays in their lives. We may fail to offer appropriate referrals for specific trauma-intervention counseling and other needed services.

Empowerment

Empowerment has been at the center of victim advocacy since the beginning, with contemporary ideology in the field continuing to prioritize empowerment as essential to our collective work with individuals who have experienced abuse and victimization. Advocates are tasked with actively promoting empowerment which encompasses the foundational values of self-determination and autonomy.

The concept of empowerment became increasingly widespread in the 1960's and 1970's as a critical construct of both feminism and the Black Power movement (Calves, 2009). Notably, the 1976 publication *of Black Empowerment: Social Work in Oppressed Communities* by Barbara Solomon, was instrumental in bringing the concept of empowerment to the forefront of social services (Calves, 2009). However, despite the widespread use of the term, "empowerment" seems to be an elusive concept that is not well understood. What might at first seem to be a simple concept becomes more complex when attempting to communicate the defining characteristics, which have been described in a variety of ways. Many people understand empowerment to mean victims "taking an active role in what does or does not happen in their lives" (Chaucer, 2004, p. 261). In this way, empowerment has come to signify reclaiming control over one's choices, decisions, opinions, actions, goals, and future plans. It means focusing on an individual's strength over deficit, respecting personal choices, and "transcending oppression" (Cattaneo & Chapman, 2010, p. 85). Ultimately, the meaning of empowerment to each individual should not be advocate- driven, instead it should be self-determined by victims themselves. As such, a key element of empowerment is the belief that victims are the experts in their own lives.

According to Cattaneo & Goodman (2015), "If abusers were taking power from survivors, healing entailed restoring it". Empowerment-based advocacy counteracts the abusive environment that served to diminish power and voice for many victims. However, it is important to remember that diminished power does not equate to a lack of agency. Victims are not passive, dependent, or helpless individuals. Instead, they engage in courageous and heroic efforts every single day to survive and resist abuse and oppression.

If empowerment is about gaining or regaining power (Cattaneo & Chapman, 2010), how then

do victims begin the process of gaining or re-gaining personal power? Advocates have an important role to play in this process. When we engage in empowerment-based advocacy, we promote an environment in which individuals make their *own* choices and decisions about themselves and how they live their lives. We do not push victims to acquiesce to what we want or to our point of view. We do not know better than our clients. After all, we do not live inside the reality of their lives. Instead, victims decide what actions should be taken, e.g., whether to obtain a protective order, report to the police, or whether to stay or leave an abusive partner, etc. Empowerment means respecting the victim's decisions, even the choice to stay with an abusive partner, as both "legitimate and empowered" (Peled, Eiskovitz & Winstok, 2000). Decisions made by victims are respected, even if we do not agree.

Tips for Empowerment-Based Advocacy

- Respect caller's right to self-determination and autonomy.
- Support caller's choices and decisions.
- Allow caller to drive the process from beginning to end.
- Talk through options available to caller.
- Support caller's choices about what services to participate in.

Victims decide how little or how much to share with us about their lives, or details of their abuse, and should be provided with the space to tell their story at their own pace. They should be in charge of what services they need and want, which services they choose to participate in, and the decisions which impact them.

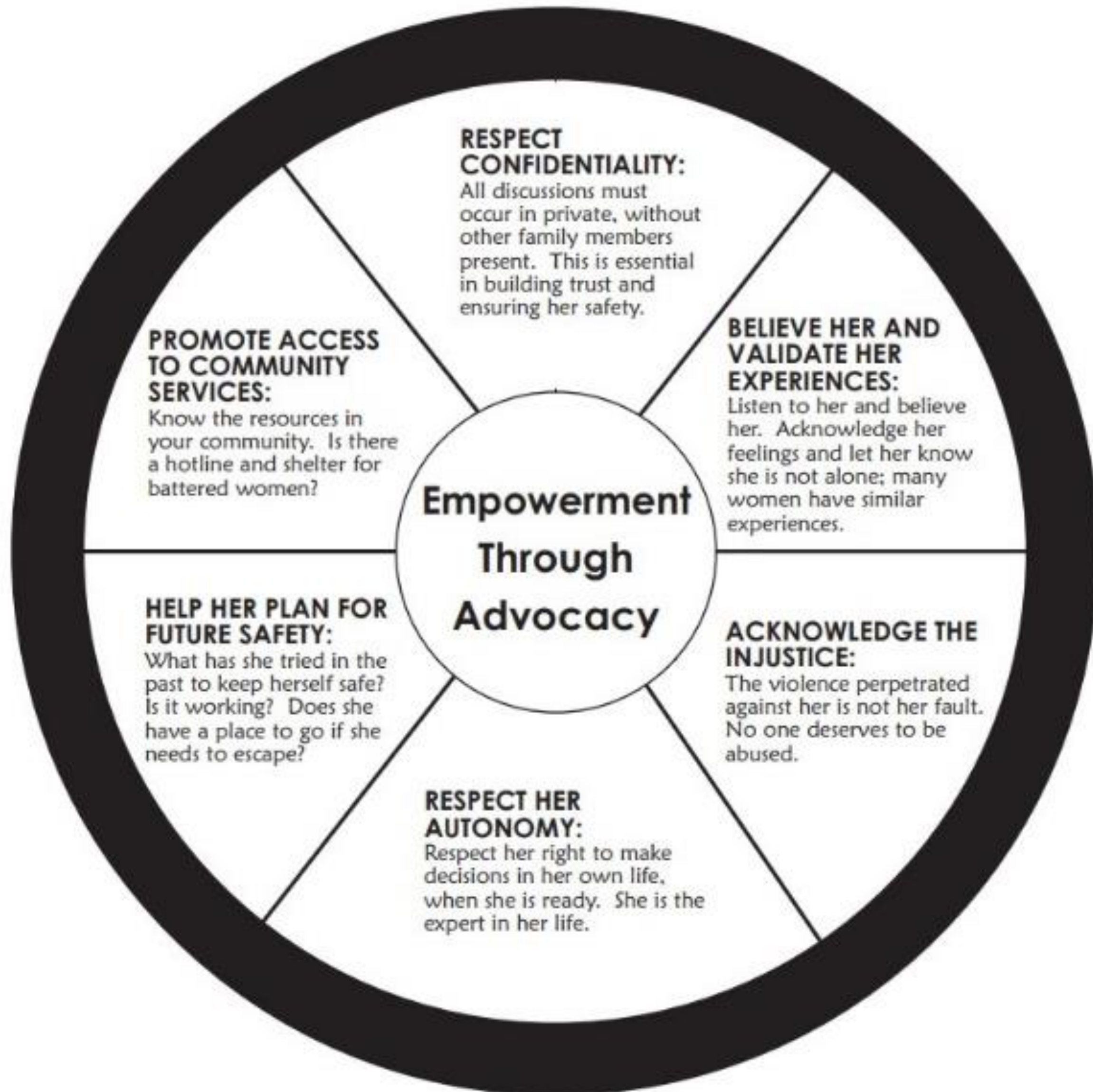
When we engage in empowerment-based advocacy, victims feel believed, supported, and not judged. It also serves to counteract the inherent power that is present in the relationship between the advocate and the client whereby the advocate is elevated to the position of "expert". We are knowledgeable and trained professionals, but we defer to victims who are the experts in their own lives.

Importantly, empowerment-oriented intervention has been shown to decrease post-traumatic stress over time as well as lessen repeat abuse (Johnson, Zlotnik, & Perez, 2011). Furthermore, research suggests that when victims feel in greater control while reaching out for help, they report greater satisfaction with law enforcement, the court system, and with victim services (Cattaneo & Goodman, 2015).

Additional resources for empowerment-based advocacy include the following:

The **Advocacy Empowerment Wheel** developed by the Missouri Coalition Against Domestic Violence, provides us with a summary of the essential components of empowerment-based advocacy: Respect Confidentiality; Believe her and Validate her Experiences; Acknowledge the Injustice; Respect her Autonomy; Help her Plan for Future Safety; and Promote Access to Community Services (National Center on Domestic and Sexual Violence, 2017).

See below:



Victim-Defined

> **Tips for Victim-Defined Advocacy**
>
> - Assist callers to identify their own goals (needs).
> - Individualize services to meet each caller's self-defined goals (needs).

A victim-defined approach derives from a commitment to empowerment. The approach places each individual victim's perspectives, priorities, and needs at the center of our work. Victims drive the process. In this way, advocates work with victims "on *their* defined goals rather than providing a prescriptive, one-size-fits-all approach" (Wood, Clark, Heffron, & Schrag, 2020). It means not imposing on callers what we want them to do in the paternalistic tradition of "we are the professionals, and we know what is best for you."

Strength-Based

> **Tips for Strength-Based Advocacy**
>
> - Identify and validate caller's strengths.
> - Support callers to discover and use their strengths in ways that work for them.
>
> *Examples of strength-based questions:*
>
> - "What is working well for you?"
> - "What worked for you in the past?"
> - "What do you think you could do that would help?"
> - "What are you most proud of?"
> - "What do you value about yourself?"

A strength-based approach to advocacy focuses on valuing and validating the victim's survival, strengths, self-efficacy, skills, competence, resiliencies, and agency. It sends the message that "we believe in you" and that "you are capable." It means *not* focusing on vulnerabilities, deficits, weaknesses, nor what is "wrong" with the person. This creates an environment in which individuals explore and uncover their own strengths and capabilities. By the time victims reach out to us, their self-esteem and sense of self-worth is often eroded secondary to the abuser's pattern of coercion, control, degradation, and oppression, but also by often well-meaning yet revictimizing responses from family, friends, systems, and the community. Victims may struggle to recognize their own strengths. As advocates, we are not short of examples of victims who tell us that "what happened" was all their fault, what they did or did not do, or what they should or should not have done, for instance, "If I just could have been a better spouse…parent…etc."

Kral (1989) said, "If we ask people to look for deficits, they will usually find them, and their view of the situation will be colored by this. If we ask people to look for successes, they will usually find it, and their view of the situation will be colored by this." Also, when we cultivate connection, people may experience us as affirming and valuing of their life histories, skills, resources, strengths, and accomplishments. Advocates using a strength-based approach focus on what is working in the caller's life and what worked in the past, thus highlighting, and validating, the caller's successes and survival. It is important to assess what knowledge, skills, social support, and community resources the caller has and what she or he needs relevant to achieving priorities and goals. We also need to assess what obstacles or challenges have prevented the caller from achieving their priorities and goals in the past. Advocates work with callers to assist them in finding options and solutions that use their individual and unique strengths, capabilities, and skills.

Taking a strength-based approach also means using language that lifts people. It means opening the pathway for victims to begin discovering their worth for themselves.

Trauma-Informed

Trauma is a reality for many individuals who reach out to us for help. Domestic violence, sexual assault, stalking, and human sex trafficking are complex traumatic experiences, that are also

compounded by the many other traumatic events victims have often experienced during their lives. Exposure to multiple types of abuse, violence, and crime is referred to as "polyvictimization" (Finkelhor, Turner, Hamby & Ormond, 2011) and appears to be the norm for many people who have experienced abuse and victimization (Turner, Hamby, and Banyard, 2013). For example, victims reporting to the Tulsa Family Safety Center reported experiencing multiple adverse and traumatic events in addition to victimization and abuse, including jail/prison/probation, permanent or long-term loss, seen someone dead or dying, natural/man-made disaster, financial difficulties, and substance abuse (Family Safety Center, 2021).

As advocates, we are in a unique position to recognize the presence of trauma and understand the role it plays in the lives of survivors. Trauma-informed advocacy is a paradigm shift from thinking, "What is wrong with the person?" to "What has happened to the person?" Trauma-informed advocacy includes looking through the "lens of trauma" and recognizing that the feelings, thoughts, and behaviors, but may be related to the trauma they have experienced.

Trauma-Informed advocacy is not an intervention or therapy; it is an approach that guides our daily interaction and engagement with people with histories of trauma who use our services. According to the National Center on Domestic Violence, Trauma, and Mental Health (n.d.), "a trauma-informed approach" means "ensuring that all survivors…have access to advocacy services in an environment that is inclusive, welcoming, destigmatizing, and non-retraumatizing."

We contend that taking a trauma-informed approach to our work with victims is an ethical imperative for advocates and an obligation we owe to those seeking our help. For additional information about trauma and trauma-informed advocacy see *Section VII Trauma and Trauma-Informed Response.*

Hope-Centered

We have long understood that a sense of hope is essential to physical and emotional survival. A sense of hope for the future is a strong predictor of well-being (Munoz, Hellman, & Brunk, 2017; Sullivan, 2017) and is a "catalyst" for healing (Substance Abuse and Mental Health Services Administration, 2006). Indeed, a greater sense of hope for one's future is one of the most significant outcomes related to participation in services (Lyon, Lane, & Menard, 2008).

In our work as advocates, it is important that we understand the importance of hope in the achievement of overall psychological well-being and positive outcomes and recognize how our interactions with victims can begin to sow the seeds of hope. Whereas the experience of trauma often diminishes an individual's sense of hope, research has shown that hope reduces the symptoms of posttraumatic stress disorder (PTSD), anxiety, and depression (Gilman et al., 2012; Wu, 2011).

When victims call the crisis line, they hope that we will listen with compassion and without judgment. They hope that we will be able to understand what might be very difficult to convey, and while they may not know how we can help, they nevertheless hope that we can. By

identifying, validating, and shining a spotlight on the what callers have already accomplished so far, and the challenges they have overcome in their lives, which are often numerous and courageous, we send a message that the advocate has hope and belief in their ability to move forward and heal.

Tips for Hope-Centered Advocacy

- Understand the importance of hope in our work.
- Help callers identify their goals (on the crisis line the focus is on immediate goals) – and remember that this process can be difficult or challenging for some callers.
- Explore options with callers and facilitate pathways to achieve goals.

According to Dr. Chan Hellman at the University of Oklahoma "hope is the belief that the future will be better than today" (Hellman, 2020); it is "about having a goal and a path to reach it" (Graham, 2020, para. 5). Individuals with "high hope" identify ways to achieve their goals and are successful in finding solutions to challenges (Hellman, 2020). Snyder et al. (1991) said, "hope is influenced by the perceived availability of successful pathways related to goals" (p. 570-571). Victims are often seeking safe pathways out from where they are. Helping individuals to identify their goals, and remove challenges to achieving those goals, is one of the core functions of an advocate. In this respect, increasing hope should include advocates partnering with victims to meet their self-identified goals, self-efficacy, and well-being (Schrank et al., 2012).

The Person First

Every individual is first a person. And like you, each individual has their culture and everything about them that makes them who they are. Also like you, some are parts they choose, and others are things they have no choice about.

A simple example is diet: Some people might choose a certain dietary lifestyle, while others might have to eat a certain way due to their physiology. But whether those parts of us are by choice or circumstance, we each are first a person and there should be no values assigned to the rest. Part of being Person First is practicing cultural humility, seeing ourselves and others for every part of who we are. Each of us is who we are as individuals, intersecting with all the cultures we might be part of. Each of us might have different work, home, and social cultures, as well as other cultures we might be a part of or identify with. And those cultures might also have historical or present trauma, that impacts both who we are and our identity. Cultural humility is working to understand ourselves and each other without valuing anyone's culture, beliefs, values, as better than another. To honor each other individually, as a person first, and with cultural humility, each of us must monitor our thoughts, and use language reflective of this value, so we do not perpetuate biases, stigmas, microaggressions, and other injuries.

The starting point should always be to refer to someone as a **person first**. For example, "He/She/They have autism" instead of "He/She/They are autistic." And to make sure and use language that recognizes them as an individual and takes away stigma. For example, "He/She/They struggle with an emotional disorder" instead of "He/She/They are emotionally disturbed."

Then, we must remember identity and empowerment is different for individuals and can be even more sensitive for victims or survivors* whose trauma might affect how they view themselves. So, we need to practice cultural humility and never assume what another person prefers. For example, some individuals prefer to self-identify as "an autistic person" as they feel empowered by that, it is part of who they are and not an issue to be seen as an issue. However, if you do not know the individual, and are speaking with others, you should always begin with basic person first language. And if in doubt, say, "I don't understand or am confused from what I've tried to understand about (this culture or issue), so it's with humility I'm stating it this way."

*While we address the terms victims and survivor and why those words are used the way they are in this handbook and the in the field (See *Section I Introduction*), it is also important to use that same approach of personal choice in how an individual may wish to self-identify. For them, the words victim or survivor might not be how they wish to self-identify.

Ethical Use of Language

WORDS matter

"Language is central to our experience of being human, and the languages we speak profoundly shape the way we think, the way we see the world, and way we live our lives" (Boroditsky, 2012).

Our effort to prevent further harm to victims is deeply connected to the language we use. Language can be intentionally and blatantly harmful or offensive, but it is often far more subtle, resulting in the unintentional use of words that convey messages of blame – even we don't mean to.

The words we choose can contribute to the possibility of secondary victimization. Language conveys our thoughts and communicates a message about our beliefs, values, assumptions, prejudices and biases. Language can be shaming or empowering, judgmental or supportive, blaming or empathetic, and while we do not intend to use language that is in any way detrimental to the well-being and safety of callers, we need to continually examine how our words might be received by the caller.

We encourage you to spend some time to examine the language you use, and think about whether it any way assigns blame to the victim or fails to hold the perpetrator accountable for the violence and abuse? Language should emphasize "what happened" to the victim rather than "what is wrong" with the victim or what we think the victim did or should/should not have done. Remember, someone did this *to* the victim.

Consider the following statements:

While there are numerous examples of language that unintentionally assigns or implies blame to victims for "causing" or "allowing" the violence or for failing to prevent what happened to them, here are some select examples:

- "Well, maybe this would not have happened if you had not dropped the protective order (or if you had just left)."
- "What did you do that provoked him to do this?"
- "How often do the two of you get into it?"
- "So, you didn't call the police?"
- "How much did you have to drink?"
- "Why did you go back to him?"
- "You both have problems."
- "You shouldn't just let them do that to you."
- "Think about your role in all of this."
- "Isn't it time you moved on."
- "Where were you when you were raped?" (We may be appropriately attempting to gain a better understanding of the circumstances of the sexual assault, but the victim may interpret the question as being accusatory – how could you rephrase?).
- "There is a history of domestic violence *between* them" (the word "between" conjures up notions of victims' culpability for the violence perpetrated towards them, as if abuse is somehow a "two-way street" or a "tit for tat" situation, whereby victims are held equally responsible for their own victimization.

"There is a history of domestic violence ***between*** *them"*

- "They just seem to *fight* (*argue*) all the time! (Remember - domestic violence is not a "fight" or an "argument" or an "altercation" or "conflict" – it is one individual making the *choice* to inflict violence and abuse upon an intimate partner).

"They just seem to ***fight*** *all the time!"*

Less Obvious:

- "I think that you would benefit from seeing a counselor (or from parenting classes)."

  So, while we may be responding to the victims' trauma and offering an appropriate resource, the victim may receive the message differently and assume that we are in some way implying that they are "mentally ill" and by default that they are to blame for the abuse.

  Alternate language may include some version of, "from what you have told me, I am wondering if you have thought about seeing a counselor who can help you process what happened to you and help you find ways to heal from the abuse you have experienced."

Ethics and Professional Boundaries

Ethical Standards

The ethical standards of a profession are based on the core values in a specific field and guide the behavior that professionals are expected to adhere to in the practice of their profession. Some ethical standards are also governed by law and are statutorily regulated. Ethics are standards of conduct that place the victim's safety and well-being first. Ethics minimize the risk that a victim could in any way be harmed as a consequence of our assistance or intervention (revictimization).

Professional ethics provide guidance to help professionals respond to the wide range of issues, situations, and dilemmas that are encountered during the course of their daily work. Please refer to your agency's code of ethics to guide your work with victims.

Advocates are constantly faced with ethical dilemmas in the course of their work. As such, it is important to know the ethical principles or standards of the victim advocacy profession and to engage in careful ethical decision-making. Please consult with supervisors as needed.

(Adapted from *the Office for Victims of Crime, 2009)*

Purpose of Ethical Standards

- Safeguard the reputation of the profession.
- Protect the public from exploitation.
- Furthers competent and responsible practice.

Foundation of Ethical Standards

- Client autonomy, privacy, and self-determination.
- Objectivity and abstention from abuse.
- Honesty and equity of service.
- Compassion and respect for individuals.
- Social responsibility and confidentiality.
- Working within one's range of competence.

While not an exhaustive list, the following ethical standards of conduct are common in the victim services field:

(Adapted from *the Guiding Values for Serving Victims & Survivors of Crime, Office for Victims of Crime, and the National Organization of Victim Assistance [NOVA] Code of Professional Ethics for Victim Assistance Providers)*

1. Respect people's rights and dignity.
2. Recognize the interests of the client and client empowerment as a primary responsibility.
3. Respect victims' right to autonomy and self-determination
4. Respect and take steps to protect the client's civil and legal rights.
5. Preserve the privacy and confidentiality of information provided by the victim or acquired

from other sources before, during, and after the professional relationship, in compliance with standards of certification (Office of Attorney General), state and federal legislation. Remember – the information does not belong to us; it belongs to the victim.

6. Refrain from behaviors that communicate victim blame, suspicion regarding descriptions of victimization and abuse, condemnation of past behavior, or other judgmental anti-victim sentiments.
7. Avoid conflicts of interest.
8. Do not engage in personal relationships with persons served which exploit professional trust or could impair the advocate's objectivity and professional judgment (boundaries).
9. Respond compassionately to each client with personalized, inclusive, equitable, anti-racist, anti-oppressive and accessible services, recognizing the power and privilege differentials present within the helping relationships.
10. Do not discriminate on the basis of race/ethnicity, language, sex/gender, age, sexual orientation, sexual identity, disability (including mental health and substance abuse), social class, economic status, education, marital status, religious affiliation, residency, or HIV status, and so on.
11. Maintain high standards of competence, recognizing one's own professional role, capabilities, strengths, and limitations.
12. Do not provide services outside of their own scope of competence for which they are not qualified by education, training, experience, and profession.
13. Maintain professional standards of conduct, adhere to their own professional roles and obligations, and accept appropriate responsibility for their behavior.
14. Are aware of their social responsibilities and are committed to social justice in the community in which they work and live.

For additional resources - NOVA Office for Victim Advocacy Ethics

Confidentiality

(Adapted from The Victim Assistance Training, Office for Victims of Crime, the Confidentiality Toolkit, National Network to End Domestic Violence, and the Victims of Crime Act Regulations on Confidentiality Applying to Grantees, Confidentiality Institute)

****The topic of privacy and confidentiality can be complex. In this handbook we present only a very brief overview of the topic. Please consult your agency's confidentiality policies and guidelines for more information, including circumstances whereby an individual's private and confidential information may be released without his or her *informed, written, time-limited consent.***

Confidentiality refers to "the laws, rules, and regulations that prohibit certain professionals from disclosing information that can be used to identify the individuals they serve" (Office for Victims of Crime, n.d.).

Advocates have the responsibility to protect the legal and ethical rights of victims to privacy and confidentiality, which is critically linked to safety and justice for victims. Disclosure of a victim's Personally Identifying Information (PII) can result in "severe and even life-threatening

consequences for the survivor" (National Network to End Domestic Violence, 2019). PII refers to any information for or about an individual, including all communications, observations, and information that can identify the individual (National Network to End Domestic Violence, n.d.) and includes:

- First and last name, date of birth, social security number, driver's license number, passport number, student identification number, etc.
- Location, e.g., home, or other physical address, place of employment, university, etc.
- Contact information, e.g., mail, phone number, fax number, etc.
- Racial or ethnic background, age, gender, religious affiliation, number of children.
- Any information whatsoever that the victim has shared with the advocate, or what we know about the victim.

Advocates may not disclose PII about a victim without the victim's *informed, written, and reasonably time-limited* consent. However, even with a victim's informed, written, and reasonably time-limited consent, it is important for advocates to have a conversation with victims about the possible risks or unintended consequences associated with their consent to release information. For example, a client asks you to send a report to their attorney and provides appropriate consent. The client is hopeful that the report will help her in whatever legal proceedings they are involved in. It seems simple, but the matter can be complex such as when the released information is in some way used against the client, in ways that the client did not foresee, and which may cause them unanticipated harm.

Informing Callers: Advocates should inform clients of confidentiality and limits/exceptions at the start of the very first conversation. This provides victims with the information they need to help them decide what they want to disclose or not disclose. To do this, you will need to know your agency's policies for limits/exceptions to confidentiality, i.e., under what circumstances can confidential information be released without a client's consent.

Clients Right to Review their Records - Clients of Attorney General Certified domestic violence, sexual assault and human sex trafficking programs have the right to review and to receive a copy of their own records (75:15-17-3). Administrative Rules and Standards for Certified Programs. See (See *Appendix*).

Protecting victims requires advocates to be knowledgeable about all state, tribal, and federal statutes that are intended to protect victims' privacy and confidentiality. Such protections make it possible for victims to reach out for help and to know that their information is protected. It respects victims' right to autonomy and control over their information. It is also a matter of trust. Remember - the information about a victim does not belong to us, it belongs to the victim.

Federal Confidentiality Laws

Relevant federal legislation about confidentiality for domestic violence, sexual assault, dating violence, and stalking agencies includes, but is not

limited to, the Violence Against Women Act (VAWA), Family Violence and Protection Act (FVPSA), and Victims of Crime Act (VOCA).

Violence Against Women Act (VAWA) and Confidentiality

The U.S. Violence Against Women Act (VAWA), was initially passed in 1994 and reauthorized in 2000, 2005, and 2013. The VAWA confidentiality universal grant provision (VAWA 34 USC. § 12291 (b) (2)) mandates VAWA grantees and subgrantees shall not reveal personally identifying information about victims who request, utilize, or are denied services from a domestic violence, sexual assault, dating violence or stalking program without informed, written, reasonably time-limited, consent. Failure to comply with the VAWA privacy and confidentiality conditions could result in loss of funding. The most common statutory exception is the mandatory reporting of suspected child abuse or neglect. However, even if compelled by a state law or court order, the program should only release the minimum amount of information to meet the statutory requirement, take steps to protect the safety of those impacted by the disclosure, and make reasonable attempts to notify the victim about the disclosure.

Family Violence Prevention and Services Act (FVPSA) and Confidentiality

The Family Violence Prevention and Services Act (FVPSA), administered by the U.S. Department of Health and Human Services, was first authorized in 1984 and is the only U.S. federal funding source dedicated directly to domestic violence shelters and services. FVPSA specifically includes universal grant conditions on confidentiality (FVPSA 42 USC § 10406 (c) (5)). As with VAWA, FVPSA prohibits grantees from disclosing or revealing any personally identifying information collected in connection with services requested, utilized, or denied without the informed, written, and reasonably time-limited consent by the person about whom information is sought. If victim information is disclosed pursuant to a court order or state statute, the release should be limited to the minimum amount necessary to comply with the statute or court order, and the program should take steps to protect the privacy and safety of those impacted by the disclosure and make reasonable attempts to notify the victim about the disclosure.

Victims of Crime Act (VOCA) and Confidentiality

The Victims of Crime Act (VOCA) confidentiality regulations (28 CFR § 94.115) requires recipients of VOCA funds, to the extent permitted by law, to reasonably protect the confidentiality and privacy of persons receiving services. Recipients shall not disclose, reveal, or release any personally identifying information or individual information collected in connection with VOCA-funded services requested, utilized, or denied, without the informed, written, reasonably time-limited consent of the person. Lastly, VOCA confidentiality regulations do not prohibit compliance with legally mandated reporting of abuse or neglect.

For more information about federal provisions related to informed consent for release of information, and exception: Survivor Confidentiality and Privacy: Releases and Waivers At-A-Glance and FAQ's on Survivor Confidentiality Releases and NNEDV Frequently Asked Questions about U.S. Federal Lawa & Confidentiality for Survivors and Confidentiality Institute

Oklahoma Confidentiality Laws

Please note that confidentiality laws vary from state to state. In Oklahoma, domestic violence or sexual assault programs certified by the Office of the Attorney General are required to protect the confidentiality of all individuals who are currently or have formerly utilized any services offered by the program. The crisis line is a service offered by the certified program. In addition, Oklahoma programs receiving funding from federal grant programs such as VAWA, VOCA, and FVPSA, are required to protect and maintain the confidential, personally identifying information of victims (see above) pursuant to those statutes.

Oklahoma Statutes and Confidentiality (74 O.S. § 18p-3) (See Oklahoma State Courts Network)

B.1. Except as otherwise provided by paragraph 3 of this subsection, the case records, case files, case notes, client records, or similar records of a domestic violence or sexual assault program certified by the Attorney General or of any employee or trained volunteer of a program regarding an individual who is residing or has resided in such program or who has otherwise utilized or is utilizing the services of any domestic violence or sexual assault program or counselor shall be confidential and shall not be disclosed.

B.2. For purposes of this subsection, the term "client records" shall include, but not be limited to, all communications, records, and information regarding clients of domestic violence and sexual assault programs.

B.3. The case records, case files, or case notes of programs specified in paragraph 1 of this subsection shall be confidential and shall not be disclosed except with the written consent of the individual, or in the case of the individual's death***** or disability, of the individual's personal representative or other person authorized to sue on the individual's behalf or by court order for good cause shown by the judge in camera.

***Remember – maintaining client confidentiality is the law even after the client's death.**

Oklahoma Administrative Code

In addition to 74 O.S. § 18p-3*,* Oklahoma Administrative Code requires attorney general certified domestic violence and sexual assault programs (OAC 75:15 Standards and Criteria for Domestic Violence and Sexual Assault Programs) and programs serving adult victims of human sex trafficking (OAC 75:30 Standards and Criteria for Adult Victims of Human Sex Trafficking Programs) to ensure the confidentiality of client information and identity, including client records.

Mandated Reporting

Child Abuse and Neglect

On the crisis line, advocates will talk to victims who share information about child abuse and neglect that results in the advocate making a referral to child

protective services (10A O.S. § 1-2-101). These situations are not always straightforward, with advocates trying to balance both the mandatory reporting requirements together with the guiding principles of the advocacy profession, i.e., confidentiality, empowerment, autonomy, etc.

It is important to remember that reporting child abuse and neglect is a "serious step to take with significant impacts on the survivor and the children" (Washington State Coalition Against Domestic Violence [WSCADV], 201). Victims of domestic violence are often worried or even scared of the repercussions to making a report. They worry if their children will be removed from their care and taken into custody, or if the children will be placed in the care of the abusive parent. They worry if the abusive parent will retaliate or punish them or the children for making the report. They worry that they will not be believed. The child welfare system can be confusing. Advocates should provide support and advocacy throughout the process and their knowledge of the child welfare system is integral to helping the victim better understand how the system works and what to expect.

Safely making a report means that we need to consider whether to talk directly with the victim about the need to report child abuse before the report is made, help the victim report the abuse themselves, or make the report in the presence of the victim. Keeping victim and child safety as the priority, it is important to safety plan with the victim around potential safety risks posed by the abusive parent and to include safety strategies around participation in the child welfare system, and ask questions such as, "how do they anticipate the abusive parent will respond?" and "will they be safer staying at family/friends or an emergency shelter?"

Throughout the process we need to ensure that we are offering ongoing support to the victim around their parenting. Also, validate the victim's parenting strengths and how difficult it is parenting in the context of domestic violence. Without shaming or blaming, help the victim see the situation though the child's eyes (WSCADV, 2014).

***Note:** If you are not sure about your decision to report, please consult with your supervisor.

(However, no employer, supervisor, administrator, governing body, or entity shall interfere with the reporting obligations of any employee or any person or in any manner discriminate or retaliate against the employee or other person who in good faith reports suspected child abuse or neglect.)

Duty to Report

*(*For more detailed information, see *10A O.S. § 1-2-101, Duty to Report Abuse or Neglect of Child Under Eighteen* Oklahoma State Courts Network - Duty to Report Abuse or Neglect of Child Under Eighteen).

In Oklahoma 10A O.S. § 1-2-101 mandates every person having reason to reason to believe that a child under the age of eighteen (18) years is a victim of abuse or neglect to immediately to the Oklahoma Department of Human Services Abuse and Neglect Hotline at **1-800-522-3511**.

If the child is in imminent danger, contact 911 or local law enforcement. Privilege does not relieve any person from the reporting requirement.

Definitions

See *10A O.S. § 1-1-105 Definitions* Oklahoma State Courts Network - Definitions for definitions of abuse, harm, neglect, sexual abuse, sexual exploitation, etc.

Resources

The **Childhelp National Child Abuse Hotline** is available by phone 24/7 at **1-800-4-A-CHILD** (1-800-422-4453).

Childhelp is not a reporting agency, but they can if someone has questions about what is considered child abuse in their state, or what would happen if they made a Child Protective Services (CPS) report or went to the police about their concerns.

Vulnerable Adults

*(*For more detailed information, see *43A O.S. § 10-104, Report of a Possible Abused Person - Contents -False Report* Oklahoma State Courts Network - Report of a Possible Abused Person - Contents - False Report).

Duty to Report

In Oklahoma, 43A O.S. § 10-104 (Protective Services for Vulnerable Adults Act) any person having reasonable cause to believe that a *vulnerable adult* is suffering from abuse, neglect, or exploitation shall make a report as soon as the person is aware of the situation to of abuse to the Oklahoma Department of Human Services. A report may be submitted online at Home (okhotline.org) or by calling **1-800-522-3511**. If you feel that the vulnerable adult needs emergency response for immediate health and safety risks, contact 911 immediately.

What is a vulnerable adult?

"Vulnerable adult" means an individual who is an incapacitated person or who, because of physical or mental disability, including persons with Alzheimer's disease or other dementias, incapacity, or other disability, is substantially impaired in the ability to provide adequately for the care or custody of himself or herself, or is unable to manage his or her property and financial affairs effectively, or to meet essential requirements for mental or physical health or safety, or to protect himself or herself from abuse, verbal abuse, neglect, or exploitation without assistance from others (43A O.S. § 10-103 - Definitions).

Definitions

See *43A O.S. § 10-103 - Definitions* Oklahoma State Courts Network - Definitions for definitions of abuse, sexual abuse, exploitation, financial neglect, incapacitated person, etc.

For additional information see *Section X Culture and Advanced Topics*

III. UNDERSTANDING THE ISSUES

Presuming that advocates who are answering calls on the crisis line will already have received the necessary education and training required to provide services effectively and safely to victims, this handbook is not intended to educate advocates on the specific topics of domestic violence, sexual assault, stalking, and human sex trafficking. Instead, we provide only a very brief description of domestic violence, sexual assault, stalking and human sex trafficking.

Domestic Violence

Definitions of domestic violence vary according to legal and non-legal (clinical/field) definitions. In addition, definitions differ from state to state. The U.S. Dept. of Justice (2018) defines domestic violence as:

"A pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone."

Power and Control

The Power and Control Wheel, a conceptual tool developed by the Duluth Intervention Project (DAIP, 1985), describes eight abusive tactics used by batterers to control and dominate their partners. The Wheel is gender-specific and was originally developed to represent "the lived experience of women who live with a man who beats them" and "offers an…explanation of the tactics men use to batter women" (DAIP, 2017). The Wheel frames three types of abuse, i.e., physical, sexual, and psychological, as three interlocking abuse tactics of *power* that make up abuse in male-female intimate relationships and reflects the "power imbalances between men and women that reflect the power imbalances in society" (DAIP, 2017). While intimate partner violence is universal in that it can happen to anyone, the gender-specific focus of the power and control wheel displays an understanding of intimate partner violence as a gender-based issue (Belknap & Melton, 2005; DAIP, 2017), with violence against women continuing to be a significant social problem with the vast majority of victims being female (Catalano, 2012).

Intimate partner violence in LGBTQ+ relationships feature many of the same dynamics and tactics as those in heterosexual relationships, it also happens "within the broader context of the larger societal oppression of same-sex couples" (DAIP, 2017).

See *Section X Culture and Advanced Topics* for more information about victimization and abuse within LGBTQ+ relationships, and the adapted **Power and Control Wheel for Lesbian, Gay, Bisexual and Transgender Relationships** and **the Gender-Inclusive Power and Control Wheel.**

Helpful video tutorials for understanding the Power and Control Wheel are available on the

Domestic Abuse Intervention Programs (DAIP) (home of the Duluth Model) website: [Understanding the Power and Control Wheel]

The Power and Control Wheel is also available in several languages at [wheel-gallery]

Coercive Control

Domestic violence involves exercising a pattern of coercive control over a victim: using acts designed to make the partner dependent by isolating them from sources of support, regulating their everyday behaviors, and preventing their independence or escape. Abusive behaviors may include physical violence (physical abuse, injuries), emotional violence (humiliation, threats), economic violence (preventing partner from getting or keeping a job, making funds unavailable to dependent family members), and sexual violence (sexual abuse, marital rape).

Biderman's Chart of Coercion first described in the Amnesty International, Report on Torture (1973), is a tool designed to explain the coercive tactics used to torture prisoners of war. Subsequently, the tool was adapted to highlight the similarities between the tactics of captors and those deployed by batterers (Jones, 1994):

Biderman's Chart of Coercion (Amnesty International, 1994)	
Isolation	Deprives victim of all support (necessary for this) ability to resist. Develops an intense concern with self.
Monopolization of Perception	Fixes attention upon immediate predicament; fosters introspection. Frustrates all actions not consistent with compliance.
Induced Debility and Exhaustion	Weakens mental and physical ability to resist.
Threats	Cultivates anxiety and despair.
Occasional Indulgences	Provides positive motivation for compliance.
Demonstrating "Omnipotence"	Suggests futility of resistance
Enforcing Trivial Demands	Develops habit of compliance.
Degradation	Makes cost of resistance appear more damaging to self-esteem than capitulation. Reduces prisoner to "animal level" concerns.

Scope of the Problem - National

- Crosses all age, gender, educational, racial, ethnic, religious, socioeconomic, and professional boundaries.
- 1 in 3 women will experience intimate partner violence (IPV) in her lifetime (Black, Basile, Breiding, Smith, Walters, Merrick, Chen & Stevens, 2011).
- 1 in 4 women will experience severe IPV in her lifetime (Black et al., 2011).
- Approx. 4 in 5 (80%) victims of intimate partner violence are female; and 1 in 5 (20%) are male (Catalano, 2012).

Scope of the Problem – Oklahoma

- According to 2018 data, Oklahoma ranks 3rd in the nation for women killed by men in single victim, single offender incidents, with a rate of 1.41 women per every 100,000 women killed (Violence Policy Center [VPC], 2020).
- Between 1998 and 2019, 821 victims were killed by their intimate partners (Office of the Attorney General [OAG], 2020).
- 94% of all murder-suicides involved a current or former partner, 79% of the victims of victims of these crimes were female (OAG, 2020)

A number of different callers contact the domestic violence crisis line—victims, survivors, concerned family members or friends, allied professionals who have questions about working with victims or are inquiring about available services, and even abusers themselves. The

National Domestic Violence Hotline reported the following percentage of callers: Victims/ survivors 48%; Friends and families of victims/survivors 10%; Unidentified 39%; Service providers 2%; and Abusers 1%. Most callers speak English, however, advocates should be familiar with arrangements made by their agencies for translation services, as well as accessibility services for disabled callers.

Male Victims of Intimate Partner Violence

The issue of male victimization should not be overlooked, and it should go without saying that male victims of intimate partner violence deserve the same empathy, non-judgement, support, and services (including emergency shelter) as female victims. In Oklahoma, all programs certified by the Office of the Attorney General are required to offer services, including emergency shelter, that are free from all forms of unlawful discrimination, including discrimination on the basis of gender (75 O.S. *§* 308.1 (A)).

Males can be victims of both male or female perpetrated abuse. Research shows that females who perpetrate violence towards their male partners are most often victims of violence from their male partners whereby violence is predominantly used in self-defense or attempts to escape from harm (Swan, Gambone, Caldwell, Sullivan, & Snow, 2008) (see *Section X Culture and Advanced Topics* for more information about victims use of violence or force). In a review of scientific studies, females were found to be the perpetrators of the abuse in less than five percent of the cases (Belknap & Melton, 2005).

Many similarities exist between how male and female victims are impacted, but male victims may "express, receive, or label" the abuse differently (Stiles, Ortiz, & Keene, 2017, p.4.). For example, male victims may be less likely to recognize or define their experiences as abuse and being abused may challenge what the man has internalized as being society's definition of what it means to me a man (Stiles et al., 2017). Male victims are less likely than female victims to experience physical injury overall (Cho & Wilke, 2010), with female victims suffering more "central nervous system and internal injuries, broken bones, broken teeth, burns, scratches, bruises and welts", and male victims suffering more "lacerations and cuts" (Arias & Corso, 2005, as cited in Hamburger & Larsen, 2015, p. 709). In addition, male victims are *less* likely to experience coercively controlling abuse (Johnson, 2008), sexual victimization, (Hamberger & Larsen, 2015), stalking (and fear related to stalking) (Davis, Coker, & Sanderson, 2002), and post-separation abuse from a female intimate partner. Male victims may be less likely to report feeling fear (Hamberger & Larsen, 2015), or may minimize the fear (Stiles et al., 2017) compared to female victims. Lastly, research shows that male victims are less likely to seek help than female victims (Douglas & Hines, 2011).

Types of violence perpetrated by female perpetrators against male victims include the following:

(Source: *Toolkit for Work with Male Victims of Domestic Abuse,* Respect, 2019 ed., by Martin and Panteloudakis).

- Physical violence
- Sexual coercion

- Coercive Control, i.e.,
  - Threats with knives and other objects as weapons.
  - Threats of violence for not doing what partner wants.
  - Threats to call police or CPS and claim the man is the perpetrator.
  - Threats of legal proceedings.
  - Personal belongings destroyed.
  - Being told nobody will believe him because he is a man.
  - Verbal abuse – put down, attacking self-worth.
  - Humiliation.
  - Made to feel blame or guilt for the abuse.
  - Intimidation and manipulation.
  - Threats to call police or CPS and claim the man is the perpetrator.

See *Section X Cultural and Advanced Topics* for additional information on cis-male victimization.

Sexual Assault

Sexual assault, broadly defined is “*any unwanted sexual contact or threats, without that person’s consent between two or more persons*.”

Sexual assault incorporates a number of different crimes including rape, attempted rape, sodomy (anal or oral), incest, child molestation (including handling), sexual exploitation of a child, being forced or enticed participate or watch others engaged in sexual activity, forcing a child or adult to be photographed for sexually explicit pictures, cyber stalking for sexual purposes, sexual harassment, human sex trafficking, watching someone engage in private acts without their knowledge or permission (voyeurism), nonconsensual image sharing, exposing one’s genitals or naked body to other(s) without consent (indecent exposure or exhibitionism).

Consent means “*voluntary, clear, continuous, mutually understandable permission, given by words or actions, regarding one’s willingness to engage in sexual activity.”*

A sexual interaction is considered consensual when individuals willingly and knowingly engage in the interaction. Someone who is incapacitated (by alcohol, drug use, unconsciousness, disability, or other forms of helplessness) cannot consent. Consent cannot be procured by the use of physical force, compulsion, threats, intimidating behavior, or coercion. Consent to one form of sexual activity does not imply consent to other forms of sexual activity. Previous relationships or previous consent for sexual activity is not consent to sexual activity on a different occasion. Consent to engage in sexual activity with one person does not imply consent to engage in sexual activity with another person. Silence or absence of resistance is not consent. Consent can be withdrawn at any time. Previous consent does not mean ongoing consent. For example, consent to certain acts does not mean consent to the same acts later in the same evening.

Scope of the Problem - National

- At some time in their lives, 1 in 6 women have experienced an attempted or completed rape; more than half occurred before the woman was 18, and 22% before age 12 (Tjaden & Thoennes, 2000).
- About 3% of American men—or 1 in 33—have experienced an attempted or completed rape in their lifetime (U.S. Department of Justice, 2019).
- The majority of child victims are 12-17. Of victims under the age of 18: 34% of victims of sexual assault and rape are under age 12, and 66% of victims of sexual assault and rape are age 12-17 (U.S. Department of Justice, 2019).
- 90% of rape victims are women (U.S. Department of Justice, 2013).
- 43.6% of women and 24.8% of men experienced some form of sexual violence in their lifetime (Maston & Klaus, 2005).
- Almost half (47.9%) of all survivors of sexual assault suffer revictimization (Walker, Freud, Ellis, Fraine, & Wilson, 2017).

Scope of the Problem - Oklahoma

- 1 in 3 Oklahoma women self-report being a victim of a completed or attempted rape in her lifetime, and of those women, 31.9% reported multiple assaults (Oklahoma State Department of Health, 2006).
- 2,364 cases of rape were reported to Oklahoma law enforcement agencies in 2019 (Oklahoma State Bureau of Investigation, 2019).
- Oklahoma ranked number 9th nationally for the highest number of rapes (World Population Review, 2021).

Most persons who contact the sexual assault crisis line are victim/survivors of sexual assault and family and friends of sexual assault survivors. Many request immediate assistance and information on whether or not what they experienced was sexual assault, whether or not they should report to police or have a medical examination, and others want someone to listen to trauma related issues. In addition to survivors, other callers may be service providers or allied professionals needing service information or referral sources. Occasionally, prank or obscene calls occur.

Stalking

Stalking is a crime of intimidation and psychological terror that often escalates into violence against victims. Stalking is used by the perpetrator to cause fear and uncertainty or an expectation of harm in the victim. It is often an unseen, misinterpreted or almost invisible crime, but the danger created by stalking produces trauma and increases the danger for victims, which is heightened when the stalker is an intimate or formerly intimate partner.

Like domestic violence, stalking is a crime of power and control. Stalking is conservatively defined as "a course of conduct directed at a specific person that involves repeated (two or more occasions) visual or physical proximity, nonconsensual communication, or verbal, written, or implied threats, or a combination thereof, that would cause a reasonable person fear"

(Tjaden and Thoennes, 1998, p. 2). Stalking criminalizes otherwise non-stalking behaviors if they become part of the pattern. Stalking behaviors may have a specific meaning between the victim and the stalker that others do not understand without the context that goes with them. Stalking behaviors also may include persistent patterns of leaving or sending the victim unwanted items or presents that may range from seemingly romantic to bizarre, following or lying-in wait for the victim, damaging or threatening to damage the victim's property, defaming the victim's character, or harassing the victim via texts, messaging, or social media. This behavior may be expanded to include family or friends of the primary victim.

Scope of the Problem - National

- 1,006,970 women and 370,990 men are stalked annually in the United States.
- 1 in 6 women and 1 in 17 men will be stalked in their lifetime (Smith, 2015).
- 77% of female and 64% of male victims know their stalker.
- 87% of stalkers are men.
- 59% of female victims and 30% of male victims are stalked by an intimate partner.
- 81% of women stalked by a current or former intimate partner are also physically assaulted by that partner.
- 31% of women stalked by a current or former intimate partner are also sexually assaulted by that partner.
- The average duration of stalking is 1.8 years.
- If stalking involves intimate partners, the average duration of stalking increases to 2.2 years.
- 61% of stalkers made unwanted phone calls; 33% sent or left unwanted letters or items; 29% vandalized property; and 9% killed or threatened to kill a family pet.
- 28% of female victims and 10% of male victims obtained a protective order. 69% of female victims and 81% of male victims had the protection order violated (Tjaden & Thoennes, 1998).
- Fewer than 40% of stalking victims report to law enforcement (Centers for Disease Control and Prevention [CDC], 2017).
- 54% of femicide victims reported stalking to the police before they were killed by their stalkers (McFarlane, 1999).

Scope of the Problem – Oklahoma

- Oklahoma ranks 4th nationally in the number of stalking cases.
- An estimated 165,000 people in Oklahoma are stalked each year (CDC, 2017).

The purpose of stalking is to maintain power and control by creating fear and confusion for the victim. Research indicates that the following stalking tactics are rated in the following order of creating fear: Physical violence, property destruction or invasion, threats, harassing behavior and surveillance. Partner stalking differs from other kinds of stalking in two ways: (1) partner stalking involves a greater level of intimacy between the victim and stalker, and (2) the

relationship history and context contributes to the victim's interpretation of the stalking behaviors (Logan, Cole, Shannon & Walker 2006).

Stalking is the only crime where victims are burdened with collecting and compiling evidence to prove the crime. It is also a crime which is often minimized by law enforcement, the courts, society and family, friends, and service providers. Stalking is an indicator of dangerousness which must be taken seriously and addressed by advocates.

A number of different callers contact stalking crisis lines—victims, survivors, concerned family members or friends, allied professionals who have questions about working with victims or are inquiring about available services, and even stalkers themselves. Stalking may be an issue for victims/survivors of domestic violence, sexual assault, and human sex trafficking; it is a risk factor that is often overlooked or minimized, and often not assessed or addressed in the safety planning process.

Crisis line staff are encouraged to listen for signs, and address stalking as part of crisis intervention (See *Section VIII Calls and Frequently Asked Questions for more information about stalking documentation and logs*). In assessing stalking, it is often necessary to ask questions about specific behaviors, including stalking in the description of services offered by the agency.

Human Trafficking and Exploitation

Human Trafficking: is a form of modern-day slavery. This crime occurs when a trafficker uses force, fraud, or coercion to control another person for the purpose of engaging in commercial sex acts or soliciting labor or services against his/her will. Force, fraud, or coercion need not be present if the individual engaging in commercial sex is under 18 years of age (Human Trafficking Hotline, n.d.).

Exploitation: is to take unfair advantage of an individual. To use another person's vulnerability for one's own benefit (Stanford Encyclopedia of Philosophy, 2001). Exploitation can occur in a private setting. For example, requiring sex, marriage, a criminal act, or unreasonable labor for a place to sleep. Exploitation can also be commercial. For example, the individual is required to provide sexual service, labor, or allow medical procedures for the perpetrator's personal profit. Exploitation can happen to anyone, but has higher rates in marginalized groups, including those with mental health or intellectual or developmental disability challenges.

Concerning minors, while the term exploitation is used in different ways, all actions regarding minors is abuse, and the minor is to be seen as a victim. "If a person younger than 18 is induced to perform a commercial sex act, it is a crime regardless of whether there is force, fraud, or coercion" ([U.S.C. § 7102(8)], as cited in Youth.Gov, n.d.). Unfortunately, the law has not kept up with advocacy, and children in some situations are still treated as criminals, such as being arrested for prostitution.

Exploitation, Legal Violations, and Trafficking and the Action + Means + Purpose Model: There can be some confusion between exploitation, legal violations, and trafficking. Not all forms of exploitation are illegal, and not all legal violations are part of trafficking, yet depending on the situation there can be overlap of all three.

The Action-Means-Purpose (AMP) Model can be helpful in understanding the federal law. Human trafficking occurs when a perpetrator, often referred to as a trafficker, takes an Action, and then employs the Means of force, fraud, or coercion, for the Purpose of compelling the victim to provide commercial sex acts or labor or services. At a minimum, one element from each must be present to establish a potential situation of human trafficking.

- Action: Induce, Recruits, Harbors, Transports, Provides, or Obtains
- Means: Force, Fraud, or Coercion.
- Purpose: Commercial Sex, Labor, or Services.

Power and Control Wheel for Human Trafficking (adapted from the Domestic Abuse Intervention Project's Duluth Model Power and Control Wheel by the Polaris Project):

Challenges in Providing a Crisis Response

Domestic Violence and Trafficking: There is an overlap between intimate partner violence and human trafficking, and what at first may seem like a case of domestic violence, is later revealed to also be a case of trafficking. In some cases, the trafficker is also the victim's abusive intimate partner who is forcing/coercing the victim into sex trafficking or even labor trafficking.

Dual Trauma: Sometimes a victim might also have the role of "perpetrator". For example, in sex trafficking, a victim might become the recruiter of other victims, or be put in charge of "keeping the others in line". However, while there can be legal complications for this individual, they are first and foremost a victim, and often the most victimized in the hierarchy.

Gender: One study estimates that as many as half of sex trafficking victims and survivors are male. Advocates believe that percentage may be even higher but that male victims are far less likely to be identified. LGBTQ boys and young men are seen as particularly vulnerable to trafficking. (National Human Trafficking Hotline, n.d.).

Runaway and Homeless Youth: Many of these youth come from trauma situations and have reason to not trust individuals and systems. The National Child Traumatic Stress Network (NCTSN) has information and resources to help understand the trauma response of trafficked youth: National Child Traumatic Stress Network - Youth Trafficking.

Scope of the Problem - National

Although slavery is commonly thought to be a thing of the past, human traffickers generate hundreds of billions of dollars in profits by trapping millions of people in horrific situations around the world, including here in the U.S. Traffickers use violence, threats, deception, debt bondage, and other manipulative tactics to force people to engage in commercial sex or to provide labor or services against their will. While more research is needed on the scope of human trafficking, below are a few key statistics (Human Trafficking Search, 2021):

- The International Labour Organization (ILO, 2017) estimates that there are 40.3 million victims of human trafficking globally.
    - 81% of them are trapped in forced labor.
    - 25% of them are children.
    - 75% are women and girls.
- It is estimated that forced labor and human trafficking is a $150 billion industry worldwide (ILO, 2017).
- The U.S. Department of Labor (2020) reports that 155 goods from 77 countries made by forced labor and child labor.
- Of the nearly 18,500 runaways in 2016 reported to the National Center for Missing and Exploited Children (2016), an estimated 1 out of 6 were likely child sex trafficking victims. Of those, 86% were in the care of social services or foster care when they ran.
- There is no official estimate of the total number of human trafficking victims in the U.S. Polaris estimates that the total number of victims nationally reaches into the hundreds

of thousands when estimates of both adults and minors and sex trafficking and labor trafficking are aggregated.

Additional national data can be found at Polaris and the National Human Trafficking Hotline Statistics

Scope of the Problem – State

Just as national data is complex to collect and estimate, so is the situation in Oklahoma. The Oklahoma Commission on Women provides information about human trafficking in Oklahoma, Oklahoma Commission on the Status of Women - Human Trafficking and the Oklahoma Commission on the Status of Women - Human Trafficking Report, which offers more in-depth information about the data and issue overall.

Resources

U.S. Department of Justice:

When Your Child is Missing: A Family Resource Guide

What About Me? Coping with the Abduction of a Brother or Sister

A Family Resource Guide in International Parental Kidnapping

Human Trafficking and Domestic Violence:

The Nexus Between Domestic Violence and Trafficking for Commercial Sexual Exploitation (Barasch & Kryszko, 2013, p. 109)

Where the Crossroads of Abuse Meet: Domestic Violence and Trafficking (Human Trafficking Search.

IV. ADVOCACY SKILLS

Core Competency Skills

While knowledge about the issues of domestic violence, sexual assault, stalking, and human sex trafficking is fundamental to understanding the experiences of victims and the impact on their lives, competencies are demonstrable skills required to effectively provide services to victims. Competencies are derived from consensus in the field of victim advocacy about what skills advocates need to be proficient in their work with victims. The following competency skills represent a selection of skills required for the competent delivery of services on the crisis line:

Safety Skills	Knowledge of the many safety risks, including lethality risk factors, facing victims in various situations and circumstances and being able to demonstrate effective safety planning and "risk-benefit" conversations with victims, are essential skills for advocates.
Crisis Intervention Skills	Victims often present to us in crisis. Understanding the nature of crisis, the impact to victims, and being able to demonstrate effective crisis intervention strategies (including de-escalation/conflict resolution skills) are essential skills for advocates working with victims experiencing crisis.
Emotional Support Skills	Trauma-informed emotional support enhances safety, healing, and well-being. Provides victims with the space to talk, cry, be angry, and to feel validated. Demonstrable skills include communication/engagement/active listening, empathy, non-judgment, concern, and compassion.
Education/ Information Skills	Information contributes to victims' safety and decision-making. Advocates provide information/education and demonstrate their knowledge related to abuse, victimization, impact, trauma, the system (including the criminal justice system), protective orders, and resources.
Resources Skills	Increasing victims' access to community resources contributes to both short-term and long-term safety. Demonstrating knowledge of resources such as legal assistance, housing, counseling, employment, and other social services, is instrumental to the caller's overall safety and well-being.

Communication and Engagement Skills

Connective Communication Skills

Communication at its core is a successful exchange of information between two or more individuals. While we want to effectively communicate, the goal of every contact is also connection. Everything we do, or do not do, communicates, and everything we communicate impacts connection.

Connective Communication Check-In

My Goal	To create healing through the process, even if I cannot be of true assistance in the moment.
My Mental and Emotional Needs	I have checked in with how I am feeling emotionally and where I am mentally. I have used my personal skills to center and have my plan to stay centered or re-center as needed. I have shared my plan with __________.
My Physical Needs	I have addressed all my physical needs and will either make sure to care for myself as needed (e.g., stretch, eat, go to the restroom, take medicine), or am aware of my limits and when I can work through for short times when needed in a way that does not harm myself or the individual I am working with.
My Environment	My space is organized. I have everything I need out and ready. I have reduced as much noise as possible and have a plan to deal with any possible interruptions. I am also prepared for situations, such as phone, electrical, or internet outages.
My Personal Work	I have worked and continue to work on being self-aware. I understand my own needs to do my work effectively. I have worked and continue to work through my own biases. I know how to separate out my emotions and responses from what the individual is experiencing.
My Qualities	I am kind, genuine, and respectful.
My Skills	I know how to be, and work on being present, person-first, non-judgmental, supportive, empathetic, empowering, give education, effectively listen, and communicate, and adjust in the moment as needed.

Creating the Connection

The first and foundational skill is to begin with ourselves, learning to be and stay internally connected. Then we work on developing the additional skills to communicate connectively and effectively.

My Mental and Emotional Needs: This information is covered in more detail in *Section VII Trauma and Trauma-Informed Response*. If you need to complete your skills and identify who to share with, go to that section before moving on.

My Physical Needs: Also discussed in *Section VII Trauma and Trauma-Informed Response*, we tend to either internally or/and externally disconnect when we do not attend to our needs. Yet, we also know there are times with our work when it is imperative to attend to our needs. Learning how to stay both self-aware and fully present for the other person is part of our personal skill set.

My Environment: The more organized and prepared we are, the more we value both ourselves and those calling. There is thinking through what we need for the day, when everything is relatively normal, to thinking through situations that might happen. While we might not be able to be prepare for every situation, we can mentally and physical prepare for many possibilities, which helps us to calmly stay internally and externally connected at all times.

Examples:

- If I use pen and paper, how many pens do I have?
- If I use a computer, do I have pen and paper?
- Do I have a battery back up?
- What is the plan if the internet goes out?
- What if one or both phones die?
- What if the power goes out?

Have what you might need readily available and be prepared to stay calm and connected with the caller. For example, "I am sorry, I need to take a moment. The electric just went out, but it is not a problem, I have everything for us to continue. Give me just a moment to turn on the flashlight, get out the battery backup, and switch to paper. I have resources printed off too, and what I do not have I can connect you with. Okay, I have all that out, turned on and plugged in. You were sharing _______." If the situation is beyond that, know your agencies protocols, such as how to handle a call if you are in a situation where you need to immediately evacuate.

My Personal Work: While some of this information has been mentioned in previous sections, this is where we start doing our work, and continue to work, on being the person we want to be and who those calling us need us to be.

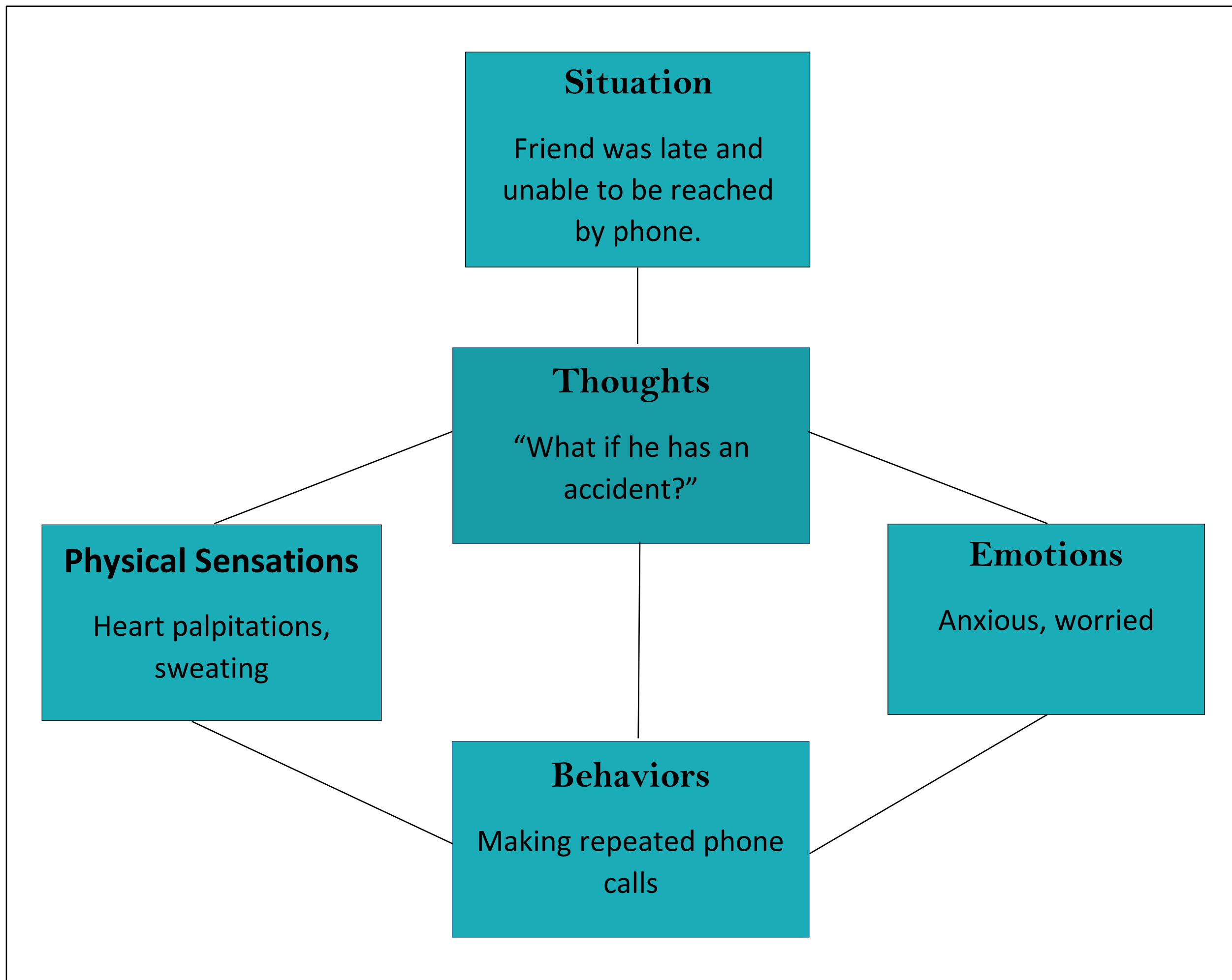
Self-Awareness

Self-awareness is both learning to understand everything about ourselves, and then how to

consistently practice that skill.   This provides the basis we need for being person first and practicing cultural humility. While this takes time and effort, we are going to review a few simple frameworks and skills needed for this foundational work.

We start with understanding why we are who we are: From fertilization, there are the parts of us that are nature and environment, and those two factors continue throughout our lives, with the additional variable of our actions, sensitive to the fact that whether our actions are of our true free will can definitely have some "depends".

Then, understanding who we are is a combination of our genetics and life experiences. There is a simple framework from Cognitive Behavioral Therapy, that helps explain how our thoughts, emotions, actions, and physiology are all interconnected (Institute of Mental Health, Castle Peak Hospital, 2021).



Using the example above, an additional layer might be:

- Thought - "I need to stay calm as I can."

- Behavior- taking deep breaths or other positive coping skill.
- Physical sensation – heartbeat calms some.

If we change the example to focus in on how our thoughts are a key area, we need to make sure that they are in alignment with who we want to be.

Change the thoughts in the situation box to:

- "They are always late. And weather has been messing with the cell reception. I will just see when they get here."
- "Of course, they are late. And they never charge their phone. I told them to get a vehicle charger too. And they know I worry. We are going to have to talk this through when they get here."
- "They are always late, and the weather has been messing with the cell reception, but that doesn't mean that something couldn't have happened."

Using the above examples, you would wonder what was *not* written that might give you a different perspective, for example, the tone of the thought. But, with each one, think through how the thought might interact with the individual's emotions, behaviors, and physical sensations, and would that be the thought you would want to have. Part of self-awareness is being conscious of our thoughts as we are having them and checking them through the filter of who we want to be.

Barriers to Self-Awareness

Barriers to developing self-awareness and not having the thoughts we need can include a lack of mindfulness, not understanding where our thoughts and feelings come from, cognitive bias, and not seeking feedback.

Mindfulness

"Mindfulness encompasses two key ingredients: awareness and acceptance. Awareness is the knowledge and ability to focus attention on one's inner processes and observe experiences, such as the experience of the present moment. Acceptance is the ability to and accept—rather than judge or avoid—those streams of thought" (Psychology Today, 2021). Mindfulness can take practice, and there are lots of free resources you can utilize, like those in *Section VII Trauma and Trauma-Informed Response.*

Additional resources American Psychological Association - Mindfulness Meditation

Understanding Our Own Story

We take the time to understand where our thoughts and feelings come from and give ourselves

the same non-judgmental curiosity that we give others as we explore. Do I think or/and feel that because of something I experienced, read, heard, or because I thought it through? Do I need to rethink this based on new information, or maybe I missed something the first time? Is this an area where I am still healing and regardless of my internal reactions, this is what I am working towards and know is the right way to outwardly react?

Cognitive Bias

"Cognitive Bias is a strong, preconceived notion of someone or something, based on information we have, perceive to have, or lack. These preconceptions are mental shortcuts the human brain produces to expedite information processing—to quickly help it make sense of what it is seeing. The many types of cognitive biases serve as systematic errors in a person's subjective way of thinking, which originate from that individual's own perceptions, observations, or points of view. There are different types of bias people experience that influence and affect the way we think and behave, as well as our decision-making process" (MasterClass, 2021). We will learn more about the types of possible biases in the next section.

Feedback

Feedback from those around us is essential. It helps us sort through our self-perceptions and gain new insights about ourselves and others. We can look for that feedback from cues others give us, but it is more important to ask for feedback. We might ask for what are our strengths, what are things we are not doing that we need to do, and what are things we need to do differently. Some feedback might line up with what we already believe, some might surprise us, some might challenge us. And we have to do the work to sort through all of it and decide what is true, helpful, or neither.

Working through biases and the possible resultant attitudes, beliefs, preconceptions, and assumptions:

Biases

There are several types of biases. A few to highlight are:

Confirmation Bias: Occurs when we only look for information that supports what we already believe.

"The Dunning-Kruger Effect: Refers to how people perceive a concept or event to be simplistic just because their knowledge about it may be simple or lacking—the less you know about something, the less complicated it may appear. However, this form of bias limits curiosity—people do not feel the need to further explore a concept, because it seems simplistic to them. This bias can also lead people to think they are smarter than they actually are, because they have reduced a complex idea to a simplistic understanding (MasterClass, 2021).

"Fundamental Attribution Error: This bias refers to the tendency to attribute someone's particular behaviors to existing, unfounded stereotypes while attributing our own similar

behavior to external factors. For instance, when someone on your team is late to an important meeting, you may assume that they are lazy or lacking motivation without considering internal and external factors like an illness or traffic accident that led to the tardiness. However, when you are running late because of a flat tire, you expect others to attribute the error to the external factor (flat tire) rather than your personal behavior" (MasterClass, 2021).

Halo and Horn Effect "…is a cognitive bias that causes you to allow one trait, either good (halo) or bad (horn), to overshadow other traits, behaviors, actions, or beliefs." (Kennon, 2011)

When we have done the work to understand where our thoughts and feelings come from, such as past lived experience, what is happening today, how we process information, professional training (even evidence-based practices can have biases), our culture, historical issues, what someone we trust told us, what we've heard, read, and so on, and then learn about all the different ways we might be biased, it makes it easier to be let go or heal from those and be self-connected and address any of our biases and the attitudes, beliefs, preconceptions, and assumptions that come from them, to be person centered, culturally humble, and have connective communication.

Here are some areas to think through what your reaction(s) might be, whether you could see the person or just have these facts over the phone.

Medical Diagnosis	Mental Health Diagnosis	Substance use	Gender
Gender Identity	Sexual Orientation	Race	Ethnicity
Socio-Economic status	Culture	Pattern of Speech	Language
Functional Ability	Perceived cognitive ability	Dress	Mannerisms
Level of Attractiveness	Hygiene	Their family, work, or other connections	Similar to another case
Victim	Perpetrator	Both a victim and perpetrator	Age
Lifestyle	Legal Status	Geography	Other

I know how to separate out my emotions and responses from what the individual is experiencing.

Even when we have done the work and can say we are as calm and connected as we can be, know to check for biases, and are present in the moment, there is still the issue of dealing with

possible thoughts and feelings that arise. Sometimes**,** we might need to practice some of the skills from the self-care section to decide if we need to address them now, later, or at all. If we do need to address them now, be skillful if needed in asking the caller for a moment to reflect. You do not have to share what you are thinking-feeling, just normalize "Thank you for understanding, I just need a moment to be my best with you." For all they know you might have needed to cough/sneeze.

If this is an area in which we are personally triggered, maybe kindly give ourselves a mental acknowledgment, or remind ourselves, "This is my thought or/and feeling, not theirs."

We might need the skill of being able to hold space for both what we are thinking-feeling and keep it separate from what we are hearing or/and our response. An example is, you might be trying to problem-solve a bit while listening.

As we are each individual, we may have different ways of being able to function at our best. What are things you might need to do to be your most effective? Do you need a highlighted tip sheet? Do you need to make yourself notes before a call? Do you need to tab parts of your handbook or resources? Do you need to allow yourself longer to read, write, or look something up when you are talking with someone?

My Qualities

Being kind, genuine, and respectful is foundational to connection. It can also be challenging at times, which is why we also use skills to build those qualities in ourselves. In general, we convey kindness through our tone and use of simple everyday language. Meeting the caller where they are in their moment. We convey genuineness when our verbal and non-verbal communications line up with our feelings. We convey respect through all moments: from honoring their experience, identifying their courage in reaching out, having appropriate boundaries, understanding someone is best served by generating their own solutions, knowing what support to offer, knowing when to be silent, knowing when it is appropriate to terminate a call, to being resourceful and learning as needed.

My Skills

Now that you have done your work to make sure you are as personally prepared as possible, it is time to learn other skills needed to communicate connectively and effectively. Remember the goal is to create healing through the process, even if you cannot be of assistance in the moment.

To connectively communicate, the other person should be able to receive what we mean to convey. If they cannot, then we need to re-assess if there something we need to do. And if we do not have the skills or/and resources in the moment, just be honest and do our best, knowing that is an area to work on after.

Techniques	Need	Example Responses
The Individual	Remember you are speaking to a unique individual made up of all they are.	• Accept them where they are in this moment. Remembering, "Acceptance means recognizing and accepting a person's perspective. It doesn't imply agreement; you can accept a person's perspective without agreeing or endorsing it" (Office for Victims of Crime, 2011). • Do not think about what you would do in that person's place. This is their experience, not yours. • Adjust to any of their needs, such as language, culture, and emotional or mental state.
Basic Listening and Speaking Check-In	The basic self-evaluation of if and how you should be listening or speaking.	• Should I be audibly communicating? Is what I am communicating silently or audibly needed in this moment? • If I should be audibly communicating through words or acknowledgement: how is my tone, inflection, speed, emotion, and so on?
Acknowledge and Encourage	The caller needs to know you are listening. Sometimes they might need time to gather their thoughts and emotions. Other times they might be struggling.	*Depending on their need, you might give:* • Neutral acknowledgment that you are listening, such as "Uh-huh", "mmm". • Offer encouragement, such as "yes", "I see", "go on". • Help with encouraging prompts, such as offering a key word or phrase from where they trailed off. Example, caller says, "I was just sitting there watching the television." You might say "the television?" Or "you were watching the television?"
Reflect	You are making sure you understand what the person is saying. It is also a way to help the caller identify or clarify their own thoughts and feelings	Sometimes you might simply repeat what the client says, other times you will paraphrase. The key is to make sure you are reflecting what they said and not making any assumptions.

	(Colorado Sexual Assault Manual [CCASA], 2011).	• You might reflect content facts: "You had to stay calm." "You had to make a tough choice." • You might reflect the emotion: "It sounds like you were really frightened." "You seem confused about what to do." "You are really worried about that." "I hear you saying that you feel guilty" (Good Samaritans, n.d.).
Open-Ended Questions	These types of questions encourage the caller to explore the situation and to independently process their feelings (CCASA, 2011).	Open ended questions should normally focus on the how, what, when, where, who, but not why. Why questions can make the caller feel you might judge or blame. Closed: "Were you upset when they said that to you?" Open: "How did you feel when they said that to you?" Closed: "You were probably outraged, weren't you?" Open: "How did you react to that?" *Other open-ended questions that can be helpful:* What would you like to talk about? What did you think about that? What concerns you most about that? What is your biggest concern? What would you like to see happen? What is happening with that? Where/ /when would you feel most comfortable doing/saying that? How do you feel? How can you tell them about it? How do you think they will feel? What is it like when you feel like that? How do you usually handle that type of thing? (CCASA, 2011)

Focusing	Helping the caller stay in the present tense and how the problem is affecting them now (CCASA, 2011).	Using the 3 E's is very helpful to *identify* the issue with empathy, offer education to *normalize,* and then *empower* them through one of the techniques to continue.
Close-Ended Questions	Sometimes a caller does need help focusing, or we need to get specific facts.	Simply ask a closed question: "Is there a name that you would like for me to call you?"
Summarize and Clarify	Summarizing both facts and feelings can help both you and the caller know that you understand and transition. Clarifying might be needed when the caller left out points or got them jumbled while trying to share it all. Or if might be needed if they are having difficulty with an issue and avoiding it in some manner.	Summarizing is reflecting and paraphrasing facts and feelings of a larger portion of the conversation. You might begin your by saying, "Let me see if I have this right . . ." or "What I understand you to say is . . ." (CCASA, 2011). Clarifying might begin with, "Tell me more about…" (Office for Victims of Crime, 2011).
Validating	Help the caller to understand that their feelings are valid, normal, common, and not good or bad (CCASA, 2011).	• Affirm • Support • Normalize This can tie in with education.
Empathizing	Understanding the objective experience of the other; and being able to communicate that understanding. Let the caller know that you are aware of the emotion that they are providing. This does not mean that you know/fully understand their situation, but you can understand why they are attaching this specific emotion to their story (CCASA, 2011).	Examples: • "It sounds like you are angry with what happened with you." • "It makes sense that you are scared right now." Empathy also includes validating and believing the client (CCASA, 2011).

Educating	Survivors may not understand the dynamics of what they went through, they might not identify what they are experiencing, or/and feel there is something wrong with them, and that their reactions are abnormal. An advocate should offer education about and explain that these are often common experiences. Survivors may be struggling with important and complex decisions. An advocate's job is to help identify all the options available and to then educate the survivor about those various options. Offering options and providing education is not the same as giving advice or voicing your personal opinion about the "best" option for them. They might also need assistance in learning healthy coping skills (CCASA, 2011).	*Examples:* "We know in ______, offenders often ______" "Flashbacks are a common reaction to your brain processing the trauma." "Unfortunately, every 73 seconds, an American is sexually assaulted. And every 9 minutes, that victim is a child. "Many survivors of _____ struggle with eating disorders. You are not alone. Would you like the name of a counselor who facilitates support groups on this issue?" "Many survivors experience ______, and while everyone is different and sometimes it takes trying different techniques, there are things we can try to help us in the moment. Would you want to try one with me?"
Empower	Take the time to remind the caller what steps they have taken. Focus on the power of embracing their specific emotions. Find strength in their story that they did not notice. Help them take the next step by reminding them that they have the	This is different than affirming. *Examples:* "You have made an amazing first step in calling the crisis line." "Having the ability to embrace your emotions is a phenomenal step."

	power and control over their own life (CCASA, 2011).	"It sounds like you have started journaling and talking to people, that is fantastic!" "What do you think your options are in this situation?" (CCASA, 2011).
Boundaries	Some callers may ask about your personal experiences.	In the event of these questions, re-focus the caller and reiterate that you are here to talk with them about their experiences. It is not appropriate to reveal your own ideas, attitudes, and experiences. You can, however, educate the caller about the prevalence of whatever they might be asking about (CCASA, 2011).
Using More Than One Technique.		Bringing them together can look something like this: • "I understand that you are feeling afraid right now. (Empathy) • That is a common response following *name what they experienced* (Educate). You have made a tremendous step just by calling and seeking support and resources" (Empower) (CCASA, 2011).

Advocate Responses on the Crisis Line

(Adapted from Gaining Insight, Takin Action: Basis skills for serving victims. Office for Victims of Crime, 2011).

Helpful:

- *Helpful Comments*
  - "I am concerned for your safety and the safety of your children."
  - "I am sorry this happened to you."
  - "No one deserves to be abused [You do not deserve to be abused]"
  - "It is not your fault."
  - "You are not alone."
  - "I support your decisions."
  - "I will do my best to get the information you need."
  - "I am sorry this happened to you."
- Attempting to communicate trust, support, and confidence.
- Calming and comforting callers. Ask, "How are you doing?"
- Providing victims with the opportunity and time to tell what happened and describe how they are feeling in their own words and at her own comfort level.

- Creating an environment in which callers begin the process of taking back the control an offender took away by letting them decide when and where to talk, and how much they want to share.
- Reassuring callers that their feelings are quite natural, and even expected given their experiences.
- Validating feelings of anger, distress, frustration, fear, guilt, and grief – that they are not uncommon and are justifiable.
- Being willing to listen to victims when they want to share their experiences and validate their experiences with empathy and support.
- Being alert for hidden meanings and messages not directly expressed by victims, without making unwarranted assumptions. Be encouraging, but not unrealistic.
- Being alert for opportunities to stress victims' qualities and strengths - but do not patronize.
- Accepting the fact that you may never know whether victims follow through with your recommendations.
- Having an information and referral system—with names, addresses, telephone numbers, e-mail addresses, and Web sites—to determine appropriate referrals.
- Offering to make referral calls.
- Asking for assistance from a supervisor if a call appears to be too difficult to handle yourself.
- Recognizing that mistakes will be made and that improved communication skills come from learning from your mistakes.
- Understanding that many victims will face extreme and protracted challenges in reconstructing their lives after a violent crime, and that some may never recover from the tragedy.

Non-Helpful

- Being judgmental or blaming victims for the crimes that were committed against them.
- Second-guessing how victims have reacted to a crime, either at the time it was occurring or in its aftermath.
- Avoiding victims or avoid listening to their reactions to a crime. Listening and validating those experiences and emotions are critical to victims' reconstruction after a crime.
- Trying to compare victims' experiences with similar ones, including your own. It is essential to individualize each victim, each crime, and each victim's reaction to that crime.
- Being "overly helpful" by making decisions and choices for victims. Because individuals do not choose to be victimized or have control over a violent act committed against them, their ability to regain control over and make decisions affecting their lives becomes extremely important.
- Being discouraged if you feel a call has been unsuccessful. You are not expected to "solve" most problems with a single phone call.
- Being afraid of silence. Use it constructively. Do not talk more than the victim.

- Becoming flustered by victims' anxiety or urgency. One of the most important factors is that you must try to remain calm, even in a crisis. This is not easy and takes practice. Remember that your anxiety also can easily be transmitted over the telephone. The advocate's ability to remain calm helps the caller.
- Expecting to be a psychotherapist or to know all the "right" answers. Your job is to listen and help victims—to the degree possible—in handling their immediate issues.
- Correcting the caller's use of language. Even if we would not use specific terms or language a caller is using, it is important that we do not correct the caller's terminology or use of language.

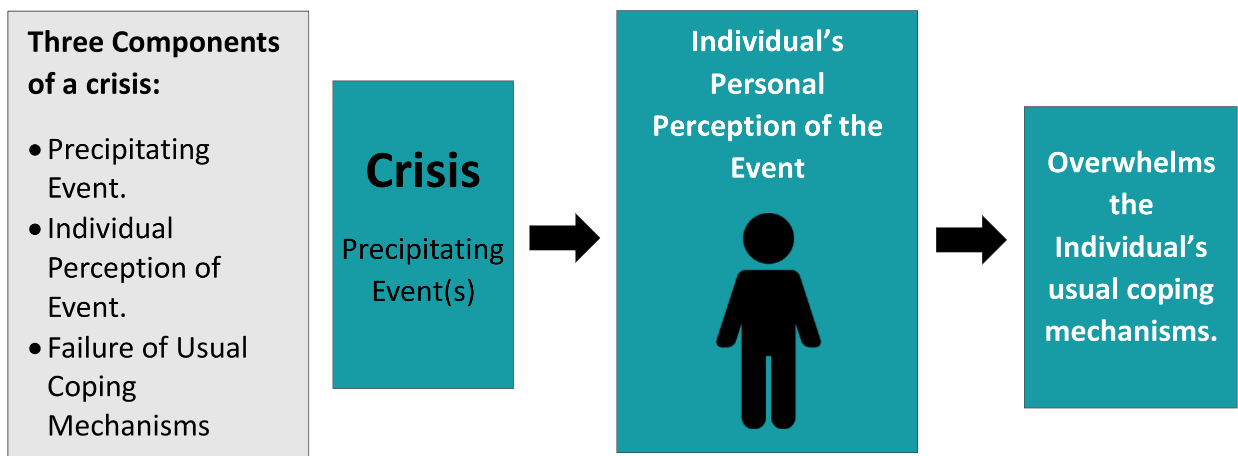
V. CRISIS INTERVENTION

Every day, advocates offer services to individuals experiencing crisis. On the crisis line, advocates need to be prepared and feel confident in their ability to effectively address the caller's immediate safety needs and distress. As soon as we pick up the phone, we assume that the caller is in some stage of crisis.

What is a Crisis?

Crisis is universal. Nobody is immune. During the course of our lives, crisis can happen to anyone at any time. While definitions of crisis vary, there is general consensus that a crisis occurs when a person experiences "an event or situation as an intolerable difficulty that exceeds the person's current resources and coping mechanisms" (James & Gilliland 2017, p. 9).

Three Components of a Crisis:



Precipitating Event

First, the individual experiences a precipitating event (crisis event or events).

Individual Perception of Event

Next, the actual precipitating event is filtered through the individual's perception of the event – how the individual perceives the crisis. An example might be two separate individuals who are getting a divorce – for the first individual, this event (divorce) represents a crisis, whereas the second individual does not interpret the event as a crisis. In other words, it is not the event itself, but rather the individual's perception of the event that determines the individual's response. In this way, crisis is idiosyncratic – we are each individual human beings – and everyone responds differently – even to the same event.

Failure of Usual Coping Mechanisms

During and following the crisis, the individual may not be readily able to engage their usual coping mechanisms, or their usual may not be enough; the crisis exceeds their current resources, and they may have difficulty mobilizing themselves to take their next steps.

Several indicators that a caller may be in crisis:

- Caller is not feeling safe – physically or emotionally.
- Caller is struggling to make sense of what has happened.
- Caller expresses that they do not know what to do.
- Caller expresses that they do not feel in control.
- Caller is upset, disorganized and overwhelmed – their communication is hard to follow; and
- Caller may describe an event that is usually sudden in onset (acute), or with abuse and victimization the caller may be more likely to describe an ongoing, chronic, situation and something just happened that was the "last straw".

What is Crisis Intervention?

While definitions vary, the Office of Justice Programs (2010) defines crisis intervention as "a …response to individuals in crisis who are impacted by crime, provided in a variety of settings". More specifically, crisis intervention is a method of communication and action designed to protect, stabilize, and mobilize individuals who are experiencing an event or situation that they perceive is intolerable and which exceeds the person's current coping mechanisms (Office for Victims of Crime, n.d.).

Crisis intervention with victims of domestic violence, sexual assault, stalking, and human sex trafficking typically involves the following general practices:

1. **Safety First** - The primary consideration throughout the call, from beginning to end, is the physical safety of the victim and the children. Immediate assessment of safety on the crisis line often starts with the question, "Are you safe now?" It also includes developing a safety play with victims.
2. **Listen** – we listen to support and understand, and to validate and honor victims' experiences of abuse and victimization.
3. **Educate** – as much as possible within the short timeframe of a crisis call, begin the process of providing victims with information about risk, dynamics of abuse, common reactions, and who is responsible.
4. **Plan of Action** – help victims identify and plan for their next steps (action plan).
5. **Resources and Referrals** – inform about resources and provide referrals according to victims' stated priorities and needs.

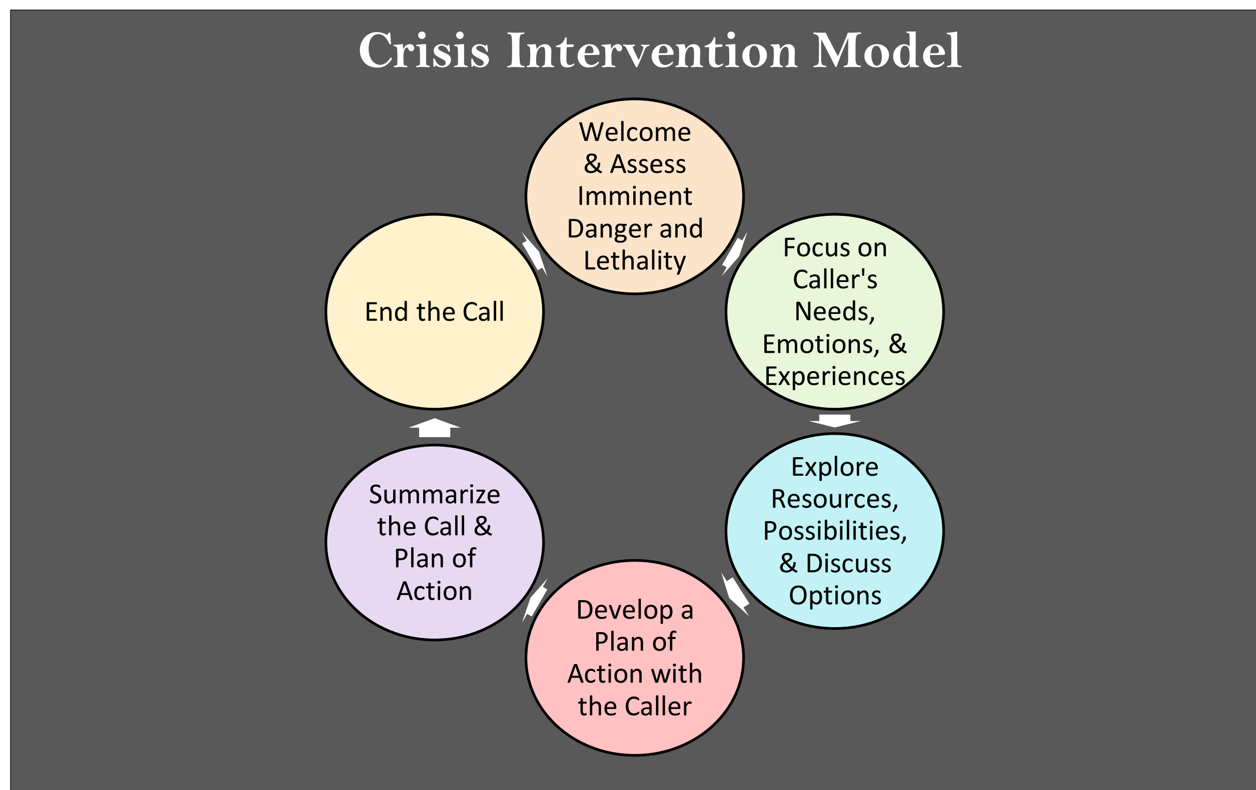
A Model for Crisis Intervention

A crisis intervention model for assisting on the crisis line provides advocates with a framework

for effectively responding to callers experiencing crisis. A model offers guidance on how the advocate can accomplish several important tasks, often in situations in which a caller's needs must be addressed quickly, thoroughly, and as safely as possible. A **framework** for responding can assist the advocate to organize the flow of the call, while at the same time allowing for the flexibility needed to individualize the model to each caller's unique situation.

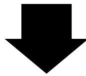
The National Domestic Violence Hotline and describes a model comprised of *six* tasks to be accomplished during an interaction with a caller in crisis. The model is not linear. While the individual tasks may be completed in order, they do not need to be accomplished in any specific order. What is important is that the advocate is aware of the different tasks and how to accomplish them. Of course, there are also situations on the crisis line when there will not be sufficient time to accomplish all six tasks, nor may it always be appropriate to accomplish one or other of the tasks.

After the initial welcome and assessment of imminent danger, the call often goes back and forth between discussing the caller's situation, focusing on the caller's needs, exploring resources and options, and developing a safety plan. As the call progresses, different needs surface, prompting additional discussion about the caller's situation and safety (McDonnell, Nagaraj, Mead, Bingenheimer, Stevens, Gianattasio, & Wood, 2018). In this sense, the call goes back and forth between the different tasks. Throughout the process the advocate works to effectively communicate, connect, and provide emotional support. Remember to provide the caller with the time and space to share their experience, at their own comfort level and pace.

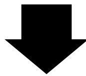


(Adapted from *the National Domestic Violence Hotline's Domestic Violence Advocacy Training Curricula © 2018.)*

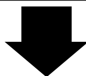
Welcome & Assess Imminent Danger and Lethality



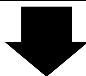
Focus on Caller's Needs, Emotions & Experiences



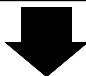
Explore Resources, Possibilities, & Options



Develop a Plan of Action with the Caller



Summarize the Call & Plan of Action



End the Call

Welcome & Assess Imminent Danger & Lethality

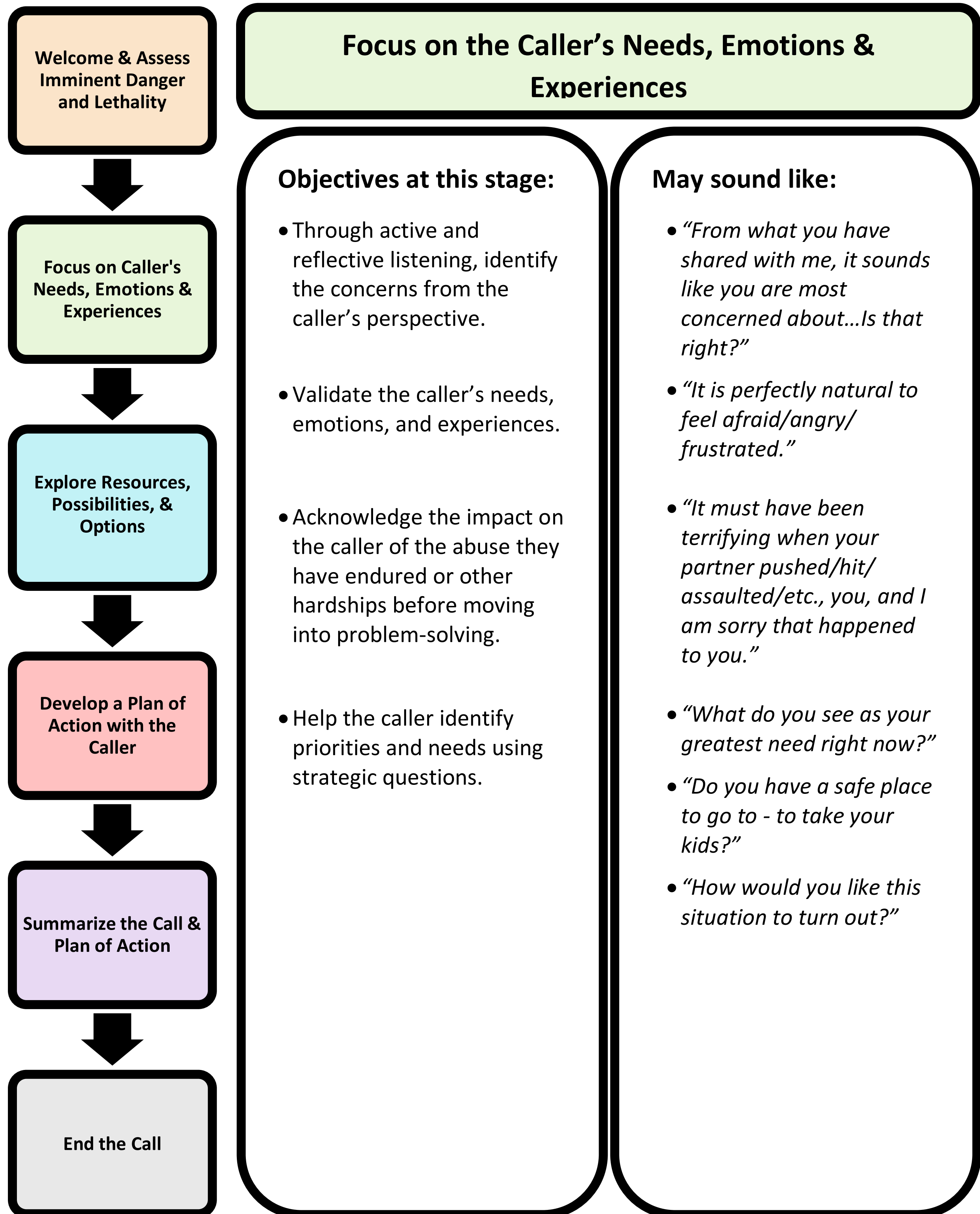
Objectives at this stage:

- Use a kind, welcoming, empathetic, friendly, and compassionate tone.
- Assess immediate safety from partner, harming themselves or others and need for medical attention *(See Section IX for more information about responding to callers in Immediate Danger).*
- Inform caller the crisis line is confidential and anonymous – and ask if caller understands or has any questions.
- Indicate that you are available and wish to help the caller.
- Start the conversation with open-ended questions that invite the caller to share her/his story.

May sound like:

- *"Hi, this is ________, thank you for calling, how can I help you?" "How can I help you?"*
- *"Are you safe to talk/chat right now? Are there weapons in the home? Are you thinking about harming yourself or others? Do you need medical attention?"*
- *"I want to let you know that we are completely confidential and anonymous."*
- *"I am glad you called today, and I will do my best to help."*
- *"Tell me a little bit about why you decided to call today."*
- *"It can be helpful to know some information about your background so that I can offer you the most helpful information and resources. Would you mind sharing your age, gender, race/ethnicity with me?"*

(Adapted from *The National Domestic Violence Hotline's Domestic Violence Advocacy Training Curricula © 2018.)*



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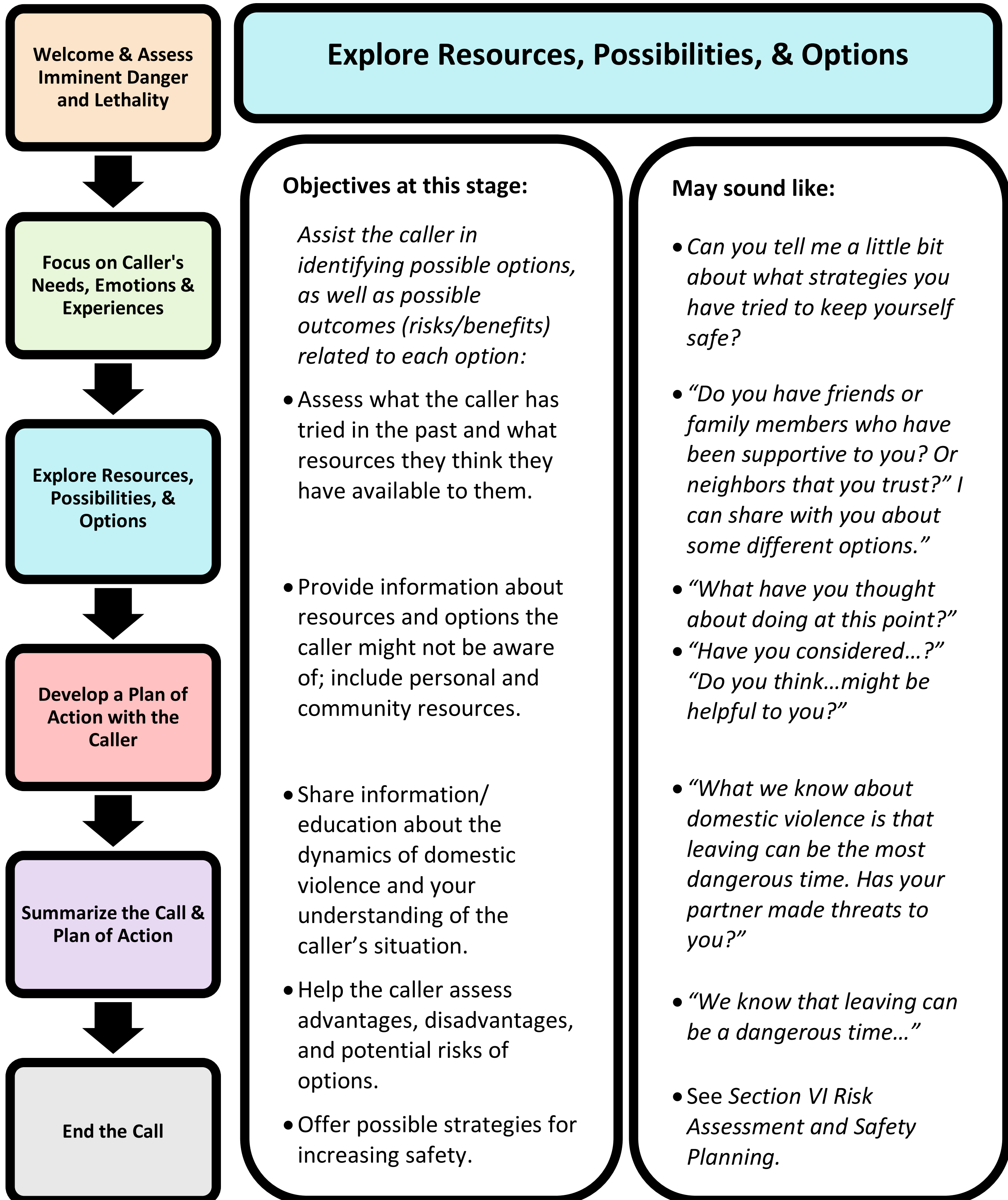

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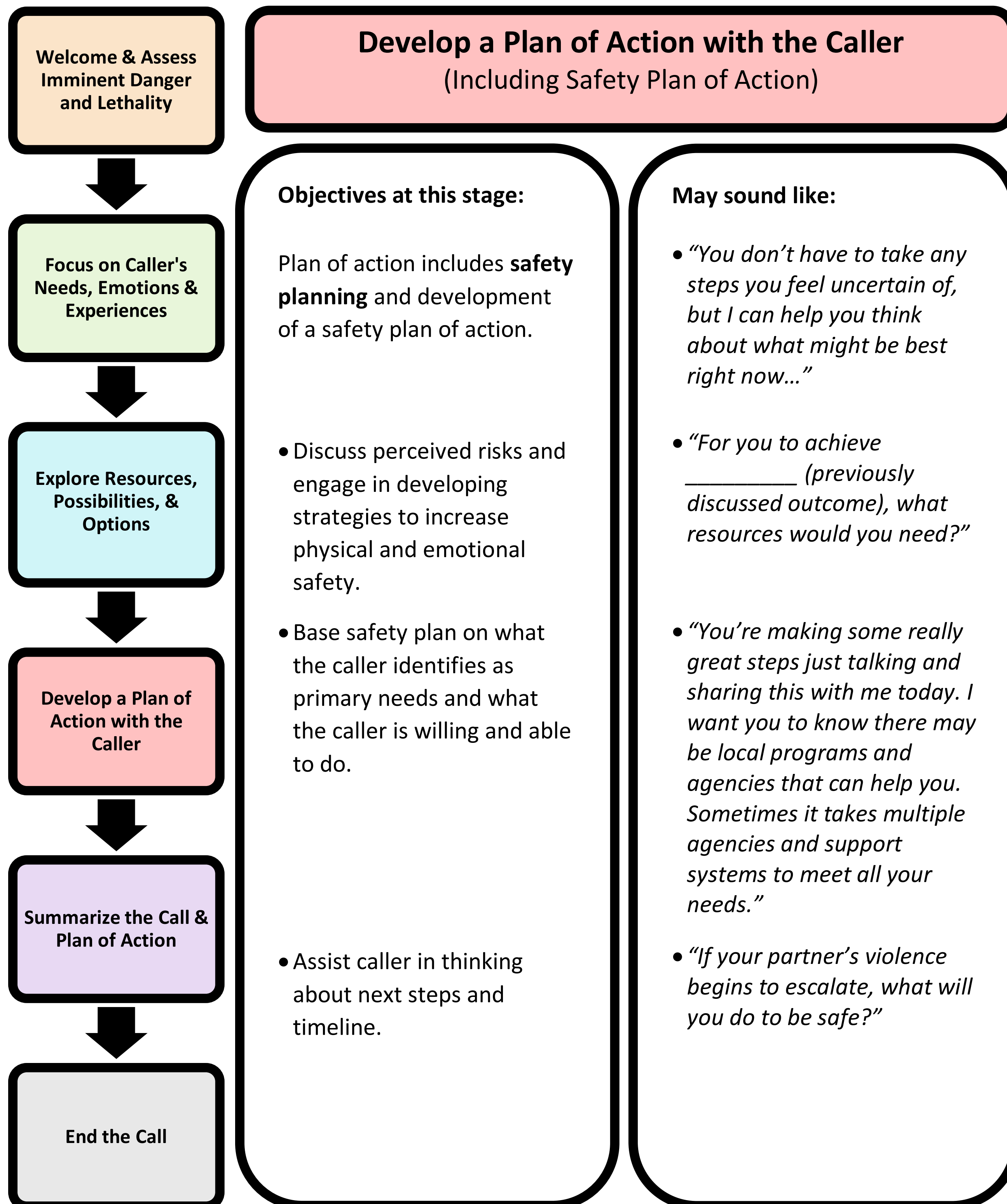

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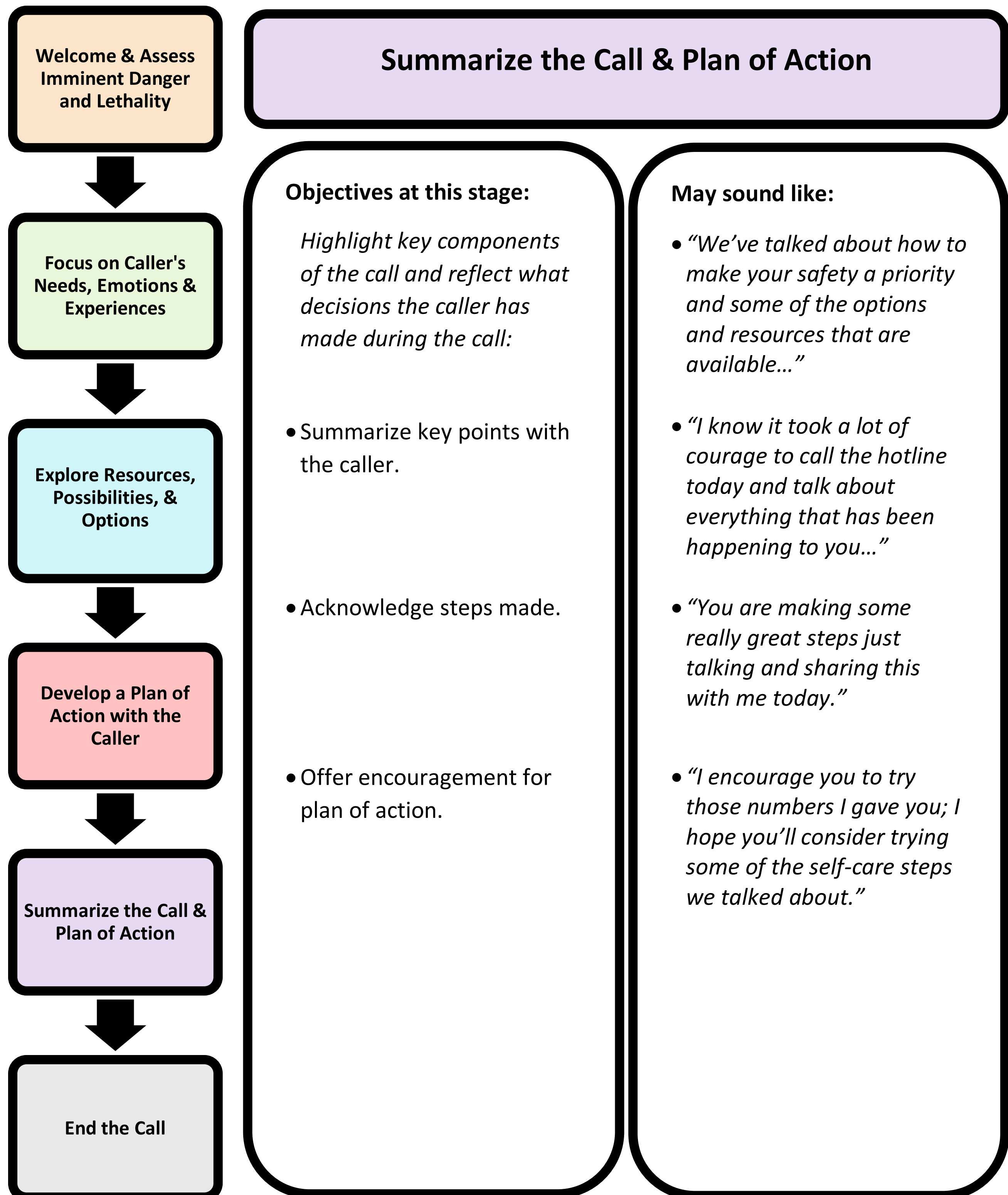

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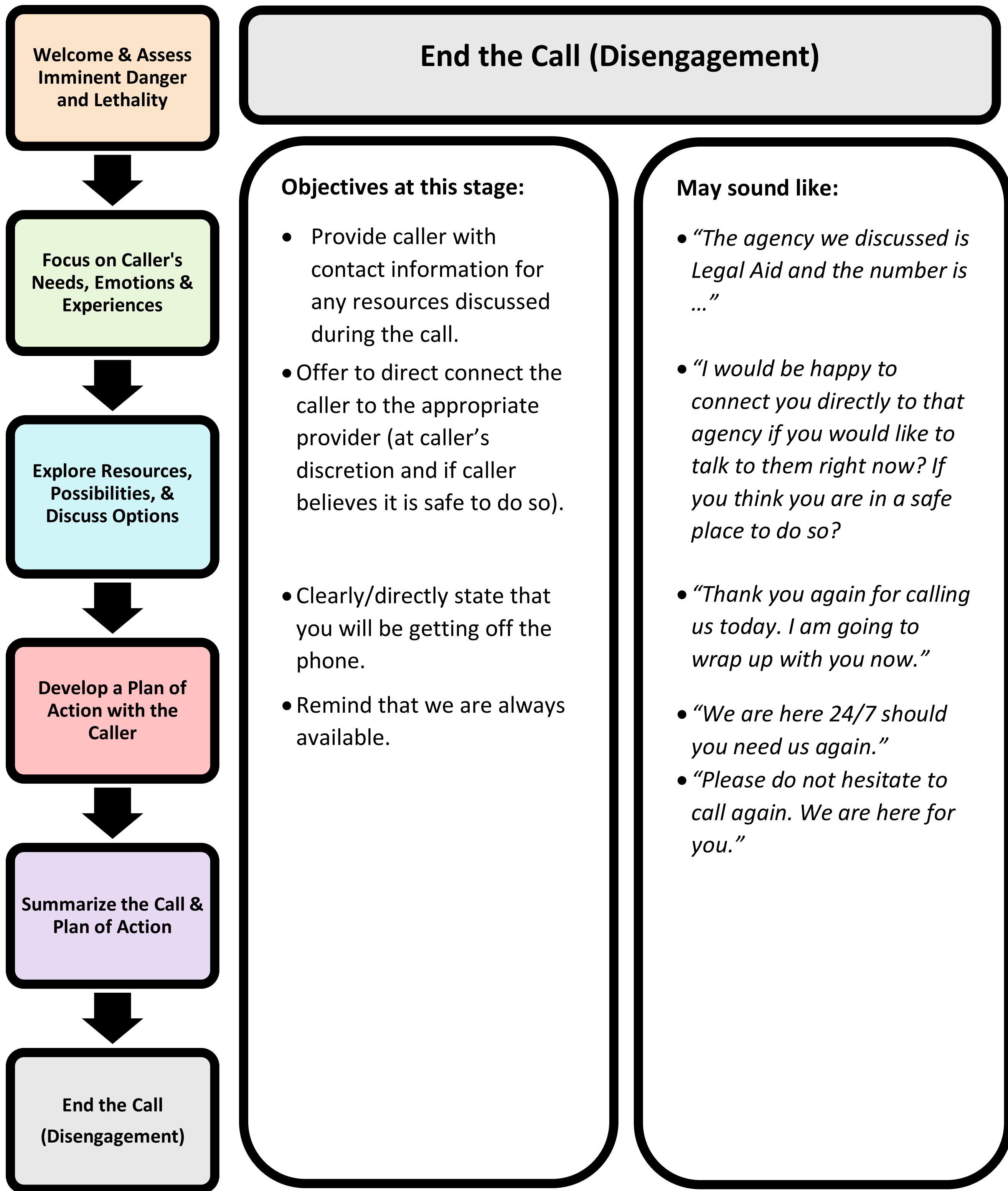


(Adapted from *The National Domestic Violence Hotline's Domestic Violence Advocacy Training Curricula* © *2018. National Domestic Violence Hotline-Advocate Guide. Disengagement Techniques.)*

Here are some examples of advocate responses to questions/statements made by callers:

Caller	Possible Advocate Response
Can you help me?	*I would like to try. Can you tell me more about your situation and we will see what we can do?*
What should I do?	*What do you feel is possible for you to do at this time? Would you be okay to spend some time thinking about possible options? What do you think are the possible risks and benefits (pros and cons)?*
I want you to help me make a decision. That is why I called.	*I would like to be helpful to you. Which of the things (options) we have discussed so far do you feel most comfortable with?*
Everyone so far has treated me so badly.	*I am sorry you feel that you have been treated badly. I am going to try my best to help you in a respectful way.*
That [allied professional] is an idiot!	*I am sorry you had such a bad experience. Do you feel comfortable telling me a little about what happened and see if I can help you solve the issue?*
Can you guarantee [this will happen]? (e.g., get in to see a counselor quickly).	*I am sorry, I cannot guarantee anything. However, I can work closely with you to see if we can make it happen.*
Do I have to tell you who I am?	*No, only if you want to [decide to].*
Do you really care about what happens to me?	*Yes, I do.*

(Adapted from *Gaining Insight, Taking Action: Basic Skills for Serving Victims. Office for Victims of Crime (2011).)*

VI. RISK ASSESSMENT AND SAFETY PLANNING

Lethality Risk Assessment

Assessing an intimate partner violence victim's risk of lethality is a critical skill for advocates. Lethality risk assessment is complex and there is "no-one-size-fits-all" approach. While we cannot predict what is going to happen or which victims will be killed, we can learn lethality risk factors, triage, and intervene to prevent homicide. In this way, our focus is on prevention and management, not prediction (Cattaneo, 2011). According to Cattaneo (2011), we should instead ask, "What are the chances violence will occur?"

Assessment can be conducted in person and on the crisis line. It is important for advocates to be knowledgeable about risk factors for lethality and identify "high risk" cases, which enhances our ability to adequately safety plan with victims of intimate partner violence; knowing risk helps the advocate and the client safety plan together. We can help the victim be aware of the signs of lethality risk and danger and take precautions.

While there is no way to know which victims will be killed, researchers have identified certain lethality risk factors common to those relationships in which lethal violence is likely to occur. Lethality risk assessment in the intimate partner context refers to the process by which advocates (and others) assess a victim's risk of being killed by a current or former partner (Campbell, Webster, Koziol-McLain, et al., 2003).

Danger Assessment

While other tools exist, the tool most commonly used in domestic violence programs in Oklahoma is the Danger Assessment.

Danger Assessment (DA) developed by Dr. Jacquelyn Campbell and colleagues at the Johns Hopkins School of Nursing (Campbell, Webster, & Glass, 2009). The DA is a research instrument designed for use by various professionals to help female victims assess their risk of being killed. Obtain a copy of the tool and learn more about the DA and the process for certification at Danger Assessment.org

Any risk assessment tool, such as the DA should not be the sole basis for assessing a victim's risk of lethality. Instead, it is necessary to take a holistic approach. The importance of including the victim's perception of her own risk cannot be underestimated. Studies have found that a victims' perception, or self-appraisal, of their safety and risk of harm is a "reasonably accurate predictor of repeated assault…" (Battered Women's Justice Project, n.d.). However, just because a victim does not perceive danger and risk, does not mean they are safe.

Remember:

1. A victim's level of risk can change rapidly, from moment-to-moment – in other words, it

is fluid.
2. It is important for advocates to share their concern for their victim's safety with the victim. Not in such a manner as to frighten the person, but rather as an opportunity for the person to learn more about the risk involved in their situation.
3. When victims have information related to their level of risk, they are in a better position to make informed decisions about their safety.

Lethality Risk Factors (Campbell et al., 2003)

The work of Dr. Jacquelyn Campbell at Johns Hopkins University has been instrumental to the work of advocates, enhancing their ability to assess risk of homicide. Dr. Campbell and her colleagues led the largest femicide study every conducted, across 11 cities in the U.S. and compared the histories of 220 women who were killed with 343 abused women who were not killed, to determine which risk factors were more common in the histories of those women who were killed.

The study can be found at Risk Factors for Femicide in Abusive Relationships

The primary risk factor for intimate partner femicide: The majority (70%) of femicide victims experienced prior physical abuse from the perpetrator prior to their deaths. Lethality risk factors help to inform us and the victim about the level of risk a woman has of being killed by the perpetrator. Lethality risk factors include the following:

- Perpetrator has ever used a weapon against the victim or threatened with a weapon.
- Perpetrator has threatened to kill the victim.
- Perpetrator has strangled the victim.
- Perpetrator is violently and constantly jealous (possessive).
- Perpetrator forded the victim to Have unwanted sex.
- A gun in the house.
- Perpetrator has access to guns.
- Increase in severity of physical violence.
- Perpetrator controls most or all the victim's daily activities.
- Perpetrator uses illicit drugs.
- Increase in frequency of physical violence.
- Perpetrator drunk every day or almost every day.
- Perpetrator beat victim while pregnant.
- Perpetrator has been reported for child abuse.
- Child in the home who is not perpetrator's biological child.
- Perpetrator is unemployed (strongest sociodemographic risk factor for intimate partner femicide).
- Perpetrator has violated protective orders, probation orders, and other court orders.
- Perpetrator has a criminal history.
- Perpetrator has a history of stalking.
- There is a child in the home who is not biological to the perpetrator.

Remember:

Victims of intimate partner violence are unlikely to over-estimate their risk of serious harm or death; in fact, they often underestimate it (Klein, 2009).

So, if a victim perceives that she is at risk of harm, we must always take it seriously. Alternatively, if a victim does not appear to perceive risk or believe she is in danger, does not mean that she is not at risk.

Lethality risk assessment begins during the first interaction with a victim and continues throughout the time the advocate and client are working together. Remember that a victim's level of risk is fluid in that it can change rapidly, from one moment to the next. There are "no-one-size" fits all approaches to lethality risk assessment; each case is unique.

It is important that advocates share their concern for the victim's safety with the victim, not in such a manner as to frighten the individual, but rather as an opportunity for the victim to learn more about the risk involved in their situation. When victims have additional information related to their risk, they are in a better position to make informed decisions about their safety and the safety of their children. Victims have a right to know what we know about their risk!

NOTE: *Just because there appears to be no risk factors present in the case, does NOT mean that the violence will not become lethal nor that the victim is safe.*

Separation and Lethality Risk

75%

Nationally, 75% of women who are killed by their intimate partners are murdered when they attempt to leave, or after they have left.

While separating from an abusive partner can be an effective strategy for ending the abuse for many victims, it is does not offer the same protection for all victims. Physical violence, sexual violence, coercive control, intimidation, threats, and psychological/emotional abuse are known to continue and even increase during the period of pending, actual, or post-separation. For some victims, it is during the process of separation that physical violence occurs for the first time (Brownridge, 2006). Also, divorcing or separating women report higher levels of intimate partner violence, and in one study, 74% of victims were sexually assaulted when they expressed a desire to leave the relationship (DeKeseredy, 2007). In addition, separation is known to increase the risk of fatal violence. As such, separation is a particularly dangerous time for victims.

The risk of homicide increases when the victim is separating from a highly controlling partner after living together (Campbell et al., 2003). Other factors that increase the victim's risk of being killed after separation include the following:

- Victim initiation of legal proceedings (Campbell et al., 2003; Wilson & Daly, 1993).
- Victim is leaving the perpetrator for another partner/new relationship (Campbell et al., 2003)

- Victim is leaving a jealous/possessive partner (Campbell et al., 2003)
- The perpetrator has access to guns (Campbell et al., 2003)
- The couple maintains contact, particularly related to child custody (Office of the Chief Coroner, 2008).

Flashpoints for Violence

Flashpoints are not necessarily risk factors for lethality, and while there is some overlap between the two, flashpoints refer to situations, events, and experiences that may occur during the course of a victim's life, and that have the potential to escalate violence.

Of course, some of the listed flashpoints may also have the positive consequence of enhancing safety, i.e., filing a protective order, calling law enforcement, etc. Therefore, it is important to have conversations with victims about what they perceive to be the potential *risks* and *benefits* (pros and cons) to them from engaging in certain of these actions.

- Filing a protective order and/or when it is served to the respondent (perpetrator).
- Release of perpetrator from jail or prison.
- Initiation of court proceedings.
- Calling law enforcement.
- Perpetrator reported for child abuse – or initiation of child welfare involvement for the family.
- Divorce and custody proceedings (or victim consults with an attorney).
- Seeking child support
- Visitation and exchange of children.
- Victim's initiation of services (including legal services).
- Recent instability, i.e., unemployment.
- Perpetrator feels he may lose his partner (she takes steps to leave – including actual separation as well as perpetrator's perception that she is leaving, i.e., obtaining a promotion at work, going back to school etc.); and
- Pending, actual, and post-separation.

Oklahoma Lethality Assessment Program (LAP)

In Oklahoma, Attorney General certified domestic violence, sexual assault, and stalking programs answer Lethality Assessment Program (LAP) calls.

***Please follow your agency's procedure for answering LAP calls.**

What is the LAP?

Effective November 1, 2014, an amendment to the Oklahoma Victim's Right Act [21 O.S. § 21-142A-3(D)] requires law enforcement officers to assess a victim's potential for being killed by

asking 11 evidence-based questions (although some law enforcement agencies added additional questions outside of the researched protocol) used to assess the risk of lethality. The questions have an accompanying scoring protocol for law enforcement to assess the risk an intimate partner violence victim has of being killed.

The research demonstrates that it is not the 11 questions in isolation that increases victim safety, but rather the accompanying response protocol known as the Lethality Assessment Program or "LAP." Law enforcement agencies following the "full" LAP protocol, connect victims on the scene of a domestic abuse incident to the local crisis line, or the state SafeLine. Service provider agencies have developed internal protocols for the handling of these calls.

What Does the Research Say?

Police Departments' Use of the Lethality Assessment Program: A Quasi-Experimental Evaluation (Messing et al., 2014).

LAP study participants experienced:

• Less frequent and less severe violence.

• Greater protective strategies both immediately after the event (e.g., seeking services, removing/hiding their partner's weapons) and at follow-up (e.g., applying for and receiving an order of protection, establishing a code with family and friends).

• Greater satisfaction with the police response.

Study results are available at: https://www.ncjr.gov/pdffiles1/

Effective November 2021, law enforcement officers in Oklahoma will be required to implement the accompanying response protocol. Senate Bill No. 17 states that "if the results of the lethality assessment indicate a referral is suggested, the assessing officer shall implement the protocol referral process to a domestic violence advocate from a certified or tribal program as follows:

1. Advise the victim of the results of the assessment.
2. Advise the victim that based on the results of the assessment the officer will call the domestic violence crisis line to allow the victim to speak with an advocate.
3. If the victim does not want to speak with an advocate, the officer shall document the refusal on the form.

Regardless of the results of the lethality assessment, referral information for shelters, domestic violence programs and other social services shall be provided to the victim."

Rationale

Research by Dr. Jacquelyn Campbell showed that women who were killed by their intimate partners or former intimate partners were less likely to have had contact with advocacy programs. Aligned with these findings, the Oklahoma Domestic Violence Fatality Review Board (2010) consistently found that between 95% and 98% percent of victims who were killed did not have contact with domestic violence programs prior to their death.

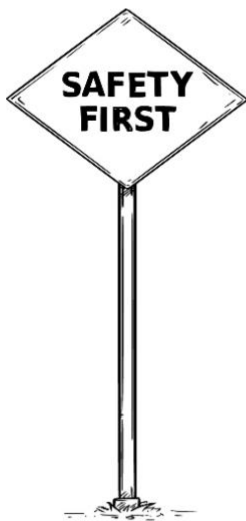
The Lethality Assessment Program (LAP) was originally created by the Maryland Network Against Domestic Violence (MNEDV) in 2000. It brought together evidence-based lethality risk assessment questions for law enforcement officers to discuss with victims of domestic violence on the scene of an incident, followed by a strategic protocol involving several steps that officers should follow to enhance the safety of victims. The LAP was designed to be a "multi-pronged strategy" used by law enforcement officers in partnership with domestic violence advocates to prevent domestic violence homicides. **Note:** It is the collaborative and coordinated response between law enforcement and domestic violence advocates that has the potential to save lives. At the core of the protocol, the victim and the advocate communicate on the crisis line immediately following the officer asking the 11-questions. In some instances, victims may choose not to talk with an advocate on the crisis line (which is their right). In these cases, the officer talks to the advocate on the crisis line and then relates the advocate's safety planning and resource information to the victim. In this way, victims can still benefit from the information. It is important to remember that victims are not always aware of the danger they are in; it is the safety planning and resource information that may lead the victim and children to a safer place.

Please note: In Oklahoma, some law enforcement agencies have implemented the "full" protocol involving the questions, assessing risk, and thereafter connecting victims to the crisis line. However, many others have only implemented some and not all aspects of the "full" protocol. You should be aware of the LAP practices of the law enforcement agencies in your area.

For more information about the Maryland LAP go to Lethality Assessment Program – MNADV

***Please follow the policies and procedures of your organization when responding to "LAP calls". Your agency may have a specific set of guidelines as well a specific form for such calls.**

Developing a Safety Plan



Accurately assessing dangerousness and needs of victims, then assisting in developing a practical, thorough safety plan is one of the most vital services provided by crisis line workers. Safety planning is a personalized, practical plan that includes ways to remain safe while in a relationship, when being stalked and harassed by the perpetrator, when planning to leave a relationship, or after the victim has left.

Safety planning involves how to cope with emotions, tell friends and family about the abuse, assault, stalking or harassment, and other considerations. Plans in include strategies to *reduce the risk* of physical violence and other harm caused by the perpetrator. Safety planning also involves strategies to *maintain basic human needs* such as income, housing, health care, food, childcare, education for the children, and employment.

Role of the Advocate in Safety Planning

Because situations and abusive tactics are unique, each safety plan is unique.

Safety Plans:

- Seek to reduce or eliminate the range of perpetrator-generated risks a victim faces, not just the physical risks.
- Include strategies for staying in the relationship and/or leaving the relationship.
- Include considerations of life-generated risks.
- May have short-term and/or long-term timeframes.
- Will change as the situation changes.
- Listen, without judgment, to the survivor.
- Collaborative efforts work best.
- Make certain the plan is *the survivor's* plan.
- Look for signs where additional help may be needed.
- Explore and plan for contingencies.
- Allow the survivor to make their own decisions.
- Support without judgment.
- Educate survivors on domestic violence, sexual assault, stalking, and human sex trafficking and social and legal systems.
- Encourage survivors to do things for themselves.
- Avoid asking "Why?"
- Be flexible.
- Accept traditions from other cultures, religions, or backgrounds.
- Get involved in the community to become aware of resources and how to access them.
- Revisit referrals and contacts with survivor to praise and encourage survivor.
- Make appropriate referrals and a lot of them.
- Encourage survivors to contact the crisis line whenever the need arises.
- Safety plan each step of the way and develop alternative strategies when possible.
- Point out progress and praise often.
- *ASSUME NOTHING*

Safety Considerations for Victims of Domestic Violence, Sexual Assault, Stalking, and Human sex trafficking

- How life-generated risks affect survivor's decision making (life-generated risks refer to the types of risks we can all face at any time, e.g., poverty, unemployment, bias or discrimination, lack of transportation) (Davies, 2009).
- Variety of strategies used by survivors to reduce risks.
- Role of advocates in responding to safety concerns and meeting basic human needs.
- For some victims, leaving may create new risks or increase existing ones.
- Part of a risk analysis is consideration of the effect that staying in or leaving the situation

will have on those risks.

  - "Should I stay and risk the violence?"
  - "If I leave will the violence be worse?"
  - "Should I leave and place myself and my children in a worse situation?"

Considerations When Living with the Perpetrator

- Identify perpetrator's use and level of force in order to help assess the risk of physical danger to victim and children.
- Identify safe areas in the home or property where there are no weapons and are ways to escape.
- Encourage the victim to avoid running to where the children are, as it can increase the possible danger to them.
- If danger is unavoidable, victims should try to make themselves a small target—dive into a corner and curl up into a ball with their face protected by their hands and arms around each side of the head.
- If possible, encourage victims have a phone accessible and know what numbers to call for help. If life is in danger, call 911.
- Suggest the victim tell trusted friends, family, and neighbors of the situation and develop a plan and visual and verbal signals for when help is needed.
- If possible, assure guns and knives are locked away or as inaccessible as possible.
- If the victim has access to transportation, keep fuel in the car and an extra set of keys hidden and available.
- If strangulation is involved, encourage the victim to avoid wearing necklaces or scarves.
- Assist the victim in creating "reasons" to leave the house at different times of the day and night.

Considerations with Children or Other Persons in the Home

- Tell the children that violence is never right, even when someone they love is being violent. Assure them that neither the victim nor they are at fault or are the cause of the violence, and that, when anyone is being violent, it is important for them to be safe.
- Safety plans should be age and developmentally appropriate.
- Teach the children how to get help.
- Teach children not to get involved in the violence. Plan a code word to signal that they should get help or leave the house. If they return, ss there a sign that could be used to let them know not to enter the house?
- Practice how to get out safely.
- Plan what to do if children tell the abuser of the plan or the abuser discovers the plan.
- Teach children when and how to dial 911; and teach them what to say.
- Tell them to leave the home (if possible) when the situation escalates, and where they can go. (Code word—be sure they do not tell others what the word means.)
- In the home, identify a room where they can go when they are afraid, and give them something they can think about when they are scared.

- Teach them to stay out of the kitchen, bathroom, and other areas where there are times that could be used as weapons.
- Tell them that, even if they want to protect their parent, they should never try to intervene.
- Help them make a list of people with whom they can safely talk.
- If safe to do so, tell schools and childcare, especially if the abuser should not be permitted to pick up the children.
- When safe to do so, encourage survivors to become involved in counseling or other helpful programs.

Considerations for Relocation

- If qualified, enrolling in the Oklahoma Address Confidentiality Program.
- Obtaining a mailbox address and filing a change of address with the Post Office.
- Contact friends, businesses, etc., giving them the new address and requesting that they remove the old address from their files.
- Contacting creditors to provide them with the new address and requesting removal of the old address from their system.
- Obtaining a new driver's license and filing a change of address with the motor vehicle department.
- Removing the home address from personal checks and business cards.
- Destroying discarded mail.
- Placing residential agreements in a trusted friend's or relative's name.
- Using another name for utilities, service, or delivery orders to the residence.
- Recording activities such as vandalism or property damage.
- Keeping a log of the stalker's activities.
- Considering the safety of whether or not to report to law enforcement, or take legal action, such as filing for a protective order.

Considerations for Residential Safety

- Be alert to any unusual packages, boxes or devices found on the premises; if found, do not investigate…contact law enforcement.
- Consider changing locks and installing fire alarms.
- Vary daily routines. Knowing daily schedule and whereabouts of all household members.
- Accompany children to school or bus stops.
- Require identification of all service people before allowing them into the home.
- Keep fuse boxes locked and locate flashlights, candles, and lanterns throughout the house.
- Ask trusted neighbors to provide information on any suspicious person or vehicle.
- Positively identifying people before opening the door.
- Includes emergency evacuation plans for all household members.

Considerations for Workplace Safety

- If the workplace has security guard or agency, inform them of the situation and provide them with a photograph and a description of the abuser.
- Having a co-worker screen calls, incoming mail and packages. Unknown packages, or packages not ordered by the victim should not be accepted.
- Being aware of the possibility of being followed to and from work.
- If there is a reception area, all visitors and packages should be screened.
- Co-workers should be aware of the situation, so they are alert to suspicious people, parcels, or packages.
- Park in a secured area if possible.

Considerations for Court

Note: Ideally, victims should have access to supports that may enhance their safety during court proceedings. However, the level of support available to victims may differ across jurisdictions. In those jurisdictions, advocates should work with their local courts and courthouse security to find ways to make such supports readily available.

- Plan to arrive at the courthouse at a different time than the perpetrator (earlier or later). If possible, as a friend or family member to drive the survivor to court, preferably in a car unknown to the perpetrator.
    - An advocate, friend, or family should accompany the survivor.
    - Alert police or sheriff if there have been threats.
- *Inside the courthouse:*
    - Encourage the survivor to stay with support persons throughout the process.
    - Plan a safe place for the survivor and support people to sit.
    - Know alternative exits in case the survivor needs to leave quickly.
    - Request the bailiff or courthouse security to keep the perpetrator away from the survivor, and alert them if the perpetrator threatens, harasses, or approaches the survivor. If a protective order is in effect, these behaviors may be violations, and law enforcement should be contacted.
- *Leaving the courthouse:*
    - At the end of the hearing, the survivor can request that the judge or court officer/bailiff to detain the perpetrator while the survivor leaves. If the abuser is not detained, allow the perpetrator to leave first, and wait to leave, preferably through an alternative exit.
    - If possible, request a law enforcement escort to the car when the survivor leaves.
    - Request a friend or family member pick up the survivor at the exit.

(WomensLaw.org, 2021).

Considerations for Technology Safety

- *Using a safer device:* If someone is monitoring a computer, tablet, or mobile device, the survivor may want to try using a different device that the stalker has not had physical or remote access to in the past and does not have access to now (like a computer at a library or friend's phone). This can hopefully give an option for communication that cannot be monitored.
- *Trusting instincts:* Encourage victims to trust their instincts. Abusers, stalkers, and perpetrators are often very determined to maintain control over their victims, and technology is one of many tools they use.
- *Discontinuing social media:* Stalkers often use the social media of the victim and friends and family of the victim. Victims may want to ask friends and family to be cautious about sharing information.
- *Strategically plan around tech*: Some perpetrators may escalate their controlling and dangerous behavior if they feel they have lost access to the victim. Before removing technology, for example a hidden camera or GPS tracker, the victim should consider thinking about the response, and make a plan for safety. Some victims choose to use a safer device for some interactions, but also keep using the monitored device as a way to collect evidence.
- *Look for and document patterns of abuse* (WomensLaw.org, 2021).

Considerations for Pregnant Victims

- Pregnancy can be an especially dangerous time for women in abusive relationships, and abuse can begin or escalate during pregnancy.
- If the home has stairs, try to stay on the first floor.
- During assaults, victims should try to get into the fetal position around her stomach.
- Doctor's visits can be an opportunity to tell what is going on. (If partner goes to the appointments, victims should try to find a moment when they can tell the care provider about an excuse for a one-on-one visit. Check into a woman-only prenatal class.
- Battering pregnant women is a felony in Oklahoma; document conversations.
- *Note:* Transgender men who were assigned female at birth and have the reproductive organs necessary to become pregnant.

Considerations for Pet Safety

- If possible, find a friend or family member to care for the pets. (Be sure to tell the caretakers to keep the pet's location a secret from anyone who might give the information to the batterer. Victim may want to avoid visiting the pet for safety reasons).
- If possible, take pet information, medical records, documents to prove ownership, medication, and other information. (Remember, some pets develop behavioral issues as a result of being around violence).
- If the pet must be left behind, a report of animal abuse can be made to law

enforcement.

- If victim leaves, the pets should be kept indoors (if possible), and pets should not be exercised or walked alone. The veterinarian should be changed.
- Animals are included in Victim Protective Orders in Oklahoma.
- Become informed about which shelters in Oklahoma have provisions for pets.
- Some emergency shelters in Oklahoma can accommodate pets accompanying human victims. In addition, be familiar with any pet-relocation/adoption programs available in your community.

Guns for protection:

- If considering purchasing a gun for personal protection, victims may consider the following:
    - Offenders may use it against the victim.
    - Most people hesitate to shoot an intruder.
    - There is a potential for accidental injury, especially for children in the home.
    - If a gun is purchased, the victim should be well-trained in handling, safety, and familiarity, as well as legal aspects of use of lethal force.
- If there are guns in the home, they should be safely stored away from children, and all adults in the home should be trained in using them for protection.

Documents to Secure:

Remind the victim to take a photocopy of the following items, and store in a safe place, away from the originals (consider storing the information on a flashdrive):

- Passports, birth certificates, immigration papers (for all family members)
- School and vaccination records
- Driver's license
- Medications, prescriptions, medical records for family members
- Social Security identification
- Work permits
- Divorce papers, custody documentation, court orders, marriage certificate
- Lease/rent agreement, house deed, mortgage payment book
- Bank books
- Insurance papers
- Address/telephone numbers
- Health cards (including family members)
- Credit cards, bank cards, phone, etc.

Remember:

Safety planning requires active listening, accurate assessment, knowledge of resources and systems, and critical thinking. Victims should be encouraged to contact the crisis line with any change in situations to update plans to enhance their safety.

Address Confidentiality Program

The Address Confidentiality Program (ACP) provides survivors of domestic violence, sexual assault, stalking, and human sex trafficking with a substitute address that can be used when interacting with state and local government agencies. The substitute address serves as the survivor's home, work, and school address. Acceptance of the address by government agencies ensures the perpetrator does not use government records to locate the survivor. The Oklahoma Address Confidentiality Program is operated by the Office of the Attorney General.

To be eligible for ACP, an individual must be 1) a victim (or an adult who resides with a victim) of domestic violence, sexual assault, stalking or human sex trafficking who fears for his or her safety, or someone who resides with such a person and fears for his or her safety, and 2) a resident of Oklahoma who has recently relocated to a place unknown to his or her abuser or is planning to move in the near future. Application is made in person by the certified application assistant in your agency. The certification application assistant in your agency has received training from the Office of the Attorney General and will assist survivors with the enrollment process and associated safety planning. Victims' will need to provide a forwarding address for mail.

For more information Oklahoma Address Confidentiality Program (ACP)

Emotional Safety Planning

The advocate's first priority is the immediate *physical* safety of victims. However, emotional safety is also a critical component of safety and well-being for victims. Attending to victims' emotional safety helps strengthen their capacity to heal from trauma.

The crisis line presents a window of opportunity attend to the caller's emotional safety needs.

What is Emotional Safety?

The first step in emotional safety planning, is to understand what it means to be emotionally safe in the context of victimization and trauma. According to the National Center on Domestic Violence, Trauma and Mental Health (NCDVTMH) (2011), emotional safety is "a feeling that your inner most thoughts, feelings and experience are, and will be, honored as one honors themselves…feeling accepted…sense that one is safe from emotional attack or harm" (p. 1). To feel emotionally safe, victims need to "feel protected, comforted, listened to, and heard" (Ferenick & Remirez-Hammond, 2013).

Individuals who have been victimized have had their sense of self attacked and their emotional safety eroded. Often, we hear from victims who tell us that the psychological and emotional abuse was worse than the physical abuse; that "the bruises fade" but the emotional "scars" are enduring.

Many victims calling the crisis line will be experiencing trauma as an outcome of victimization and interpersonal abuse. Experiencing trauma can be highly distressing and affects the individual's "ability to find emotional balance" (NCDVTMH, 2011, p. 1).

Emotional Safety Planning

In our services, including the crisis line, advocates work to increase the emotional safety of survivors. Comprehensive emotional safety planning involves survivors developing a personalized plan that works for them and should be part of the overall safety planning process. Even the small amount of time we have during most crisis line calls, we have a window of opportunity to attend to the victim's emotional safety needs (including trauma) and begin the process of emotional safety planning.

Considerations for creating an emotionally safe space on the crisis line:

- Create a calming environment by attending to your own words (remember that "words count) and use a gentle, calm, tone of voice.
- Demonstrate active listening and genuine concern and interest in what the caller is saying.
- Minimize disruptions to the call.
- Validate the victim's emotional responses to the trauma.
- Demonstrate empathy, nonjudgment, and positive regard.

The NCDVTMH (2011) makes the following suggestions for emotional safety planning for advocates:

- Understand emotional safety (what is it?)
- Help survivors manage their feelings, which can range from feeling distressed, confused, overwhelmed, sad, and scared to feeling irritable, frustrated, or angry, i.e., what can the survivor do when these feelings are overwhelming. Remember - these responses are common symptoms of trauma (see *Section IV Advocacy Skills and Section VII Trauma and Trauma-Informed Response*).
- Provide clear information about trauma (including trauma triggers) (without using professional jargon) and avoid surprises.
- Help survivors feel comforted and in control.

An emotional safety plan often includes helping the victim to: (Genesis)

- Identify trauma "triggers" (reminders).
- Identify "warning signs" that signal feeling overwhelmed or distressed.
- Identify things that can be useful to distract and take the mind away from the overwhelming/distressing feelings, or work through them.
- Identify and practice calming coping strategies to be used to calm the body during these times (See *Section VII Trauma and Trauma-Informed Response* for information about grounding, mindfulness, and breathing). For example, on the crisis line, the advocate

can work with the caller to help them take calming breaths when needed.

- Identify people who provide support - who they trust and who help them feel better and not worse.
- Identify changes that can be made in the environment that have the potential to calm, i.e., lighting, sounds, scents, etc.
- Identify positive thoughts or affirmations that have a calming effect and can be deployed when needed.

Resources

Tips for Enhancing Emotional Safety (National Center on Domestic Violence, Trauma and Mental Health)

Emotional Safety Planning (National Domestic Violence Hotline)

VII. TRAUMA AND TRAUMA-INFORMED RESPONSE

In this section we will be covering what trauma is, what it means to be trauma-informed, how to support a caller with trauma, grief and loss, and the importance of self-care.

What is Trauma?

Trauma—Serious injury to the body, as from physical violence or an accident; also, emotional, or mental distress caused by an event, series of events, or set of circumstances that is experienced by an individual as physically and emotionally harmful or threatening. The event may cause the individual to feel emotionally, cognitively, and physically overwhelmed and unable to cope. The adverse effects of a traumatic event may occur immediately or over time. Communities may collectively react to trauma in ways that are very similar to the ways in which individuals respond and may experience the adverse effects of an event for generations. Many people who experience trauma readily overcome it, particularly with support; however, others may experience significant disruption in their lives and/or a long-term impact to their physical, social, emotional, and spiritual well-being (Office for Victims of Crime, n.d.)

Trauma can come from lots of different sources, including natural disasters, medical trauma, and historically and currently from systems themselves.

Some of the basic categories of trauma include:

Direct trauma	The individual either physically experiences or witnesses. This can also include the person who perpetrates the event. For example, someone who is experiencing symptoms that leads to behaviors, or is in a situation where they have no or minimal choice.
Indirect trauma	The individual does not physically experience it or witness. This could include witnessing over media. It could include an event effecting a loved one or a place the individual is connected to such as work or social groups.
Acute trauma	Onetime event that happens under a limited amount of time.
Chronic trauma	Repetitive and happens over an extended period of time.
Complex trauma	Experiencing multiple traumatic events.

Some select types of trauma:

Collective, Organizational, and Community	The impact that traumatic events can have on the functioning and culture of a group, organization, or entire community (e.g., the effects of the 1999 Columbine High School shooting, Hurricane Katrina, and the 9/11 terrorist attacks on their respective communities) (VAWNET, 2021).
Historical	Cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma experiences. Understanding historical trauma means recognizing that people may carry deep wounds from things that happened to a group with which they identify, even if they did not directly experience the event themselves. Historical trauma follows from events such as the colonization of generations of Indigenous Peoples, the enslavement of Africans and their descendants, and the losses and outrages of the Holocaust. While the term refers to events that occurred in the past, it is important to remember that for many communities the trauma or oppressive conditions associated with the historical trauma have been institutionalized and are ongoing. (VAWNET, 2021).
Intergenerational	The effects of harms that have been carried over in some form from one generation to the next. The concept is similar to historical trauma, although it is frequently used to refer to trauma that occurs within families rather than in larger (e.g., racial, ethnic, cultural, or religious) groups. (VAWNET, 2021)
Insidious	The daily incidents of marginalization, objectification, dehumanization, intimidation, et cetera that are experienced by members of groups targeted by racism, heterosexism, ageism, ableism, sexism, and other forms of oppression, and groups impacted by poverty. Maria Root, who coined the term insidious trauma described the concepts as follows: "Traumatogenic effects of oppression that are not necessarily overtly violent or threatening to bodily well-being at the given moment but that do violence to the soul and spirit" (VAWNET, 2021).

In addition to experiencing any of the trauma types listed above, or others not listed, as a service provider you might also experience.

Burnout	A type of psychological stress that can present with both physical and psychological symptoms such as exhaustion, depression, frustration, and anxiety; a run-down feeling experienced by victim assistance providers due to their ongoing efforts to meet work-related demands (Office of Victims for Crime, n.d.). This can happen in any profession due to the demands of the job.

Vicarious trauma	Negative psychological, behavioral, and physical consequences suffered by a service provider through exposure to another person's pain and suffering; the net effect on the service provider of working with victims/survivors of traumatic life events. Vicarious trauma has also been called compassion fatigue, empathic strain, and secondary trauma (Office for Victims of Crime, n.d.).
Secondary Traumatic Stress	The physical and emotional stress of working with traumatized individuals; a psychological phenomenon in which the caregiver experiences many of the common feelings and symptoms associated with victimization (Office for Victims of Crime, n.d.). While vicarious trauma is more cumulative, secondary-traumatic stress can have a more abrupt onset (Ausmed, 2020).

Impact of Trauma

How an individual experiences trauma and how it affects them, is as individual and unique as each person. This guide briefly highlights some of the possible impact(s) on survivors. *However, it does not cover the nuances of any differences based on the type(s) of violence and the individual's composition.* More in-depth study is recommended, such as the trauma-informed resources presented in the next section. What is important is to know at least the basics to be able to provide education to survivors on the connections between how we function as individuals and how trauma impacts us both during and after the traumatic event(s). Education can serve to help normalize the impact survivors might experience.

Knowing how basic stress might affect an individual physically, emotionally, mentally, and behaviorally, can help provide a framework to explain the impact of traumatic stress.

Possible impacts of trauma (non-inclusive):

Intrusive Symptoms	• Involuntary, intrusive memories. • Distressing dreams. • Flashbacks. • Distress at reminders. • Physical response to reminders.
Avoidance Symptoms	• Avoiding or making efforts to avoid memories, thoughts, feelings. • Avoiding or making efforts to avoid external reminders.
Negative changes in cognition and mood	• Inability to remember. • Negative beliefs about oneself, others, or the world. • Distorted thoughts about the cause or consequences. • Negative emotional state (e.g., fear, horror, anger, guilt, shame)

	• Diminished interest/participation in activities. • Feelings of detachment or estrangement from others. • Inability to experience positive emotions.
Negative changes in cognition and mood	• Inability to remember. • Negative beliefs about oneself, others, or the world. • Distorted thoughts about the cause or consequences. • Negative emotional state (e.g., fear, horror, anger, guilt, shame) • Diminished interest/participation in activities. • Feelings of detachment or estrangement from others. • Inability to experience positive emotions.
Arousal Symptoms	• Irritable behavior and angry outbursts. • Reckless or self-destructive behavior. • Hypervigilance. • Exaggerated startle response. • Problems with concentration. • Sleep disturbance (difficulty falling or staying, or restless).
Dissociation	• Inability to remember. • Altered sense of reality about one's surroundings/self (e.g., seeing oneself from another's perspective, being in a daze, time slowing)
Mental Health	• Depression. • Anxiety. • Trauma and Stress disorders, including PTSD. • Substance Use. • Other.
Physical	• Increased risk such as indicated by the ACE (Adverse Childhood Events) study. • Possibilities such as: changes in appetite, upset stomach, headaches, muscle aches, sweating, pounding heart, existing medical problems getting worse.
Life impact	• Difficulty in relationships, social life, employment, or other important areas.
Complex/ Develop-mental Trauma	• While this is an ongoing area of study, current work shows how it can impact every part of a child's life.

Many who have experienced trauma, might have also faced additional injuries from individuals and systems arising from a lack of understanding of their needs and/or behaviors. A simple way to promote understanding is to think about reactions/behaviors in context:

- What happened or/and is happening, to this individual? What stressors or/and traumas might be affecting them?
- What are all the possibilities of where the need or/and behaviors comes from? Are their biological factors to consider? Cultural? Other?
- What did not happen or/and is not happening for this individual? What has the individual not had that they needed? What do they not have now that they need?

And then a good reflective exercise for us as individuals is to think through those same questions for ourselves as needed. Also add in "What might others see in me that I don't see in myself?" And then think about ways we can find that out, including being more open and curious.

Being Trauma-Informed

Trauma-informed: Approaches delivered with an understanding of the vulnerabilities and experiences of trauma survivors, including the prevalence and physical, social, and emotional impact of trauma. A trauma-informed approach recognizes signs of trauma in staff, clients, and others and responds by integrating knowledge about trauma into policies, procedures, practices, and settings. Trauma-informed approaches place priority on restoring the survivor's feelings of safety, choice, and control. Programs, services, agencies, and communities can be trauma-informed (Office for Victims of Crime, n.d.). We can all also be individually trauma-informed.

Being trauma-informed builds on other core values such as being person-first with cultural humility, using strength-based practice, creating safety in all ways, and emphasizing empowerment. It also encompasses core practices such as accessibility, evidence-based and best practices, cultural competence, and good customer service. It is both an individual and organizational process. The Substance Abuse and Mental Health Services Administration (SAMHSA) (2014, p. 9) outlines the four "R's" which are foundational to the process of moving across the continuum from being *trauma-aware* to being *trauma-informed* The Four "R's": Key Assumptions in a Trauma-Informed Approach

While several organizational models have been proposed, the Missouri Department of Mental Health and Partners (2014) developed one such model describing four stages of change that organizations go through on their journey to becoming trauma-informed:

Trauma-Aware	Trauma-Sensitive	Trauma-Responsive	Trauma-Informed
Key Task: Awareness and Attitudes Organizations have become aware of how prevalent trauma is and have begun to consider that it might impact their clientele and staff.	**Key Task:** Knowledge, application, and skill development. Organizations have begun to: • explore the principles of trauma-informed care (safety, choice, collaboration, trustworthiness, and empowerment); • build consensus around the principles; • consider the implications of adopting the principles within the organization; and • prepare for change.	**Key Task:** Change and Integration. Organizations have begun to change their organizational culture to highlight the role of trauma. At all levels of the organization, staff begins re-thinking the routines an infrastructure of the organization.	**Key Task:** Leadership. Organizations have made trauma-responsive practices the organizational norm. The trauma model has become so accepted and so thoroughly embedded that it no longer depends on a few leaders. The organization works with other partners to strengthen collaboration around being trauma-informed.

One area that has not traditionally been part of trauma-informed organizational assessments is prevention. For example: Are you offering trainings on prevention? Have you done a community assessment like you would for cultural issues, to identify priority areas of prevention and intervention in your community and created a plan? Do you have policy to support staff should they identify the issue in their own life? While questions like this might not be on the trauma-informed organizational assessment you use, it is important they are included to meet our goals.

Trauma-Informed Care Resources

National Center on Domestic Violence, Trauma, and Mental Health (NCDVTMH) Tools for Transformation: Implementation Guide

Ohio Domestic Violence Network (ODVN) - Trauma-Informed Care: Best Practices and Protocols for Ohio's Domestic Violence Programs

National Sexual Violence Resource Center (NSVRC) SART Toolkit

Grief and Loss

Loss is part of everyone's journey. From dealing with personal losses to the loss of others in our life.

Grief is the normal process of reacting to loss. Grief reactions may be felt in response to physical losses or in response to symbolic or social losses. Each type of loss means the person has had something taken away (MedicineNet, 2007)

Bereavement is the period after a loss during which grief is experienced and mourning occurs. (MN)

Mourning is the process by which people adapt to a loss. Mourning is also influenced by cultural customs, rituals, and society's rules for coping with loss (MedicineNet, 2007).

There can be an overlap with trauma, including traumatic grief. The grieving/mourning process is different for everyone. There is no right way to grieve, no set process, and is whatever it is over the course of time. And while society in general, through a lack of understanding, can sometimes cause unintentional additional injury around "normal" grief, the risk of that happening increases with "Disenfranchised" grief. Also known as hidden grief or sorrow, disenfranchised grief refers to any grief that goes unacknowledged or unvalidated by social norms. This kind of grief is often minimized or not understood by others, which makes it particularly hard to process and work through" (Healthline, 2020).

Some losses and areas of grief survivors' experiences might include:

• Hope • Loss of innocence • Loss of childhood • Loss of self-esteem • Loss of opportunity • Loss of time • Loss of health or physical impact • Loss of mental health • Loss of what might have been if it had not happened. • Loss of finances • Loss of belongings • Loss of your safe and enjoyable places at home and in other places you used to enjoy. • Bodily Autonomy	• Belief System • Trust • The parent you were supposed to be. • The life your children were supposed to live. • The future you expected to have. • The way it was. • The way you wish it had been. • The person you thought they were. • The house you had. • The person you expected them to be. • The relationship you deserve to have	• The life you were supposed to lead. • The person that you were before the abuse. • The person you wish you had been the first time the abuse happened. • The loss of Family and Friends • Each act of violence • Loss of a child • Infertility • Loss of a job or type of career • Independence • Security • Support of Family and Friends • Social Networks • Intimate Relationship

Like with other experiences, normalize the experiences of loss and grief for the individual through educating, empathizing, and empowering as previously discussed in the Connective Communication section.

Finally, it is also important to be able to accept and work through your own areas of loss and grief, whether personal or/and as part of this work. Doing this work can involve more than one type of loss, including the loss of a caller. We will cover more of that in the next section on Self-Care.

Resources

Intimate partner homicide or homicide/suicide. Including possible impact to children: [VAWnet Grief & Trauma]

Childhood traumatic stress: [The National Child Traumatic Stress Network - Childhood Traumatic Grief: Information for Parents and Caregivers]

Trauma and Loss with Sexual Violence: [National Sexual Violence Resource Center - Learn About SART's]

Loss, Grief, and Domestic Violence Presentation: [Florida Council Against Sexual Violence - Loss, Grief, and Domestic Violence]

Self-Care

Self-care is both a personal responsibility and an organizational component that should be addressed by all agencies. While this guide focuses on the personal aspects, there is overlap with organizational operations, and additional resources for trauma-informed supervision and addressing secondary-traumatic stress are included at the end of this section.

We are all individuals and none of us are invulnerable to the stress and trauma that can affect us. Just like we always want to be aware of what might be happening with those calling, we use that same lens for ourselves and our co-workers. What has happened/is happening in our lives? What did not happen/is not happening for us?

Four areas to consider:

- Our personal lives might have past or/and present stress or/and trauma.
- There might be systems issues that impact our work.
- We might experience direct trauma on the job.
- We will be exposed to sources of indirect trauma on the job.

Then we also want to do more than address what might have happened or/and is happening. We want the skills to live our life to the fullest, to enjoy our existence and work to whatever extent possible. Hopefully, the skills covered in this section will help us do both.

ABC Awareness-Balance-Connection Framework.

(Source: *Transforming the Pain: A Workbook on vicarious traumatization by Saakvitne & Pearlman, 1996)*

For us to operate at our best, we have to first understand how we are composed and function, and then make decisions and act out of that knowledge.

A vital person-first note before we move forward: We must always be mindful for ourselves and others and recognize that there is more we do not know than what we do know. We are each individually composed and may have differences:

- An example of the first part: someone might be experiencing a medical symptom that science has not yet identified. We do not assume they are imagining it nor that they are necessarily experiencing a mental health symptom; we also have to consider the possibility that we do not have the science to explain it yet. To give examples: Before we understood how individuals with genetic mutations might experience certain side effects not listed anywhere, think about how those individuals and their symptoms might have been perceived. It was just in 2020 that scientists discovered a new organ of salivary glands in the human body and the impact of how past treatments without that knowledge had impacted some individuals.
- Again, we are all individuals, so "normal" is never an acceptable measure, but we can ask, "Is there something about how I individually function that needs to be taken care of differently – mind and body?'

Keeping that first-person perspective, lets us take what we do know, be curious and humble about what we do not know, and then work through the steps and learn new skills.

Awareness-Balance-Connection are Inter-Connected:

Awareness is both being aware of how we personally function, and then staying attuned to our needs. Sometimes we have not had the opportunity to learn, examine and become aware of how we function at our best, physically, emotionally, and mentally. So, if we have not examined ourselves in this way, we start there. Once aware of how we function at our best, we need to stay connected to its foundational importance and maintain it the best we can. One area in which individuals sometimes struggle, is going into autopilot and not doing self-check-ins to stay attuned. So, if needed, have set times throughout the day to do those check-ins. A good practice is between each work activity, and at points during them.

Balance is finding the flow throughout the day that helps us do all that is required of us the best we can. Not perfectly, but the best we can.

Self-care is part of the workday. It is foundational to what will make us successful and can be a protective factor to mitigate stressors and help us enjoy what we can. If we are not aware and are not addressing our physical-emotional-mental needs during the day, we cannot give our best to others. So doing the things we need, like self-awareness check-ins, mini breaks, eating on time, asking for support and help, getting feedback, and practicing coping skills as needed,

are all part of the flow. And balance is a flow, not a schedule. For example: You get a crisis call in the early morning. It might be earlier than you wake up, or maybe it is your normal time, but you do not have time for your exercise routine. Finding balance by adjusting your day to still meet your needs as best you can, might include taking a short nap or doing your normal or alternative exercises later.

Connection is an emotional-mental process of being internally connected to who we want to be and want to accomplish, while at the same time staying externally connected to others and what we want for them - without imposing on them.

For example:

I know myself and my values. I value my health and well-being *in all areas*. I know that without attending to me, I cannot do my best for others. I am connected to others, their pain, and needs.

Then ask:

What do I want to accomplish personally? ____

What do I want to accomplish in the world? ______________________________________

That connection to ourselves and others, and what is sometimes referred to as "Our why", is what keeps us and sustains us through. It keeps us through doing the work of balance-flowing the best we can, and it keeps us through when things outside our control create injury in ourselves or/and others, and we have to find our way through it.

Before we move to skills, while there is the emotional component of the connection, it can have its own flow. For example, there might be times we are emotionally empty, and there is not a connective feeling in us, yet we are still cognitively aware of our identity and goals and what has to be done. And conversely, we might feel all the emotional-connections, but without using the awareness-logical part of "How can this best be addressed?" We might not only *not* accomplish the goal, but perpetuate, or even create new injury.

Skills

Skills is in three parts: assessment, practice-skills, and plan with accountability.

Assessment: This should be done considering ourselves as whole individuals with a fully integrated life, not personal versus work. Though we might mark how areas have different needs.

First make a list of:

- How do I function my best physically, emotionally, mentally?
    - What are the foundational things I need and need to do for myself? From
    - personal basic self-care to areas like finances and relationships that help me take

the best care of myself.

- What are my stressors?
- What are things I might need differently when I have different stress or/and trauma? Think through examples such as, “What is there is an incident such as a tornado or traumatic death, whether at home or/and at work?”
- And one more area that is often overlooked is how am I preparing for the possible events? The more prepared we are the better we function. As an individual, organization, system, community, nation, and so on. But for this exercise, what are areas in your personal life you might need to address? Ready.gov might be a place to start that process.

Then for each of the four:

- Is this something I need to learn more about?
- Is there someone I can ask for help with this?
- Are there other resources?
- Is this something that needs to be brought to awareness for others?
- How do I address this within my balance-flow?

If you are a supervisor, additionally using the checklist for secondary-traumatic stress in the resource section is encouraged.

Practice Skills

There are entire courses that do nothing but teach self-care, coping, positive-health skills, and so on, these are just a few to consider. The best approach is to start with ones that seem to best match how you function and your needs. It might take some trial and error, and you might need options, since sometimes one might work and sometimes another one might.

Also, think through them by time and situation. What you can do in just a few seconds to when you might have or need to take a few minutes or more. If you are talking to someone and need more than you can do and stay connected to them, there are times it is okay to be honest and model. You can share you need a moment, and if appropriate even ask them to practice the skill with you.

Assessment questions:

- Do I need to think about this differently?
- Do I need to ask someone for a different perspective?
- Do I need to take time to slow and examine my thoughts-feelings?
- Do I need to talk to someone?
- Do I need a break?
- Do I need to regulate a bit?
- What can I do in this moment to regulate?
- Is this something I can think about later?

- Is this something I need to let go?
- Do I need to allow myself to feel this emotion? (To clarify, there might be times we need to: hold off on an emotion; work through an emotion; or sometimes we simply
- need to feel emotions and let them process out naturally.)
- Is this an area I might need more healing, work, training, or/and support?
- Is that area we all need more training or/and support?
- How am I doing?
- Is this in alignment with my goals?
- Other – questions that work for you.

Skills:

Setting times for those self-check-ins.

SBNRR Mindfulness Practice – *this can be modified to your needs and time available:*

Stop – Stop what you are doing, take the pause, give yourself space. Use verbal or internal mental cues if you need to.

Breathe – Everyone is different, for some paying attention to your breath and taking a moment to breathe is helpful, for others you might need a different or combined approach to move to regulation. For anyone, you might find you need to try different approaches at different times.

Notice – Notice what is going on in your body, thoughts, emotions. You are not judging yourself, just noticing what is going on.

Reflect – Where is this coming from? Why am I feeling this way? Any other curious questions that help clarify the source.

Respond – What is the kindest most compassionate way to deal with this and move forward? Again, using whatever questions might help you.

5-4-3-2-1 mindfulness practice*: In your mind, out loud, or written:*

- 5 things I can see.
- 4 things I can touch.
- 3 things I can hear.
- 2 things I can smell.
- 1 thing I can taste.

Mental – Physical – Soothing Grounding - [Healthline - 30 Grounding Techniques.]

A few examples:

Mental: list as many things in a category as you can; list categories by the alphabet; do math and number exercises; go through anchoring facts .

Physical: Pick up or touch something; breathing exercise; physical activity; use your 5 senses.

Soothing: picture a face of voice that soothes you; talk yourself kindly through it; list positive things.

Useful APPs:

PTSD Coach app: U.S. Department of Veterans Affairs - PTSD Coach

While developed by the VA this app is for anyone experiencing Post Traumatic Stress or wanting to know more to help someone they care about.

WYSA stress app: Depression & anxiety therapy chatbot app (you can pick the free option)

Moving forward app: U.S. Department of Veterans Affairs - Moving Forward

While developed by the VA this app is for anyone coping with stressful problems.

Woebot app: Your Self-Care Expert helps with multiple everyday stresses and challenges, including symptoms of depression and addiction.

Mindfulness apps such as: Headspace, Insight Timer, Mindfulness Coach, 10% Happier

Other apps: Provider Resilience, ACT coach, Virtual Hope Box, Well Body Coach, CALMapp

Plan with Supportive-Accountability

Having a plan to take care of ourselves daily and for when the unplanned happens helps us practice staying aware, in balance-flow, and connected. An important key in having a plan is to share it with someone. While there might be some parts that need to be just for friends or family, it is good to have a basic plan to share with a co-worker. This helps you both stay accountable and builds in support and safety should anything happen.

- Basic physical things I need to do my best.
- Basic emotional-mental practices I need to do my best.
- Skills I need to learn or/and practice.
- How I plan to stay attuned to myself.
- This is what balance-flow looks like for me.

Outside of us checking in (set routine time for check-in), here are things if you see in me, then I would like you to check in with me (and if applicable to your possible triggers) and how to do that: ____

What I might need on days when the harder or/and unplanned occurs: ____________________

I am working on being prepared for:____

Resources

Secondary traumatic stress core competencies in trauma-informed supervision: NCTSN Using the Secondary Traumatic Stress Competencies in Trauma-Informed Supervision

VIII. CALLS AND FREQUENTLY ASKED QUESTIONS

Sexual Assault Nurse Examiner (Sane)

What is a Forensic Sexual Assault Exam?

A sexual assault forensic exam, or sexual assault nurse exam (SANE) is a holistic medical assessment that focuses on addressing emotional and physical/medical needs, as well as forensic evidence collection and injury documentation, related to sexual assault.

Note: SANE programs are not available in all areas of the state. Existing programs vary greatly in the scope of services. It is important that the crisis line staff be informed about the services, policies, and procedures of your agency.

Who Qualifies for a Forensic Sexual Assault Exam?

Anyone who has been sexually assaulted and is at least 13 years old. Some programs also provide SANE exams for pediatric patients. A SANE exam must take place within 120 hours of the time the assault occurred. (There are rare exceptions to the 120-hour limit, however, the caller can still receive advocacy and services from the agency).

Victims of sexual assault in Oklahoma can receive a SANE exam regardless of whether or not the crime is reported to law enforcement. The cost of the exams are paid through Oklahoma Crime Victim's Compensation; medical insurance is not required.

The SANE exam is particularly helpful if the survivor is making a police report, or even if the survivor decides to report at a later time.

What is Involved in a Forensic Sexual Assault/Sane Exam?

The exam consists of three main parts: the narrative portion, the physical exam, and medication administration. During the narrative portion, the nurse collects information about the survivor's medical history, takes a statement of the survivor's experience and asks questions regarding the assault. The nurse writes the narrative in the survivor's own words and asks yes/no questions about the assault as well.

During the physical exam, the nurse looks over survivor's body for any injuries or potential evidence. With survivor's permission, the nurse takes photographs of injuries/evidence, and then performs a pelvic and or rectal exam, if applicable. The nurse takes vaginal swabs (if applicable) and may ask to take swabs of other areas on the body as well, depending on where there may be evidence.

Following the physical exam, the nurse provides high doses of antibiotics to prevent three of the

main sexually transmitted infections (STIs) which are treatable prophylactically. The survivor will be given the option to take an emergency contraceptive pill to prevent pregnancy.

At the end of the exam, the nurse will review any additional care that is needed and provide customized discharge instructions. These may include additional medical testing and/or treatment referrals. If further emergency care is needed, the nurse refers the survivor back to the hospital. The nurse and advocate work together to ensure that the survivor can access the follow-up care and referrals that are recommended. If the survivor has been strangled (or choked), it is very important for them to get strangulation assessment.

Every part of the exam is optional and occurs only with the survivor's informed consent.

How Long Does a SANE Take?

The length of time a survivor spends in a SANE exam differs greatly. If there are many injuries related to the sexual assault, that will generally lengthen the amount of time spent in an exam, as the nurse carefully documents each injury. Additionally, the SANE nurse and advocate work at the survivor's pace because they are in control of every part of the exam. Typically, an exam lasts anywhere from 2 to 4 hours.

What Testing or Medications/Prescriptions are Part of the SANE Exam?

Certain testing may be provided during a SANE exam, such as pregnancy testing. If the survivor or nurse suspects the sexual assault to be drug-facilitated, the nurse may ask the survivor permission to draw their blood for toxicology testing. No STI testing is available during the SANE, as STI testing needs to be done about 3 weeks after a potential exposure. All testing needs that cannot be taken care of during the SANE will be referred to the appropriate provider (Primary care, urgent care, local health dept., hospital, etc.), and the nurse or advocate can help arrange access if needed. Medications to preventatively treat certain STIs are available during the SANE, as well as the emergency contraceptive pill, which prevents pregnancy.

When are SANE Exams Available?

Times vary according to the policies and procedures in your area. SANE exams are available 7 days a week, 24 hours a day in some programs, and are scheduled only during times when SANE nurses are available. Some communities do not have these services available to survivors.

Are Friends or Family Members Present for the SANE?

Hospital and SANE programs have various policies regarding visitors in the room during the exam. In some programs, guests or visitors are allowed in the exam room with the survivor, including children. Other programs allow the survivor to make the decision. Advocates are usually allowed to stay during the exam, with the consent of the survivor. Crisis line staff should be familiar with the policies and procedures within individual programs.

What Does the Advocate Do?

With the consent of the survivor, an advocate can support them throughout the entire SANE process. Advocates ensure the survivor is treated fairly and with respect. Advocates provide emotional support, safety planning, and resources to address all the non-medical needs. They can provide resources for concerns related to food, clothing, counseling, victim protective order assistance and follow-up medical care. They will also create an individualized safety plan and assure the survivor has a safe place to go after the exam, including emergency shelter if needed. Advocates can connect the survivor with counseling/support groups, help filing a victim protective order, and accompany them to law enforcement interviews and court hearings, and more. **Advocacy services are available and free of charge whether or not the survivor chooses to have a SANE exam.

Protective Orders

What is a Protective Order?

Under Oklahoma law, victims of specified crimes can be offered protection from an alleged perpetrator through a protective order (PO) or victim protection order (VPO). These orders are intended to prevent harassment, intimidation, or harm by an individual accused of domestic abuse, sexual assault, stalking, human sex trafficking, harassment, and other serious crimes against another person. Although a court order cannot physically prevent a person from contacting or harming another, there are criminal penalties associated with violating these orders. For those already facing criminal prosecution, the additional charges for violating a VPO can complicate the defense.

Definitions:

Domestic Violence: Any act of physical harm or threat of imminent physical harm committed by an adult, emancipated minor, or minor child 13 years of age or older against another adult, emancipated minor, or minor child who are family or household members or who are or were in a dating relationship. (22 O. S. § 60.1-Definitions)

Stalking: Willful, malicious, and repeated following with the intent to place the person in fear of death or great bodily harm. The victims have to actually experience fear. There is no requirement of being a family, household member, or dating relationship. This also includes electronic communications and more modern forms of stalking (21 O.S. § 21-1173).

Harassment: A knowing, and willful, course or pattern of conduct directed at a specific person which seriously alarms or annoys the person, and which serves no legitimate purpose. The course of conduct must be such as would cause a reasonable person to suffer substantial emotional distress and must actually cause substantial distress to the person (21 O.S. § 21-1173).

What are the Different Types of Protective Orders in Oklahoma?

There are three types of protective orders in Oklahoma: an emergency temporary order, an emergency ex parte order, and a final order of protection.

Temporary Emergency Orders are typically issued at the scene of a violent situation to which police respond. These emergency temporary orders are given when a person is perceived to be in immediate need of protection, but the court is closed. A responding police officer should have the petition available for a person seeking protection to complete. A judge then can grant verbal approval by telephone for the emergency temporary order. *This order is valid for up to fourteen days.*

Emergency ex-parte Orders are orders issued by the court. They are in effect until the hearing for the permanent order, which takes place within 14 days of the issuance of an ex-parte order. These orders are fully enforceable after the defendant is served. Survivors can learn whether service has occurred by signing up for Victim Information Notification Everyday (**VINE VPO**) Vinelink or by contacting the sheriff's office in the county where the order was issued. The petition is reviewed by a judge, generally in person. The plaintiff does not need an attorney and can represent themselves during this process. Defendants do not typically appear at this hearing.

Final Orders are virtually the same as a temporary restraining orders, as it can restrain a defendant from home, work and public places frequented by the plaintiff. The difference is the length of time it is in force. Final orders can be issued for up to five years. Under some circumstances, they can be issued permanently, which mean they are in effect indefinitely, unless they are amended by the court. Defendants do appear at this hearing and present their sides of the story.

Who Can File a Petition for a VPO?

Petitions can be filed by (22 O.S. § 60.2-Procedure)*:*

- Victims of stalking.
- Victims of rape.
- Victims of forcible sodomy.
- Victims of a sex offense.
    - Sexual Assault (felonious assault—21 O.S. 681).
    - Human sex trafficking for commercial sex.
    - Sexual Abuse or exploitation by a caretaker.
    - Child sexual abuse or exploitation.
    - Permitting sexual abuse of a child.
    - Incest.
    - Child stealing for purposes of sexual abuse or exploitation.
    - Indecent exposure or solicitation of minors.
    - Child pornography.
- Includes minors ages 16 or 17.
- Parent or guardian may petition on behalf of a minor under age 17.
- Members of the immediate family of a victim of first-degree murder.

Qualifying relationships (O. S. § 60.1-Definitions):

- Family or household member
    - Spouses.
    - Ex-Spouses.
    - Present Spouses of Ex-Spouses and Ex-Spouses of Present Spouses.
    - Parents, grandparents, stepparents, adoptive parents, and foster parents.
    - Persons otherwise related by blood or marriage.
    - Persons living in the same household or formerly lived in the same household.
    - Biological parents of the same child.
- Persons in a dating relationship
    - Courtship or engagement relationship
    - A casual acquaintance or ordinary fraternization between persons in a business or social context does not qualify.
    - Persons who currently or formerly lived together in an intimate way, primarily characterized by affectionate or sexual involvement. A sexual relationship may be an indicator that a person is an intimate partner, but it is never a necessary condition.
- Stalking victim who is not a family/household member or in a dating relationship (must file criminal complaint with law enforcement prior to filing petition and provide copy to court) (22 O.S. § 60.2—Procedure).
- Victims 16 or 17 years of age are eligible to file petitions.

How Do Survivors File for VPOs?

In order to receive an emergency ex-parte or permanent order, a person must complete a petition for in the county courthouse where either the plaintiff or the defendant resides or where the alleged incident(s) occurred. Though counties differ in processes, petitions can be obtained at the county court clerk. Most victim organizations have staff who can assist with this process. Most counties have developed their own forms, but the Oklahoma State Courts Network (OSCN) makes forms available online (https://OSCN - Protective Order Forms). It is important to understand eligibility and the court's requirements and procedures for completing the forms and submitting them appropriately. There is no fee for filing a petition.

If a judge issues an emergency ex-parte VPO, a hearing for the final order will be scheduled within 14 days. At that point, during the hearing the judge may issue a final order of protection or may dismiss the petition. In some cases, it may not be necessary to file a petition for an emergency order prior to filing a petition; a petition for a final order may be filed. Emergency orders are issued when a person has reasonable evidence that they are in immediate danger.

Survivors should be aware that the defendant will receive a copy of the petition, which may be a consideration for the amount and type of information included. Additionally, petitions become public information, and may be viewed by the general public on the Oklahoma Supreme Court Network.

What Information Does the Petitioner Need to Provide to the Court During the Hearing?

The petitioner/plaintiff must be able to state that the defendant has hurt or threatened to hurt, stalked, harassed, or sexually assaulted them or their children, and that they are in imminent (likely) danger of further abuse, threats, stalking or harassment if the protection order is not granted by the court. The information about the incident(s) should be specific--what happened, when and where it happened, who was present and whether any children were present at the time. This can include information about incidents or abuse that occurred in the past. In the hearing for the permanent order, the plaintiff should bring any evidence which will support the information provided in the petition. The plaintiff may be represented by an attorney but can appear on their own behalf in these hearings. Defendants frequently hire attorneys for this process.

What Happens at the Final Order Hearing?

If the defendant has been successfully served, the hearing will be held for the permanent VPO. If the defendant fails to appear in court, the judge may order the ex-parte order made permanent. The court may still ask questions about the circumstances and events surrounding the petition. The defendant has a right to appear at the hearing and contest that the final order. In that event, the plaintiff must be prepared to present evidence, such as personal testimony, testimony of witnesses, photographs of documented abuse, etc. The judge will then decide whether or not to grant the order, what the conditions of the order will be, and what length of time the order will be in effect. If the plaintiff fails to appear at the hearing, the court generally dismisses the case, and charges the plaintiff for court costs.

Final VPOs may be valid for up to five years. If the defendant is incarcerated, the VPO is valid during the full period of incarceration. The time during which the defendant is incarcerated does not count against the five-year time limitation. The plaintiff may request that the court make the VPO continuous (permanent) (longer than five years) if the defendant has a history of violating court orders, has a previous violent felony conviction, or has a previous felony stalking conviction and a VPO has been issued against the defendant in Oklahoma or another state.

The orders can be stayed or modified *only* by court order. Either the defendant or the plaintiff may request a review of the order by the court. The process requires a hearing before the court by both the plaintiff and defendant. Final orders are in full effect unless the court modifies the order. All orders are fully enforceable, as ordered, in all U. S. states and territories.

How are Orders Enforced?

If the defendant violates the terms of a VPO, law enforcement is responsible for enforcing the order. The perpetrator may be arrested, and another hearing may occur where the survivor will provide testimony. If the perpetrator is found guilty of the violation, the first violation in most cases is a misdemeanor, and any thereafter are felonies.

At no time, under any proceeding, may a person protected by a protective order be held to be in violation of that protective order. Only a defendant against whom a protective order was been issued may be held to have violated the order. (Title 22 O.S. Section 60.6 (H))

Role of the Advocate

Advocates should be fully informed about the court support services offered by their organizations and be aware of the procedures for petitioning and hearings for VPO's in their service areas.

Victim protective orders are flashpoints for violence and coercion. Safety should be a consideration in whether or not victims file for these orders, and safety planning around service of the order and court procedures should be included in consideration of the entire process.

Stalking Documentation and Evidence

What is stalking?

In Oklahoma, statute defines stalking as a willful, malicious, and repeated following with the intent to place the person in fear of death or great bodily harm. The victims have to actually experience fear. There is no requirement of being a family, household member, or dating relationship. This also includes electronic communications and more modern forms of stalking (21 O.S. § 21-1173).

Threats of violence may be implicit or explicit. Remember, even if the stalker's behaviors are not considered illegal in your state, their behavior is still abusive and there is nothing that the victim could ever say or do to deserve being treated in that way. Stalking is never the victim's fault; it is a tactic the abuser is using to intimidate and frighten the victim to (re)gain power and control.

Stalking may be a feature of domestic violence, sexual assault, and/or human sex trafficking, or it can be a stand-alone crime. While stalking behaviors can present during any part of an abusive relationship, stalking is most common after a victim has left the relationship, and women are significantly more likely to be stalked by a spouse or ex-spouse rather than a stranger, acquaintance, relative, or friend. Either way, assessment of the situation, risk, and development of a safety plan are essential for victim safety. Stalking is one of the few crimes that relies almost solely on the victim to collect and preserve evidence.

Stalking can be physical and/or digital, and could include tactics such as:

- Making repeated and unwanted phone calls or texts.
- Sending unwanted letters or emails.
- Following or spying.
- Showing up where the victim is without a legitimate reason to be there.
- Driving by or waiting around at places (home, work, school, etc.).

- Leaving/sending unwanted items, presents, or flowers.
- Posting information or spreading rumors in social media, in a public place, or by word of mouth.
- Looking through property (including trash cans, mail, or car).
- Taking property.
- Collecting information about victim, friends and family members, or employers.
- Taking pictures of the victim or family members and friends.
- Damaging home, car, or other property.
- Monitoring phone calls, email, social media, or other computer use.
- Tracking through the use of technology, like hidden cameras or GPS.
- Threatening to hurt you, your family, friends, employers, or pets.
- Finding out information by using public records or online search services or hiring investigators.
- Contacting friends, family, neighbors, or co-workers about you.

This list is not inclusive of every behavior that a stalker might use, as stalking tactics will be targeted toward what will impact the intended victim the most.

If someone is being stalked, what can they do?

- **Be prepared to reach out.** If possible, keep a cell phone charged and have emergency contact numbers programmed ahead of time. The survivor may want to save these contacts under a different name. Memorize a few numbers in the case that they do not have cell phone access.
- **Change routines.** Be aware of daily routines and begin to alter them over time. An example is taking different routes or different modes of transportation.
- **Tell someone trusted.** Stalking should not be kept a secret. Encourage the survivor to share information with loved ones, parents, or other trusted adults, or consider the possibility of contacting the local police to determine if a report can be made.

Should a safety plan be developed for victims of stalking?

Yes. While stalking behaviors can be present during any part of an abusive relationship, a national study found stalking to be most common after a victim has left the relationship. Women are significantly more likely to be stalked by a spouse or ex-spouse rather than a stranger, acquaintance, relative, or friend. Post-separation stalking behaviors are an indicator that the relationship is still dangerous. Considering this, the possibility of stalking must be part of the safety planning process.

Whatever the victim chooses to include or not include in their safety plan, it is important to remember that they *do not* owe the stalker a response. After the victim initially asks the perpetrator to stop contacting them, it is typically safer to *not respond* to them. It is unlikely that the victim will be able to convince the abusive person to stop stalking them by telling them

to stop repeatedly, as stalking is about gaining power and control. If the stalker promises to stop contacting the victim if they meet with them to talk in person, that is likely an attempt to put the victim in a vulnerable position so they can use other abusive tactics against them. Threats against the victim's family, friends, employers and pets are similarly meant as emotional blackmail to convince the victim to give the abuser more access to them. Acknowledging their behaviors with a reply to their harassment is likely to be taken by stalkers as a sign these tactics are working, which could cause the abusive behavior to increase. It also increases the likelihood that the victim could be accused of collaborating with the abuser, weakening any potential legal case that the victim has against abusive partner moving forward.

Remember, this situation is not the victim's fault! Abusive individuals are known to be charismatic and manipulative. Once boundaries have been communicated, survivors have no obligation to communicate with the stalker, and it is generally best to end contact altogether and take steps to keep the survivor safe.

What are some safety considerations for victims of stalking?

Stalking can be one of the most difficult abuse tactics to safety plan around, especially when police involvement and protective orders are either not possible or not helpful in stopping the abuse. Stalking prevents the victim from being able to cut off contact with the perpetrator, which makes it much more difficult for healing to begin. Often, stalking causes the victim to experience so much fear and anxiety that they return to an unsafe relationship because that seems to be the only solution to get the perpetrator to stop. (National Domestic Violence Hotline - Stalking Safety Resources)

When it is safe to do so, following are some things for victims of stalking to consider:

- Safely avoiding all contact with the stalker
- Informing family, friends, co-workers of the situation
- Keeping a journal or log of all stalking incidents
- Keeping all letters, texts, telephone messages, gifts and social media from the stalker

If a victim believes they are experiencing stalking, they should be encouraged to document as much about the stalking behaviors in question as possible to create evidence of a pattern of behavior, which can be helpful when making a report to law enforcement. Stalking can include a variety of tactics and behaviors, some of which are more obviously threatening, and some of which, taken in isolation, can seem innocent or not worth mentioning. The victim should document anything that makes them feel afraid or uncomfortable, no matter how small it seems.

(Sample documentation forms for victims can be located on the Stalking Prevention, Awareness and Resource Center victim resources Stalking Documentation Forms)

Common safety planning tips for physical stalking include:

- Varying routine (including using a different bank and grocery store, taking a different

route to work and/or school, changing the places the survivor normally frequents)

- Not traveling alone; using a "buddy" system as much as possible
- Staying in public areas as much as possible
- Notifying friends/family members/neighbors/landlords/schools/day care providers/coworkers/ supervisors about the stalking
- Developing a code word to use when the stalker is present or when the victim is worried they may be in danger (when the victim texts a friend or family member the code word, they know you need help, and they follow a previously outlined plan to get the victim the help they need--this may or may not involve calling the police)
- Increasing home security (installing deadbolts, window locks or grates, visible security cameras, motion-activated outdoor lights, and/or a home security system)
- When safe to do so, making a police report and getting a protective order against the stalker (this might not prevent the stalking, but it will allow the victim to report any violations of the order to the local police, increasing the likelihood that the stalker will eventually face legal consequences)

Considerations for residential safety include:

- Being alert to any unusual packages, boxes or devices found on the premises (if found, do not investigate…contact law enforcement).
- Considering changing locks and installing fire alarms.
- Varying daily routines.
- Knowing daily schedule and whereabouts of all household members.
- Accompanying children to school or bus stops (Possibly changing schools or childcare arrangements).
- Requiring identification of all service people before allowing them into the home
- Keeping fuse boxes locked, and locating flashlights, candles, and lanterns throughout the house.
- Asking trusted neighbors to provide information to the survivor on any suspicious person or vehicle.
- Positively identifying people before opening the door.
- Developing a safety plan that includes emergency evacuation plans for all household members.

Safety planning when leaving an abusive person:

- *Making an escape bag.* Packing a bag that includes all important papers and documents, such as birth certificate, license, passport, social security card, bills, prescription drugs, and medical records. Include cash, keys, and credit cards. Hide the bag well. If it is discovered, call it a "tornado bag" or "fire bag." If escaping with children, including their identifying information as well.
- *Planning the safest time to leave.* If the situation is not an immediate emergency, survivors can consider the safest time to exit the residence. For example, if there are times when the stalker is not present (for example when they are at work or church or

taking the children to school), that may be the safest time to flee.

- *Planning a destination.* Many survivors have already considered options for safe places they can stay. The majority of victims escaping unhealthy or dangerous relationships seek temporary shelter with family or friends. Victims of stalking qualify for domestic violence shelters in Oklahoma.
- *Planning a route.* Then plan an additional backup route. If driving, having a tank of gas filled at all times. If relying on public transportation, knowing the routes departure times. Many public transportation systems have mobile apps that update their schedules and arrival times.
- *Preparing a support network.* Keeping the support network in the loop. Letting them know that the survivor has left. It is also important to help the supportive people develop a response if the perpetrator contacts them.

Safety planning tips for cyberstalking include:

- Blocking phone numbers and blocking the perpetrator on social media (and asking friends to block them/report their account as spam).
- Contacting the e-mail provider to see if they can block an e-mail address.
- Changing the phone number and e-mail address or creating new ones for daily use
- Increasing internet security on all devices.
- Checking devices for spyware.
- Familiarize yourself with Oklahoma laws against staking and cyberstalking.
- *Change passwords and usernames.* If the survivor believes online accounts are being accessed, they can change usernames and passwords using a safer device. Once the account information is updated, it is important that the survivor not to access those accounts from a device that they believe is being monitored by the stalker. Survivors can consider creating new accounts, such as a new email address with a non-identifying username instead of their actual name or other revealing information. It is important to not link new accounts to any old accounts or numbers, and not to use the same password for all accounts.
- *Checking devices & settings.* Encourage the survivor to through mobile device, apps, and online accounts, and check the privacy settings to make sure that other devices or accounts are not connected to the survivors, and that any device-to-device access, like Bluetooth, is turned off when not in use. Make sure the survivor knows what each of the apps are and what they do. Delete any apps are unfamiliar or that they do not use. Look for spikes in data usage – these may indicate that monitoring software such as spyware may be in use.
- *Getting a new device.* If the survivor suspects that their device is being monitored, the safest thing may be to get a new device with an account that the stalker cannot access. A pay-as-you-go phone is a less expensive option. Put a passcode on the new device, and do not link it to old cloud accounts like iCloud or Google that the stalker might access. Consider turning off location and Bluetooth sharing. The survivor might keep old devices so the stalker thinks the survivor is still using it and does not try to get access to

the new device.

- *Protecting locations.* If the stalker seems to always know where the victim is, the stalker might be using a mobile tracking device, a vehicle, or by using a location tracker. The survivor should consider checking mobile devices, apps, and accounts to see if location sharing is turned on and update the settings. The victim can contact the mobile phone provider to ask if any location sharing services are in use, especially if they were/are on a family/friends plan with the stalker. Location tracking through a car might be through a roadside assistance or safe driver service. If the survivor is concerned about a hidden tracking device in a car or other belongings, a law enforcement agency, private investigator, or a car mechanic may be able to check. It is important to safety plan and document evidence before removing a device or changing the stalker's access to location information.
- *Considering cameras and audio devices.* If the survivor suspects that they are being monitored through cameras or audio recorders, it may be happening through hidden devices, gifts received from the stalker, or even everyday devices like webcams, personal assistants (such as Google Home or Alexa), or security systems. If the survivor is concerned about hidden cameras, they may consider trying a camera detector, though some will locate only wireless cameras, not wired cameras, or vice versa. Everyday devices or gifts may be able to be secured by changing account settings or passwords. Built-in web cameras can be covered up with a piece of removable tape (although this only addresses the camera, not the spyware on the computer). Remember to consider making a safety plan and documenting evidence before removing devices or cutting off the stalker's access.

It is important to save any text messages, emails, voicemails, or letters for documentation purposes, and to keep in mind the possibility that blocking or attempting to block the stalker's access to the victim could cause stalkers to retaliate further. The stalker might keep changing their phone numbers or email addresses, or even create spam accounts to try to friend the victim or their friends and family on social media. If some of the above safety planning tips feel too extreme, the victim might decide to keep their old phone number active but let their calls go straight to voicemail and not answer calls from unknown numbers, or possibly keep the old email address but not respond to any of the emails sent by the stalker.

Considerations for protecting privacy:

- *Protecting addresses:* If the survivor is concerned about someone finding their address, they may want to consider opening a private mailbox. In Oklahoma, victims of stalking may access the Address Confidentiality Program. A person in your agency has been trained to assist victims with the application process. Survivors should tell friends and family not to share the new address and be cautious around giving it out to local business. Also, investigate what information is public in Oklahoma, such as purchasing of a home, public utilities, and school information of children.
- *Limiting the information the survivor provides to others.* Almost everything we do these days asks for personally identifying information—whether it is to make a purchase, open

a discount card, or create an online account. The information we provide is often sold to third parties, and later ends up online in people-search engines and with data brokers. When possible, opt out of information collection, or only provide the minimum amount necessary. Get creative – for instance, instead of using a first and last name, use first and last initials. You can also use a free virtual phone number, such as Google Voice, to have an alternative number to share when needed.

- *Controlling offline & online privacy.* The Survivor Toolkit at TechSafety.org (National Network To End Domestic Violence, n.d.) has Online Privacy & Safety Tips, including more information about changing settings on mobile devices, social media accounts such as Facebook and Twitter, and your home WiFi network. (Additional information on Technology Stalking Safety can be located at National Network to End Domestic Violence Technology Safety: Technology Safety and Privacy: A Toolkit for Survivors
- Requesting that the bank and doctor's office password protect their information and account.
- Giving a trusted friend a key and ask them to stop by randomly to "water the plants" or "feed the pet" which increases the likelihood of catching the stalker in action.
- Getting a dog that barks to discourage the stalker from coming near your home (Note: if the dog knows the stalker, he may not bark when the stalker approaches)
- Putting bells or chimes on all windows and doors.
- Asking co-workers to screen calls and help keep a lookout for the stalker.
- Asking the police to send an officer to patrol the neighborhood at a time the stalker often comes by, if any pattern can be discovered (call 9-1-1 and give an anonymous tip of a suspicious person in your area if the survivor does not want to or cannot divulge the abuse formally to the authorities).

How can a victims of stalking assess the risk?

Stalking Harassment and Risk Profile (SHARP) Risk Assessment

While many threat assessments focus primarily on domestic violence, SHARP is a tool designed specifically to examine and assess stalking. SHARP is a 43-item web-based assessment which provides an assessment of the "big picture" of the stalking situation. It also provides a situational risk profile that consists of 12 factors associated with a wide variety of harms including physical or sexual attack, harm to others, ongoing and escalating stalking and harassment, and life sabotage.

SHARP is free to use and provides both a narrative of the stalking situation and the risk profile as well as information about stalking risks and safety suggestions. For survivors experiencing stalking, they can complete this survey. The results can provide valuable information to both the survivor and the crisis service provider when assessing the situation and developing a safety plan.

Stalking and Harassment Assessment Risk and Profile (SHARP): What to Do if You are Being Stalked

IX. TYPES OF CALLS

Emergency Calls

Callers in Imminent Danger (Saving Grace, 2016)

Calls in which the victim is in imminent danger from an abuser necessitate a quick and calm response from the advocate. Such calls can create anxiety, so it is critical to remain as calm and confident as possible.

During life-threatening calls in which the caller is in imminent danger, you may hear signs of sympathetic nervous system arousal which is associated with the “fight, flight” response. Callers may display frantic, panicky, or agitated speech, short and shallow breathing patterns, and difficulty processing information.

Critical Points *(Adapted from Domestic Violence Intervention Services [DVIS], 2017):*

- Are you in a safe place?
- Can you talk?
- Is there a violent person in the room right now?
- Is there a safer place you can safely get to right now?
- Can I get a call back phone number in case we get disconnected - discuss whether it is safe to call back?
- Do you need the police? (Ask, “Can you hang up now and call 911?”)
- Do you need medical help?
- Do you need to leave? Do you have a safe place to go? Do you have transportation to get there?
- If the perpetrator is not in the home, make sure that doors and windows are locked, curtains are drawn, etc.
- Assess level of danger (to the extent possible given the time available).

Example:

You are on the line with a victim who informs you that they are quickly calling while their partner went to the bottle store to get a bottle of vodka or is on the way home from the bar with a gun, or they are locked in the bathroom making the call while the partner is sleeping.

> *“Where is your abuser?”*
>
> If the abuser is nearby and the victim and her children are in danger, or she is scared, ask her if she would like you to hang up so that she can call 911.
>
> In these instances, the call might get cut short. Let the caller know that we will hang up if the abuser comes in and that she could punch in random numbers so the call cannot be identified in case he decides to *69 (last call redial).

"Are you safe right now?"

Regardless of how much time the caller may have, try to quickly make a safety plan with the caller. "Does she need to hang up and call 911?". Is there a friend or neighbor where she would be safe?". "Is there somewhere she can go to be safer to call you back?". Explore other safe spaces, i.e., police station, public library, women's restroom in public place, etc.

Callers Having Suicidal Thoughts

***When responding to callers who are suicidal, please follow the policies, procedures, protocols and/or practices of your agency.**

Definitions

Suicide refers to death caused by self-directed injurious behavior with intent to die as a result of the behavior.

Suicide Attempt is a non-fatal, self-directed, potentially injurious behavior with intent to die as a result of the behavior. A suicide may not result in injury.

Suicidal Ideation refers to thinking about, considering, imaging, or planning suicide. Thoughts may be obvious, e.g., "I have a plan, and nobody can stop me" or "I've been thinking a lot lately about killing myself." Or somewhat less obvious, e.g., "I want to go to sleep and never wake up", "I wish I could just die', or "Life does not seem worth living any more".

Suicide is a major public health concern and is the 10th leading cause of death overall in the U.S. (National Institute of Mental Health, 2020). In 2019, 47,511 people died by suicide in the United States, with a rate of 13.93 per 100,000 individuals (American Foundation for Suicide Prevention [AFSP], 2021). On average 132 individuals died by suicide each day. It is important to note that men die by suicide 3.63 times more often than women, but women are more likely than men to make a suicide attempt (AFSP, 2021). Also, since victims of abuse and trauma are at greater risk of experiencing suicidal thoughts, it is not uncommon for advocates to find themselves taking such calls from victims.

A caller who is suicidal has the potential to create considerable anxiety, even fear, for advocates. There can be lots of emotions and thoughts around suicide, from knowing that individuals you are speaking with might be experiencing suicidal thoughts, with or without active intent, to possible connections to the issue in your own life. Being able to work through those to be at a place to best handle calls takes the combination of personal work and developing the skills. Often, while never easy, advocates can begin to feel more confident and comfortable when they have received appropriate training and guidance about their agency's expectations for responding to such calls.

Suicide Myths and Facts:

(Source: Prevent Suicide Wisconsin, 2018).

Myths	Facts
People who talk about suicide do not commit suicide	Many people who die by suicide have talked about or given definite warning signs of their suicidal intent
Suicide happens without warning	There are almost always warning signs, but others are often unaware of the significance of the warnings or unsure about what to do.
People who are having suicidal thoughts are fully intent on dying and there is nothing others can do or say that will help	Suicide is preventable. Most suicidal people desperately want to live; they are just unable to see alternatives to their problems.
Improvement in a suicidal individual means the danger is over.	Many suicides occur several months after the beginning of improvement, when a person has energy to act on suicidal thoughts.
Asking, "Are you thinking about committing suicide?" may trigger a person to make a suicide attempt or "put thoughts in their head."	Asking direct, caring questions about suicide will often minimize a person's anxiety and act as a deterrent to suicidal behavior.

Risk Factors

Risk factors are characteristics or conditions that make it more likely that an individual will consider, attempt, or complete suicide (AFSP, 2018). Risk factors may be "fixed" or "modifiable". Fixed risk factors cannot be changed, e.g., a past suicide attempts, a family history of suicide, past abuse or trauma, whereas modifiable risk factors can be changed, e.g., depression, substance abuse (Rodgers, 2011). Risk factors are not "warning signs", instead, they indicate a heightened risk of suicide.

Possible Warning Signs

Knowing some of the warning signs associated with suicidal ideation can be useful for advocates answering the crisis line. Warning signs may indicate a more **immediate** risk of suicide.

While not an exhaustive list, the following behaviors may be signs that someone is thinking of suicide (National Institute of Mental Health, 2020):

- Talking about wanting to die or wanting to kill themselves.

- Talking about feeling empty, despairing, hopeless, trapped, being a burden to others, having no reason to live. Being in unbearable pain.
- Making a plan or looking for a way to kill themselves, such as searching for lethal. methods online, stockpiling pills, or buying a gun.
- Talking about great guilt or shame.
- Talking about feeling trapped or feeling that there are no solutions.
- Feeling unbearable pain (emotional pain or physical pain).
- Talking about being a burden to others.
- Using alcohol or drugs more often.
- Acting anxious, agitated, or aggressive.
- Withdrawing from family and friends.
- Withdrawing from activities.
- Changing eating and/or sleeping habits.
- Showing rage or talking about seeking revenge.
- Taking great risks that could lead to death, such as driving extremely fast.
- Talking or thinking about death often.
- Displaying extreme mood swings, suddenly changing from very sad to very calm or happy.
- Giving away important possessions.
- Saying goodbye to friends and family.
- Putting affairs in order, making a will.

Some Basic Do's and Don'ts

*(*Adapted from *the National Suicide Prevention Hotline, n.d.)*

- Take all talk and signs of suicidal behavior seriously. Do not play it down or ignore the situation.
- Talk openly and matter-of-factly about suicide. Ask about the suicide directly, e.g., "Are you having thoughts of suicide (of killing yourself)?" or for someone who is expressing these thoughts, "Do you have a plan for when and how you intend to kill yourself?"
- Be willing to listen. Allow expressions of feelings. Accept the feelings.
- Convey to the individual that you are concerned about their well-being.
- Be non-judgmental. Do not debate morality, or whether suicide is right or wrong, or whether feelings are good or bad. Do not lecture on the value of life.
- Do not act shocked. This will put distance between you and the caller.
- Talk to the person about connecting to support. Connectedness is a protective factor (Rodgers, 2011). Who can the person talk to? Who do they trust? For example, family, friend, faith-based community, etc. who can help.
- Offer hope that alternatives and resources are available but do not offer superficial reassurance. Let the caller know that you can connect them to professional support, i.e., mental health resources, hotlines. Would the caller like you to patch them through to the Suicide Prevention Lifeline?

- Know the resources available in your local community, including mental health therapists, and hotlines.

Resources

While each agency has their own protocols that should be followed. Here are some resources the advocate might find useful.

The Suicide Prevention Lifeline has resources for individuals and agencies, National Suicide Prevention Lifeline or **1-800-784-2433** for immediate 24/7 emergency assistance. For callers who are dear or hard of hearing, first dial 711. To chat with a counselor, go to the website and access the "chat" function.

The National Institute of Mental Health has information and resources, NIMH Suicide Prevention

The Office for Victims of Crime Training and Technical Assistance Center (OVCTTAC, 2020) offers a webinar describing the H.O.P.E. curriculum. 'The webinar provides an overview of the importance of suicide prevention activities within victim services and introduces the EDC H.O.P.E. handbook as an important resource for advocates, including a guide designed specifically for those working in tribal communities. The webinar offers tools to prepare crime advocates to identify victims who are exhibiting symptoms of suicidality, provide a brief intervention and referral to clinical mental health services, and provide ongoing support to victims.

For more information see OVCTTAC H.O.P.E. Suicide Prevention for Crime Victims and H.O.P.E. Suicide Prevention for Crime Victims Training Manual

A self-guided manual covers additional modules not in the webinar. 'Education Development Center (EDC), with funding from the Office for Victims of Crime, has developed the self-guided training manual *H.O.P.E.: Suicide Training for Crime Victims*. This curriculum was designed to offer effective, evidence-based, and context-specific suicide prevention training for advocates working across crime victim settings. The manual is designed to build advocates' skills through self-guided study. We encourage any advocate to use these materials to increase their skills in suicide prevention among crime survivors.

Challenging Calls

Some calls may be particularly challenging. Advocates may receive calls from victims who are angry, circular, or want us to make decisions for them. Advocates may also receive calls from individuals who are "pranking" the crisis line or who are behaving in an abusive or obscene manner.

Advocates receive calls from individuals who are asking for services we do not directly provide, or whose needs or current situation, for whatever reason, do not match with the services

available at your agency. In these situations, the advocate might say, “Unfortunately, it appears as though your needs to not match the services provided by this crisis line and/or agency.” In most instances it is appropriate to provide alternat referrals to meet the callers needs.

Challenging Calls from Victims

Callers who are Angry

Sometimes we receive calls from callers who are demonstrating high levels of anger. Anger is part of the survival reaction to extreme threat (National Center for PTSD, n.d.) and is a common and natural response to victimization, abuse, and trauma (see *Section VII Trauma and Trauma-Informed Response*). An individual talking loudly or forcefully may be a sign the caller is in crisis. Anger also arises from a loss of safety, grief, betrayal, loss, oppression, or the injustice of what happened. Although it can be difficult, please remember to not take this personally. If a caller is being argumentative or angry, it is not helpful to argue back or raise your voice. Instead, it is more helpful to remain calm and respectful, keep your voice low and steady, and allow the caller to vent within limits.

Callers who are “Circular”

(Adapted from *Barry Greenwald*)

Sometimes callers may continuously circle back, repeating the same information repeatedly. In these scenarios, the caller does not appear to be able to hear what you are saying. While these conversations can be frustrating, individuals who are in crisis or experiencing trauma may not realize the extent to which they are doing this. It is not helpful to interrupt the caller to tell them you must end the call. Nor is it helpful to let the caller talk indefinitely. Instead, it might be helpful to let the caller know that “We have been talking about this for a while now. Let us look at what your next steps might be” (Helplines Partnership, 2014).

Callers who are Struggling to Identify and Prioritize their Immediate Needs

Sometimes callers are not sure what they need, nor how we can be of assistance, and it may take some time to help them uncover their needs and priorities. In other situations, when the caller identifies numerous needs which need to be narrowed down and prioritized, it might be useful to ask, “Those sound like a lot of things to tackle, maybe we should prioritize. What is it that I can immediately help you with?”

Callers who Want Us to Make Decisions for Them

(Adapted from *Barry Greenwald*)

As advocates, we are aware that empowerment and victim-defined approaches mean that we do not make decisions for our clients. Instead, we work to facilitate our client’s own decision-making. However, clients who are in crisis or experiencing trauma may be challenged with trying to make decisions, they may feel stuck, or perhaps do not trust in their own ability to make their own decisions. It is unhelpful to make decisions for the caller, it is not only

disempowering but it is also not safe for us to make decisions for the caller. It might be helpful to say, "I can see that you are finding it difficult to decide…let's talk this through…" We might pose hypothetical questions such as, "If you chose to do/not do [e.g., pursue a protective order], what do you think would happen?" "What would be your concerns", or "Let us think about what you think would be the risks or benefits of… [e.g., pursuing a protective order]. You might ask, "What have you done in similar situations in the past?" or "What has helped before?"

Challenging Calls from Non-Victims

Crank and Prank Callers

Occasionally we get crank calls on the crisis line. Crank callers can be callers playing a "joke" by calling a crisis line. In some cases, they pretend to be a victim in distress or seeking services. In some cases, you may hear giggling, or the story may initially seem credible but then becomes increasingly difficult to believe. Most of the time these callers are looking for reaction, so remain calm and politely give out the number for mental health and then hang up (Saving Grace, 2016).

Callers Who Are Behaving in an Abusive Manner

Sometimes we receive calls from callers who are behaving in an abusive manner. This is different from a caller who is angry. Instead, the caller may call you names or yell and scream at you. These can be particularly difficult calls to take. It is not helpful to let the abusive behavior continue, become abusive back, or yell and scream back. While it might be useful to not hang up immediately, please remember that you do not need to take abuse. You might say, "If you continue to use abusive language/yell/ scream, I will have to end this call". If the caller continues, it might be best to hang up the call (Helplines Partnership, 2014).

Callers who are Being Obscene

- Usually male (but not always).
- May use obscene words or make lewd suggestions.
- May be a caller who calls to engage in sexual gratification.
- Often overt in their behavior – we know quickly what they are trying to do.
- May be less overt, pretends to be the victim of abuse or sexual assault – tells the story in explicit detail (you believe caller is engaging in sexual gratification).
- May use a tone of voice without overt emotion, or a "husky" or low tone of voice.
- May ask the advocate very personal questions.
- May start with, "I have an embarrassing problem" or "Can I talk about anything?"
- Do not get into an argument or debate with the caller.
- If caller asks for advice or sexual information of any kind, do not give it.
- Do end call as soon as the caller's purpose intent is identified (you can let the caller know why you are hanging up).

Calls from the Perpetrator

Advocates may receive calls from perpetrators. On occasion, perpetrators call trying to access services for themselves. In such instances, the advocate can provide the caller with appropriate referrals for services. Since couples counseling can create safety risks for victims, please do not provide a referral to a couples' counselor and instead provide information about local Batterer Intervention Programs in Oklahoma and how they can be helpful – you can let the caller know that calling today is the first step to changing abusive and harmful behaviors, but that it will be a process that takes time and commitment.

Sometimes perpetrators call to try and locate the victim. They may use proxies such as friends or girlfriends to call on their behalf. Remember confidentiality. You might say, "I am sorry, but we do not give out information as to whether someone is here or not" or "I am sorry, but we cannot confirm or deny that someone is in the shelter…or receiving services from us."

In other circumstances, the perpetrator calls to try and threaten the program for helping the victim – or to threaten the victim. In these situations, please advise your supervisor who will determine whatever next steps are needed to protect the victim and/or the program/staff.

Calls from Family Members/Friends

Advocates may receive calls on the crisis line from "secondary survivors" such as family members or friends of a victim of domestic violence, sexual assault, stalking, or human sex trafficking. The caller may be trying to make sense of what has happened or is happening to the individual, and to find ways to help; they may be at a loss as to what to say or do. Perhaps they are hoping to find services for the individual. The caller may be concerned and feeling many different emotions. They may be feeling distressed, overwhelmed, helpless, angry, confused, isolated, or scared.

We do not have all the answers, but the following information about how secondary survivors can help the survivor, may be helpful to share with the caller:

- Support is critical to the individual's healing. Just being there for their family member/ friend and listening can be incredibly supportive.
- Helpful statements to make to their family member/friend:
    - "I believe you".
    - "I am so sorry this happened to you".
    - "I am so glad you told me".
    - "It was not your fault".
    - "You did not deserve to be hurt".
- Their family member/friend is not to blame and does not deserve the harm and hurt they have experienced. Do not question or judge what the survivor did to survive.
- Their family member/friend may not be ready to talk about all that has happened. It may be too difficult, or they may just be trying to protect them. It is important not to try

and force them to reveal details they are not yet ready to talk about.

- Their family member/friend may be experiencing a wide range of emotional, behavioral, and cognitive responses to the victimization, i.e., anxiety, depression, constant crying or no tears at all, withdrawal, outbursts of anger, etc. (See *Section VII Trauma and Trauma-Informed Response*). It is important to normalize the survivor's feelings and behaviors as being "normal" responses to victimization, abuse, and trauma (also be specific about what is happening related to the type of abuse, i.e., domestic violence, sexual assault, stalking, and human sex trafficking).
- Although it can be very hard, try not to take their family member/friend/s responses personally.
- Everyone heals at their own pace.
- Respect the survivor's decision to report to the police.
- Let the family member/friend know that services are available.
- Provide some examples of compassionate and validating responses they can convey to the survivor.

Ways that family members and friends can take care of themselves:

- Not blame themselves for what has happened.
- Understand that there is no "right' response and to give themselves permission to feel all the different emotions they are feeling.
- Take care of their physical well-being, eating, drinking plenty of fluids, engage in relaxing activities, exercise if possible.
- Reach out for support and seek counseling if they think it would be helpful – the victimization of a loved one can have a profound effect even on family members and close friends who are indirect victims.
- Other self-care strategies.

X. CULTURE AND ADVANCED TOPICS

Cultural Humility and Responsiveness

As mentioned in *Section II Guiding Philosophy*, part of being person first is practicing cultural humility, seeing ourselves and others for every part of who we are. Part of the challenge of developing an anti-oppression/marginalization/dehumanizing person-first framework is that often in the attempt we are tempted to categorize people according to what seems most visible to us – for example, a person's race or their gender. However, often the components that are most relevant to people exist below the surface or are overlapping with other components of who they are. For example, a survivor may seem in need of cultural support to you because they have an accent. Depending on the individual they may or may not, but you may find out their more pressing concerns relate to their religious background or/and their sexuality – things that are not necessarily obvious to you. If you focus on the cultural components that you imagine are important to them, you might be doing them a disservice. Becoming culturally aware is about becoming sensitive to all of who we each are and matters in our lives (Colorado Coalition Against Sexual Assault, 2011).

Societal and System stressors or/and traumas:

Each person is an individual, and while we are working to make the world better, many may come to us having experienced all the things we never would want them to from society and systems, based on factors in this table.

Medical Diagnosis	Mental Health Diagnosis	Substance use	Gender
Gender Identity	Sexual Orientation	Race	Ethnicity
Socio-Economic status	Culture	Pattern of Speech	Language
Functional Ability	Perceived cognitive ability	Dress	Mannerisms
Level of Attractiveness	Hygiene	Their family, work, or other connections	Similar to another case
Victim	Perpetrator	Both a victim and perpetrator	Age
Lifestyle	Legal Status	Geography	Other

In addition to what they might have experienced, such as biased/injurious responses, diagnostic overshadowing, and so on based on those factors, they might have also experienced society allowed systems issues such as gaps and oppositions between services, lack of evidence-based

practices, and so on. Because of these possible experiences, they may have legitimate reason(s) to not trust the systems they need to access for help. It is on you to earn their trust, not them to give it. It helps to also think through what those negative experiences might have been to better understand them, provide healing experiences, and support them through navigating the ongoing existence of the ones that are not addressed at this time. Also, a reminder, they might have internalized the negative experiences, so back to that foundation of empowering them to find their value and identity through all the ways we interact.

Age-Specific Responses

Minors

NCA - How the CAC Model Works

If a minor calls, **follow your agency policies**, and be prepared to help the minor the same as you would an adult at their developmental level.

When you have calls from minors themselves, or from adults calling about them, you will need to have a similar knowledge base.

If an adult calls, you might need to share with them ways to respond to the minor in question, ways to take care of themselves, the law around mandatory reporting, and ways to navigate the possible next steps and resources.

With either, there is a sensitive cultural note. There are cases where a caregiver's behaviors, even if they are part of their culture, including religion, will need to be skillfully addressed. This would also apply to any other individual(s) the caregiver knowingly and willingly allows to interact with their child in such a way. For example: choosing to withhold medical care; putting or allowing a child through a ceremony or alternative healing that causes injury; disciplining or attempting to modify the child in a way that causes any type of harm.

Minors and Protective Orders*:* Minors in Oklahoma are eligible to petition for a protective order without parental consent (see *Section VIII for more information about Protective Orders*).

Topics to be familiar with:

- All forms of child abuse- sexual, physical, psychological, neglect.
- Bullying and other forms of violence, such as gang complexities.
- Domestic Violence- including Teen Dating Violence, Family Violence Initiated by Teens, and Violence between teen parents not married.
- Homeless, Runaway Youth, and Unaccompanied Minors
- Medical Care, including sexual and reproductive health.
- Mental Health and Substance Abuse - Outpatient and Inpatient treatment options without caregiver

- Needed considerations- including race-ethnicity, gender, LGBTQ+.
- Stalking – including cultural and developmental issues.
- Trafficking – including child labor.

Child Advocacy Centers (CACs) and Free Standing Multi-Disciplinary Teams (FSMDTs)

The National Children's Alliance explains the work of Child Advocacy Centers (CACs) by stating, "When police or child protective services believe a child is being abused, the child is brought to the CAC—a safe, child-focused environment—by a caregiver or other "safe" adult. At the CAC, the child tells their story once to a trained interviewer who knows the right questions to ask in a way that does not re-traumatize the child. Then, a team that includes medical professionals, law enforcement, mental health, prosecution, child protective services, victim advocacy, and other professionals make decisions together about how to help the child based on the interview. CACs offer therapy and medical exams, plus courtroom preparation, victim advocacy, case management, and other services. This is called the multidisciplinary team (MDT) response and is a core part of the work of CACs" (National Children's Alliance, 2021).

Free Standing Multi-Disciplinary Teams (FSMDTs) consist of the same MDT professionals and conducts formalized case reviews that allow team members to immediately share information and eliminate duplicate efforts. These are teams that are not used by a Children's Advocacy Center (CAC) for its accreditation.

State Resources for Investigation	Oklahoma Child Advocacy Centers Children's Advocacy Centers of Oklahoma Oklahoma Free Standing Multi-Disciplinary Teams Oklahoma Commission on Children and Youth (This is also a resource to access free trainings). Understanding DHS Child Abuse hotline OKDHS Child Abuse and Neglect Hotline

Vulnerable Adults

See *Section II Guiding Philosophy* for definition, reporting information and additional information.

Vulnerable adults can be victims of physical, sexual, and emotional abuse, exploitation, sexual exploitation, isolation, abandonment, and neglect. They might also suffer from self-neglect. Depending on age and situation of the vulnerable adult, perpetrators might include spouses, intimate partners, parents, adult children, other family members, friends, and caregivers, but can also include strangers.

There is a threshold for adults who might deal with an intellectual or developmental disability,

or mental health issue, but do not meet the criteria for vulnerable adult. Examples: A 22-year-old who has been diagnosed with autism, has a trauma history, and is homeless being exploited for labor and sex for food and shelter, would not necessarily meet the definition of a vulnerable adult. A 48-year-old with a physical disability, might be in a domestic violence relationship, but not meet the criteria for a vulnerable adult. A 36-year-old dealing with schizophrenia and being trafficked, might not meet the definition of vulnerable adult. While it is important to understand the considerations and needs, we also do not want to perpetuate stigma.

A specific group of vulnerable adults is "older adults". While "older adults" is the currently recognized person-first term, it still can lead to stereotypes and biases. Age in and of itself is not a defining value. Age is also not the defining criteria for "Elder Abuse", the intentional act or failure to act that causes or creates a risk of harm to an older adult, age 60 or older (Centers for Disease Control and Prevention, 2021). For example, a healthy 75-year-old, might be in a domestic violence relationship, but would not meet the criteria for vulnerable adult. But a 60-year-old, dependent on their spouse and stepchildren might be financially and sexually exploited as a vulnerable adult.

More information is also included in the Intellectual and Developmental Disabilities section.

Resources

Oklahoma	Adult Protective Services (oklahoma.gov) State policy for investigation https://oklahoma.gov/okdhs/library/policy/current/oac-340.html
National	https://www.napsa-now.org/
Understanding Older Adult Abuse	https://www.cdc.gov/violenceprevention/elderabuse/index.html https://www.cdc.gov/violenceprevention/pdf/EA_Book_Revised_2016.pdf

Cis-Gender and Anatomical Specific Issues

We have already established the difference between sex, gender identity and sexual orientation, and those needs are covered more in-depth in the Gender Identity and Sexual Orientation section. While Gender based violence is an issue, and has progressed to include gender identity, it is one factor in the array of abuse, violence, and crimes against children and adults. This section focuses on cis-gender and anatomical specific issues, while acknowledging it as one example of the need to address inclusivity for all.

Cis-Male

The focus on cis-female victims has been the majority of the work in the adult victim fields. While many of the available resources primarily refer to cis-females as victims, with cis-males as the perpetrator, programs in Oklahoma certified by the Attorney General's Office should and

do provide services to cis-male victims. Nevertheless, barriers to accessing services for cis-males may include specific branding such as:

For example:

- Names of agencies, such as "Women's Center".
- Programs and websites with female gender-typical branding, female photos, and offenders being show in photos as male.
- National and International Hotline branding, such as "Women's Law Email Hotline", or how Pathways to Safety International has all female photos.
- Lack of options and sensitivity to shelter and housing.

In 2013, Office for Victims of Crime's (OVC) Vision 21: Transforming Victim Services Final Report (2013), identified the need for specialized services for males, "Despite disproportionate exposure to crime, male survivors of violence often do not get the help they need to fully recover and to live safe, productive lives. The report acknowledges that existing systems do not have the cultural competency and capacity to engage, respond to, and treat male victims. Too often, these survivors are left to cope silently with the harmful effects of trauma, which makes them less likely to heal. In 2015, OVC partnered with the Office of Juvenile Justice and Delinquency Prevention and the National Institute of Justice to launch the Supporting Male Survivors of Violence Initiative to bolster the field's ability to provide effective, culturally appropriate, and trauma-informed services for boys and men harmed by violence and to expand services that help normalize their lives and promote their healing." However, the available resources available after this initiative did little to bridge the needs.

However, an organization in the UK developed a Respect Toolkit for Work with Male Victims of Domestic Abuse (Respect, 2019). The purpose of this Toolkit is primarily to support frontline workers in their work with male victims (in heterosexual or same-sex relationships). This work may be delivered from organizations supporting male victims or in any other setting where men might present as domestic abuse victims looking for information, advice, and support. To do this as effectively as possible, the Toolkit includes information from research, policy, and practice experience with a wide range of men presenting as male victims at specialist and non-specialist services and men who have not sought help from anyone. It includes guidance for how to work with any man presenting in this way, including male victims; those in unhappy but not abusive relationships and perpetrators presenting as victims. For more information, see Respect Toolkit for work with male victims of domestic abuse | Respect

For additional Information, see National Resource Center on Domestic Violence (Stiles, Ortiz, & Keene, 2017) Technical Assistance Guide | Serving Male-Identified Survivors of Intimate Partner Violence

Anatomical Specific Issues

Made to Penetrate (MTP) or Forced to Penetrate (FTP): MTP and FTF are forms of sexual

violence in which the victim is usually a man, and the female is usually the perpetrator (Centers for Disease Control and Prevention [CDC], 2020).

"Being MTP occurs when the victim was made to, or there was an attempt to make them, sexually penetrate someone without consent as a result of physical force or when the victim is unable to consent due to being too drunk, high, or drugged, (e.g., incapacitation, lack of consciousness, or lack of awareness) from their voluntary or involuntary use of alcohol or drugs." (CDC, 2020). This definition leaves out "otherwise unable to consent" and inclusiveness. Also, for some not in the field, they might read penetrate as non-inclusive of oral.

A more correct and anatomically inclusive definition would be: When an individual with a penis (born with or surgically constructed) is forced to or attempt to penetrate someone (anus, mouth, vagina), as a result of physical force or coercion, or when the victim was intoxicated or otherwise unable to consent.

Challenges for those Forced to Penetrate:

- The CDC categorizing it as a different kind of violence than rape.
- Misconceptions and stigma around the issue.
- Lack of research, resources, and support.

Being sensitive to the personal reality and possible social complexities associated with FTP can help the victim feel safe and supported.

Gender Identity and Sexual Orientation

Crisis lines receive calls from people of diverse backgrounds, orientations, beliefs, and lived experiences. Advocates develop skills to actively listen and appropriately respond to the needs of all callers. Members of the lesbian, bisexual, gay, transgender, queer, two spirit, plus (LBGTQ2S+) communities experience violence at the same or greater rate as the general population but have a greater tendency *not* to reach out for help or report to law enforcement.

Scope of the Problem

Many advocates hesitate to talk about sexual orientation and gender identity or expression because they are unfamiliar with terms and concerned about possibly saying the wrong thing. Understanding some of the terms may be helpful.

- 43.8% of lesbian women and 61.1% of bisexual women have experienced rape, physical violence, and/or stalking by an intimate partner at some point in their lifetime, as opposed to 35% of heterosexual women (Walters, Chen, & Brieding, 2013).
  26% of gay men and 37.3% of bisexual men have experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime, in comparison to 29% of

heterosexual men (Walters, et al., 2013).

- 46% of bisexual women have been raped, compared to 17% of straight women and 13% of lesbians (Walters, et al., 2013).
- 22% of bisexual women have been raped by an intimate partner, compared to 9% of straight women (Walters, et al., 2013).
- 40% of gay men and 47% of bisexual men have experienced sexual violence other than rape, compared to 21% of straight men (Walters, et al., 2013).
- In a study of male same sex relationships, only 26% of men called the police for assistance after experiencing near-lethal violence (National Coalition of Anti-Violence Programs [NCAV], 2013).
- In 2012, fewer than 5% of LGBTQ survivors of intimate partner violence sought orders of protection (NCAV, 2013).
- The 2015 U.S. Transgender Survey found that 47% of transgender people are sexually assaulted at some point in their lifetime (James, Herman, Rankin, Keisling, Mottet, & Anafi, 2016).
- Among people of color, American Indian (65%), multiracial (59%), Middle Eastern (58%) and Black (53%) respondents of the 2015 U.S. Transgender Survey were most likely to have been sexually assaulted in their lifetime (James et al., 2016).

Terminology

Many advocates hesitate to talk about sexual orientation and gender identity or expression because they are unfamiliar with terms and concerned about possibly saying the wrong thing. Understanding some of the terms may be helpful.

- **Gender Binary:** A system in which gender is constructed into two strict categories of male or female. Gender identity is expected to align with the sex assigned at birth and gender expressions and roles fit traditional expectations. Non-binary people might identify as both genders; no gender; one gender with a non-traditional sexual orientation (homosexual, bisexual, pansexual etc.…) or might simply ideologically disagree with gender binary.
- **Sexual Orientation:** An inherent or immutable enduring emotional, romantic, or sexual attraction to other people. Note: an individual’s sexual orientation is independent of their gender identity.
- **Gender Identity:** One’s innermost concept of self as male, female, a blend of both or neither – how individuals perceive themselves and what they call themselves. One's gender identity can be the same or different from their sex assigned at birth.
- **Gender Expression:** External appearance of one's gender identity, usually expressed through behavior, clothing, body characteristics or voice, and which may or may not conform to socially defined behaviors and characteristics typically associated with being either masculine or feminine.

Terms related to gender non-conforming survivors:

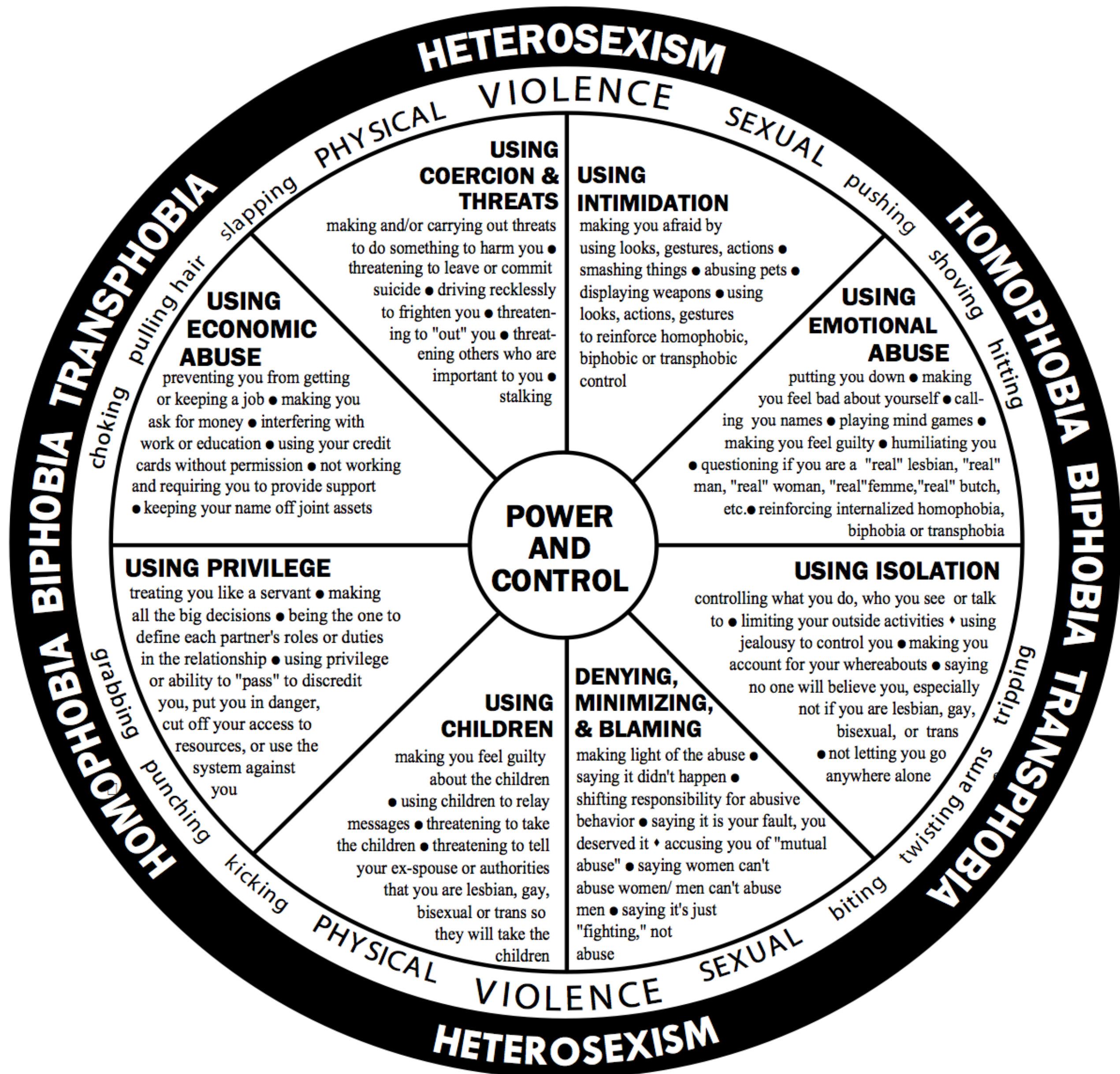
- **Bisexual:** A person emotionally, romantically, or sexually attracted to more than one sex, gender, or gender identity though not necessarily simultaneously, in the same way or to the same degree. Sometimes used interchangeably with pansexual.
- **Cisgender:** A term used to describe a person whose gender identity aligns with those typically associated with the sex assigned to them at birth.
- **Deadname:** A deadname is the birth name of someone who has changed it. The term is especially used in the LGBTQ community by people who are transgender and elect to go by their chosen name instead of their given name. **Note:** advocates should refrain from using deadname of clients.
- **Lesbian:** A woman who is emotionally, romantically, or sexually attracted to other women. Women and non-binary people may use this term to describe themselves.
- **Queer:** A term people often use to express a spectrum of identities and orientations that are counter to the mainstream. Queer is often used as a catch-all to include many people, including those who do not identify as exclusively straight and/or folks who have non-binary or gender-expansive identities. This term was previously used as a slur but has been reclaimed by many parts of the LGBTQ movement, but still may illicit negative reactions from older LGBTQ survivors.
- **Questioning:** A term used to describe people who are in the process of exploring their sexual orientation or gender identity.
- **Sex Assigned at Birth:** The sex, male, female, or intersex, that a doctor or midwife uses to describe a child at birth based on their external anatomy.
- **Two Spirit:** Two-spirit is a third gender found in some Native American cultures, often involving birth-assigned men or women taking on the identities and roles of the opposite sex. A sacred and historical identity, two-spirit can include but is not limited to LGBTQ identities.
- **Transgender:** An umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth. Being transgender does not imply any specific sexual orientation. Therefore, transgender people may identify as straight, gay, lesbian, bisexual, etc.
- **Transition:** A series of processes that some transgender people may undergo in order to live more fully as their true gender. This typically includes social transition, such as changing name and pronouns, medical transition, which may include hormone therapy or gender affirming surgeries, and legal transition, which may include changing legal name and sex on government identity documents. Transgender people may choose to undergo some, all, or none of these processes.

(These represent a small selection of terminology. Additional terms and vocabulary can be located at The Safe Zone Project LGBTQ+ Vocabulary and the Human Rights Campaign Glossary

Coercive Tactics

In addition to social factors, there are perpetrator tactics, similar to those in same-sex couples, that create additional constraints for LGBTQ+ survivors.

(Adapted *Power and Control Wheel for LGBTQ+ Survivors from the Domestic Abuse Intervention Project and developed by Roe & Jagodinsky, n.d.)*



Some Do's and Don'ts for Working with LBGTQ+ Survivors

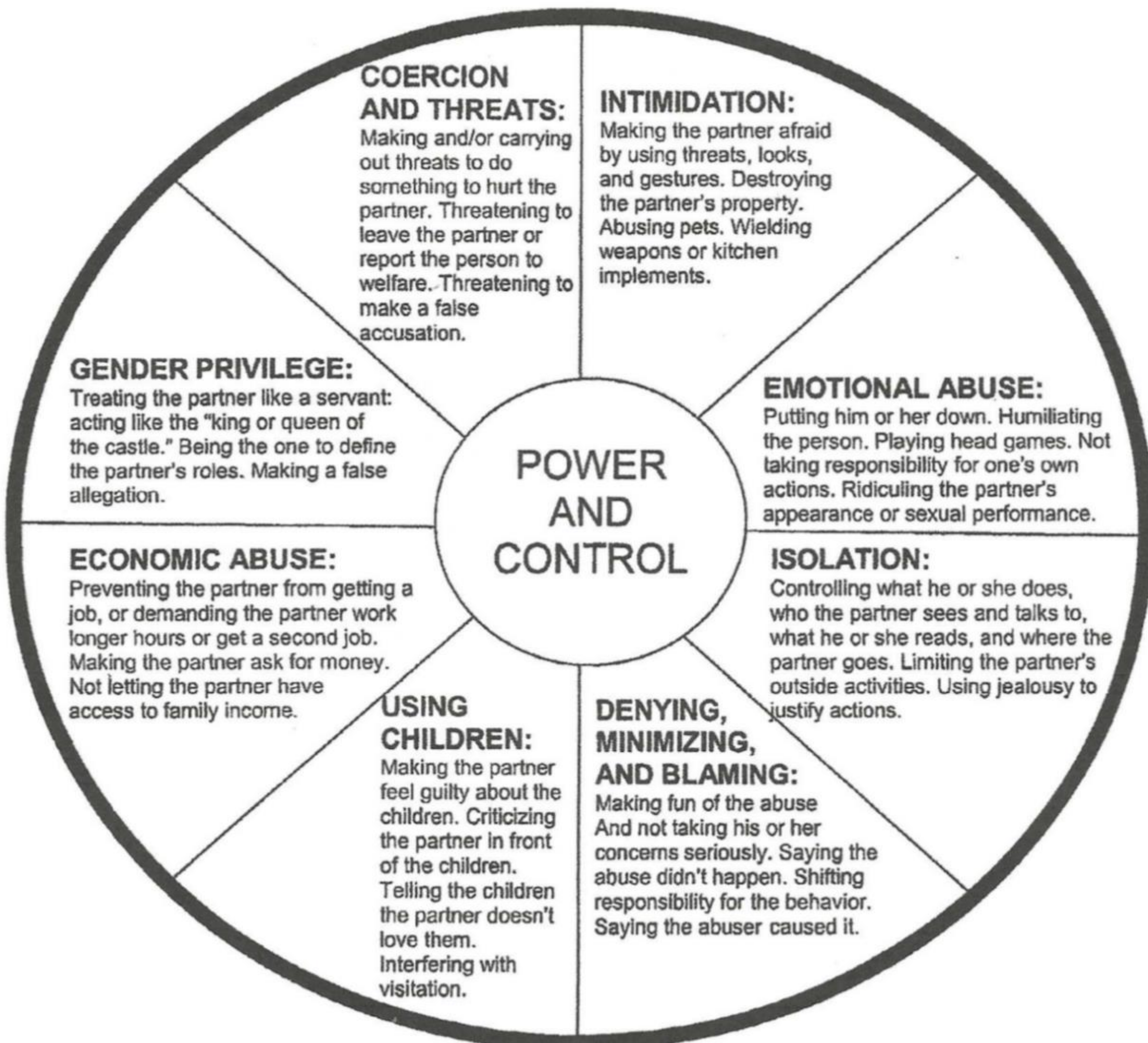
*(*Adapted from *The Network/La Red, 2018)*

DON'T…	DO…
Make assumptions about someone's gender, identity, or sexuality.	**Use gender neutral language and inclusive language to open the door to all survivors.** *Inclusive Language:* • Use the term "partner" or "significant other" instead of "boyfriend/girlfriend" or "husband/wife". • Ask "are you seeing someone?" or "are you in a committed relationship" instead of "do you have a girlfriend/boyfriend?" or "are you married?" *Gender Neutral Language:* • Instead of "She is going to go to the doctor tomorrow" say "They are going to go to the doctor tomorrow" or "Sarah is going to go to the doctor tomorrow". • Instead of "He has to pick up his clothing voucher by the end of the week" say "They have to pick up the clothing voucher by the end of the week" or "Sam has to pick up the clothing voucher by the end of the week".
Ask invasive questions about someone's body.	**Respect people's identity.** • **Keep in mind victims may not immediately appear to be LGBTQ or initially self-identify.** If a survivor identifies themselves as woman, then they are a woman. If a survivor identifies as a man, then they are a man. To ask someone how far they have transitioned or questions about their body is sexual harassment. To be open to all transgender survivors you must be willing to accept and respect the individual's identity. Not everyone chooses to undergo medical transition or has access to the resources needed to undergo medical transition. To require someone to undergo medical procedures to conform to a certain body type is not empowering and is not inclusive of the diversity of people that are a part of the transgender community.
Out someone's sexual orientation or transgender status.	**Talk to the person before advocating on their behalf.** Outing a survivor to other staff, shelter residents, or other service providers is not empowering. When we take away a person's choices and make decisions for them, we are perpetuating the same use of power that the abuser used against them. Instead have a conversation with the survivor ask them if they want you to tell people they are lesbian, gay, bisexual, queer and/or transgender (LGBQT+). If the person does not feel safe in letting people know that they are LGBQT+, then do not tell anyone. If the individual is coming into shelter do not out them. Instead

	think ahead and in guidelines let everyone know that the agency works with all survivors regardless of sexual orientation and gender and that shelter residents may be heterosexual, gay, lesbian, bisexual, queer men, women, and/or transgender.
Ignore the importance of using the right pronouns.	**Use the pronoun that someone asks you to use. When you mess up a pronoun, correct yourself, apologize and move on.** Accept that you may mess up. That is part of being a good ally. When you make a mistake do not make a huge deal, do not apologize profusely. Just correct yourself, apologize, and move on. To put a lot of energy into apologizing only puts more focus on the other person. Your focus should instead be on figuring out for yourself how not to make the same mistake again. **Note:** Using your own pronouns when you introduce yourself can help make others feel comfortable to share their own gender identities and pronouns.
Ignore when others use incorrect pronouns.	**Model the correct pronoun usage.** When someone uses the wrong pronoun just continue the conversation and slip in a sentence that uses the correct pronoun. *Note*: It is always a good idea to make sure that the person you are working with is out about their gender before correcting someone's pronoun. There may be instances when an individual may choose not to be out. Someone may make this decision for safety reasons, because they are afraid they will not have access to the service, or because they simply do not want to deal with explaining their gender identity to yet one more person.
Use language like, "I am working with a woman, who is really a man", "She says she's a man, but she is obviously a woman", or "His is not a 'real woman'".	**Respect an individual's identity and use the terms that someone uses for themselves. Mirror a person's language.** If you are trying to create a safe and welcoming environment for transgender survivors, then you need to remove language like "real woman" and "real man" from your vocabulary. Respecting a survivor's identity quite simply means using the language that a person uses for themselves without judgment and mirroring their language back to them. If an individual identifies themselves as woman, then they are a woman, period. If an individual identifies as a man, then they are a man, period.
	Learn to respond to survivors who identify using unfamiliar terminology
	Speak up when someone makes a homo/bi/transphobic or heterosexist remarks.

	Acknowledge own beliefs, values, and assumptions in relation to LGBTQ people and build awareness of how personal bias may impact work with clients.
	Remember: if you know LBGTQ+ person, you know one LBGTQ+ Person—treat people as individuals and do not expect a single person to represent an entire community.
	Become aware of barriers for LGBTQ+ victims receiving services and encourage your agency and community to address and eliminate the barriers.

As discussed, the correct use of an individual's gender pronouns is a matter of respect and cultivates an inclusiveness. The "Gender-Inclusive Power and Control Wheel", adapted from the original Duluth Power and Control Wheel by Stop Abusive and Violent Environments (SAVE, 2009), may be a useful tool when working with LGBTQ+ victims of intimate partner violence.



Unique Service Barriers for LGBTQ+ Survivors:

When deciding whether or not to disclose that they are being abused, there are unique stigmas and obstacles those in the LGBTQ+ community face in seeking help. Some of these obstacles

- **Lack of LGBTQ-specific resources**: Services are generally tailored to help women and children with a few organizations specializing in helping other groups. Because of this service bias, organizations and their advocates may lack proper training, experience, and awareness of the unique dynamics present in abusive LGBTQ+ relationships.
- **Discrimination**: There are some domestic violence advocates, society-at-large, non-LGBTQ+ survivors, law enforcement, and courts who may, knowingly or not, discriminate against or be ineffective in serving victims and survivors based on gender and orientation.
- **No guaranteed anonymity:** Smaller communities threaten anonymity if abuse is disclosed as other individuals often know many of their peers. This can increase risks a victim or survivor faces in seeking help.
- **LGBTQ+ survivors may not have received appropriate services**: Although Oklahoma certified programs and programs receiving federal funds are prohibited from discrimination, the LBGTQ+ community may not be aware of services available. Regrettably, many survivors have reached out, and received less than helpful results. Either staff respond inappropriately, or, sometimes, decline to serve this population.
- **Choosing between getting help and not being ready to come out to others**: Not all LGBTQ+ victims have a strong support system to come out to, or they simply may not be ready. Perpetrators often threaten to "out" them if the victim discloses the abuse.
- **Risk of losing religious communities and families**: LGBTQ+ victims face being disowned by family and peers or shunned and harassed by religious communities that foster environments of shame. Their congregations could force them into abusive conversion programs, or assault and harassment them. Because some religions operate on the fringes of society, an LGBTQ+ individual risks losing everything they have ever known – family, friends, employment, and basic necessities – causing additional trauma on top of the abuse. Being ostracized comes with its own consequences, including increased risk of depression, self-harm, suicide, and addiction.
- **Risk of becoming alienated from the LGBTQ+ community**: Disclosing abuse can carry with it the risk of alienation from the community in cases where others may side with the perpetrator and accuse the victim of lying about the abuse.
- **Concerns that disclosure of abuse will be detrimental to the community**: The LGBTQ+ community already faces hostility, abuse, and harassment from many outside groups. Because of this, survivors may feel pressure and may not want to risk progress that has been made or fuel outsider hostility who could use the circumstances of their abuse against them.
- **Lack of legal protection or awareness of existing protections**: Laws traditionally favor married heterosexual couples with unmarried couples periodically receiving increasing protections.

Organizational Considerations:

To address the needs of LBGTQ + survivors more appropriately, organizations are encouraged to periodically take the following steps in support of inclusivity:

- Review agencies policies and procedures to ensure inclusivity (60% of LBGTQ+ survivors report being denied shelter at domestic violence agencies).
- Assure agency materials provide inclusive images and language.

Use inclusive language in community presentations and trainings.

Intellectual and Developmental Disabilities

Individuals with Intellectual and Developmental Disabilities (IDD) are significantly more likely to be victimized; at least two times more likely to experience violent crimes and four to ten times more likely to experience abuse and other crimes (American Association on Intellectual and Developmental Disabilities [AAIDD], 2021), and sexual assault at rates up to seven times the rate of general population (The Arc, 2021). Yet their cases are rarely investigated or prosecuted because of discrimination, devaluation, prejudice that they are not worthy of protection, and mistaken stereotypes that none can be competent witnesses (AIDD, 2021). Like other individuals who have been marginalized by society, they have reasons to not trust the systems, but also might be too trusting.

Individuals with IDD have the same right to report or not report victimization and access to people to help them figure out whether or not to report. It is also important to know whether or not the individual meets the requirements for mandatory reporting to Adult Protective Services (APS). If they do, when making a report to APS, be sure to inform the individual of this requirement and offer the option for them to make a self-report as well. When making the report to APS, provide the intake worker with information on a safety time and place for conducting an initial interview/investigation with the victim so that the victim's safety is not further jeopardized by APS involvement. This is important because APS may also interview the alleged perpetrator and the perpetrator may further abuse the victim after APS concludes the interview.

Treatment is available and adaptable. While counselors may not have received training on working with the mental health, victimization, and IDD, they can consult with others who have, access resources and training, and still be able to provide services.

Resources

The Arc

A national organization providing general resources, along with 10 facts victim service providers need to know - The Arc

Sexual violence - The Arc - Sexual Violence

The ARC California has a victim services page - The Arc - Victim Services

The Arc of Oklahoma promotes and protects the human rights of Oklahomans with intellectual and developmental disabilities and actively supports full inclusion and participation in the community. Also provides assistance and resources - 918-582-8272 or info@TheArcOK.org

The National Sexual Violence Resource Center

Provides information about sexual violence and victims who have disabilities - SART Toolkit Section 6.6 | National Sexual Violence Resource Center (NSVRC)

Intersection of Mental Health, Substance Abuse and Victim Services

An individual with mental health or/and substance use issues is at higher risk of being victimized. Perpetrators may also use their mental health and substance use issues to undermine and control. In addition, all the possible injuries a victim may experience can impact both the development of and any pre-existing mental health and substance use-related issues they might be dealing with. It is also important to remember that while we are person-first/trauma-informed with all, individuals dealing with mental health or/and substance abuse issues report higher rates of trauma than general population.

Outside of the individual concerns, there are the system issues at the intersection of mental health or/and substance use and victim services.

Example issues in effectively being served within partner systems:

- Mental/behavioral health providers might not understand victimization, while advocates might lack understanding of the mental health or/and substance abuse struggles.
- Difficulty in coordinating providers, including opposing documentation standards.
- The intersection of mental health and victimization. For example, an individual who has PTSD and SMI, many have a symptom that is an expression of the victimization, which might be misunderstood without that understanding.

As an advocate we need to understand that because of societal and system issues, how like other marginalized groups, an individual dealing with mental health or/and substance abuse might struggle with or/and fear others not believing them and have reason(s) to not trust the systems.

For those it is applicable: With certain diagnoses an individual might experience a symptom(s) that manifests as a spiritual/supernatural experience. There is also the reality that the individual might have a genuine experience. Or a combination of both. For example: An individual due to a symptom believes they are being possessed, or they might be experiencing something possessing them, or both be experiencing a symptom and possession. Or an

individual might have a culturally spiritual experience such as a vision, have visual or auditory hallucinations due to a mental health issue or use of substances, or have both the spiritual experience and the symptom. This is acknowledged both nationally and internationally.

Undocumented Callers

Advocates may receive calls from immigrant victims, who may or may not be documented. The term "un-documented" refers to immigrants who are foreign nationals who lack proper authorization to be in the United States (Cornell Law School, n.d.).

There have been varying terms used to describe differences in immigration or citizenship status. Nonjudgmental and ethical language evolves over time. Remember person-first language. While pejorative terms such as "illegal alien" are still in widespread use, many are now viewed as offensive. Please stay current on correct and respectful terminology.

***Attorney General certified programs are required to provide services to immigrant victims regardless of immigration status. In addition, programs are required to provide language translation to remove language barriers that impact victims' access to services.**

Immigrant victims often experience unique challenges, including the following (Legal Momentum, 2013):

- Language barriers.
- Lack of understanding of U.S. Laws.
- Lack of immigration status.
- Abusers use the victim's immigration status to control the victim.
- Fear of immigration ramifications (e.g., threats of deportation).
- Children being used as leverage (afraid of losing children).
- Lack of trust in law enforcement.
- Lack of awareness of resources for victims of domestic violence (especially if undocumented).
- Lack of culturally specific services.
- Religious/cultural variables.

Services

The Latino Community Development Agency and La Luz Org provide culturally specific services to victims of domestic violence, sexual assault and stalking).

Catholic Charities Archdiocese of Oklahoma City provides immigration legal services.

Resources

VAWnet - Resources for Immigrant Survivors and their Advocates

Office for Victims of Crime TTAC - Foreign National Victims

Reproductive Health

The intersections between intimate partner violence, reproductive coercion, and reproductive health have expanded understanding of the dynamics and health effects of abusive adult and teen relationships. This has led to new terminology to describe forms of abuse and controlling behaviors related to reproductive health.

Reproductive Coercion

Reproductive Coercion can be present in same sex or heterosexual relationships. Reproductive coercion involves behaviors that a partner uses to maintain power and control in a relationship related to reproductive health. Examples of reproductive coercion include:

- Explicit attempts to impregnate a female partner against her will.
- Controlling the outcomes of a pregnancy.
- Coercing a partner to engage in unwanted sexual acts.
- Forced non-condom use.
- Threats or acts of violence if a person does not agree to have sex.
- Intentionally exposing a partner to a STI/HIV.
- Demanding sex from the too soon after gynecological procedures or following birth.

While these forms of coercion are especially common among women experiencing physical or sexual violence by an intimate partner, they may occur independent of physical or sexual violence in a relationship and expand the continuum of power and control that can occur in an unhealthy relationship. The following definitions are examples of reproductive coercion.

Birth Control Sabotage: Birth control sabotage is active interference with contraceptive methods by someone who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent. Examples of birth control sabotage include:

- Hiding, withholding, or destroying a partner's birth control pills
- Breaking a condom on purpose
- Not withdrawing when that was the agreed upon method of contraception.
- Pulling out vaginal rings
- Tearing off contraceptive patches

Pregnancy Pressure: Pregnancy pressure involves behaviors that are intended to pressure a partner to become pregnant when she does not wish to be pregnant. These behaviors may be verbal or physical threats or a combination of both.

Examples of pregnancy pressure include:

- "I'll leave you if you don't get pregnant."
- "I'll have a baby with someone else if you don't become pregnant."
- "I'll hurt you if you don't agree to become pregnant."

Pregnancy Coercion: Pregnancy coercion involves threats or acts of violence if a partner does not comply with the perpetrator's wishes regarding the decision of whether to terminate or continue a pregnancy.

Examples of pregnancy coercion include:

- Forcing a woman to carry to term against her wishes through threats or acts of violence.
- Forcing a partner to terminate a pregnancy when she does not want to.
- Injuring a partner in a way that she may have a miscarriage.

Unintended Pregnancies

Due to the high rates of birth control sabotage and pregnancy pressure and coercion in abusive relationships, it is not surprising that violence is highly correlated with unintended pregnancies. The following studies have documented this connection:

- Among female clients seen at family planning clinics, 1 in 5 women who disclosed physical or sexual IPV also reported having experienced pregnancy promotion by their abusive partner (Miller, Decker, McCauley, Tancredi, Levenson & Silverman, 2010).
- Women with unwanted pregnancies are 4 times more likely to experience physical violence by a husband or partner compared to women with intended pregnancies (Gazmararian, Adams, Saltzman, Johnson, Bruce, Marks & Zahniser, 1995).
- In a qualitative study of adolescent girls who experienced dating violence, one-quarter (26.4%) reported that their partners were trying to get them pregnant (Wingood, DiClemente, McCree, Harrington & Davies, 2001).
- Adolescent girls who are currently involved in physically abusive relationships are 3.5 times more likely to become pregnant than non-abused girls (Roberts, Auinger, & Klein, 2005).
- Adolescent mothers who experienced physical partner abuse within three months after delivery were nearly twice as likely to have a repeat pregnancy within 24 months (Raneri & Wiemann, 2007).
- A focus survey conducted by the National Hotline on Domestic Violence found that 25% of the more than 3,000 participants said that their partner or ex-partner had tried to force or pressure them to become pregnant (Rabin, 2011).

(Adapted from *An Integrated Response to Intimate Partner Violence and Reproductive Coercion*, by Linda Chamberlain and Rebecca Levenson (2010), (Family Violence Prevention Fund) Futures Without Violence - Reproductive Health and Partner Violence Guidelines

Some survivors may have become pregnant as a result of a sexual assault. What matters most in the context of advocacy is that survivors receive accurate information and support that is totally neutral and supportive about whatever decisions they choose. It is critical that regardless of personal beliefs, advocates offer unbiased and nonjudgmental advocacy. Advocates must be able to provide a pro-choice perspective, recognizing that such a perspective respects the decision of a woman to terminate or to continue a pregnancy.

Follow the same kinds of advocacy procedures as with other survivors, empowering the survivor and seeking forms of support that are available, appropriate, and accessible. It is also important to encourage.

Criminal Charges

Some victims might have past or present criminal charges. The reason(s) might include or be a combination of self-defense, being coerced into criminal activity as a means of survival, or true criminal acts.   As an advocate you must be aware and be able to separate out the legal issue(s) from the victimization. Know your agencies policies and what services might be available. Some areas have providers with warrant free zones. Depending on the nature of the charge, there might be different organizations able to provide assistance. For example, the National Clearinghouse for the Defense of Battered Women is a resource that works for justice for victims of battering charged with crimes where a history of abuse is relevant to their legal claim or defense. More information can be found at [National Clearinghouse for the Defense of Battered Women]

Victims of Intimate Partner Violence Who Use Violence or Force

Multiple studies over the last thirty years have found that the majority of women who used violence against their abusive partners were also victims of their partners' violence; more than 90% of women arrested for domestic violence offenses reported experiencing violence by their male partners toward them (Swan, Gambone, Caldwell, Sullivan & Snow, 2008). It is important to remember that victims are not "passive" and do not "allow" themselves to be abused. Instead, they have agency and use a variety of survival strategies every day to reduce, resist, cope with, and escape from the violence (Osthoff & Sandusky, 2016).

The paradox is that when an individual is sexually assaulted, they may not be believed in our systems if they did *not* put up a "fight" or try to escape, whereas when victims of intimate partner violence use violence or force towards the abuser, they are at risk for being misidentified in our systems as perpetrators or co-perpetrators. Multiple studies have found self-defense, or defense of others (i.e., children, family members, etc.), to overwhelmingly be the most prevalent motivation for women's use of violence in the intimate partner violence context (Swan & Snow, 2003). When victims use violence, it is usually not the first action taken; they have often tried a variety of other strategies to stop or reduce the violence of the perpetrator. Sometimes, victims of intimate partner violence use a weapon (e.g., a knife) in self-defense. Yet, while the weapon is often used as protection to try to get the perpetrator to back off or to equalize the inherent power differential between males and females, the victim's use of a weapon may lead others to think she is more violent than he is – after all, we may think, "she used a weapon" against him.

Unfortunately, when victims use violence, even in self-defense, it may lead us to think that they have no need for protection, and it may be assumed that they are safe. In addition, they may

experience multiple negative outcomes related to criminal justice involvement, including arrest and/or being charged with a crime. Victims' use of violence may also create challenges accessing services, police response, child welfare, and housing, etc.

If an advocate becomes aware that a victim (caller) has used violence, it is important to understand that the use of violence, in and of itself, does not mean the victim is not a victim – even if they have been arrested for perpetration of a violent act. Remember to apply a trauma-informed lens and to understand the victim's context of victimization, threat, intimidation, fear, and trauma.

Resources

A Toolkit for Systems Advocacy on Behalf of Victims of Battering Charged with Crimes by Sue Osthoff and Jane Sadusky (December 2016)

Incarceration

You may receive calls from or about victims who are currently incarcerated. Between 2012 and 2015 there were 24,661 allegations of sexual victimization in prisons, jails, and other adult correctional facilities; of the substantiated incidents 58% were perpetrated by inmates, while 42% were perpetrated by staff members (Bureau of Justice Statistics, 2018).

If the call is about a current sexual assault, then SANE exams should be made available.

Also be aware that incarcerated individuals have been exposed to more trauma than the general population, have an increased chance for mental illness, and continue to be re-traumatized within the correctional setting (Evans, 2018).

State of Emergency and Other Circumstances

State of emergencies, whether or not an official declaration has been made, might include natural disaster, other disaster, civil unrest, armed conflict, medical pandemic or epidemic or other biosecurity risk, terrorism, or/and so on. In addition to these situations, there might be community, state, national economic or/and political situations that might impact changes in calls and services. Examples: industry layoffs, social walkouts, cuts in benefits and services.

In these types of situations, it is important to remember as the community is affected, so might be the agency or/and provider, they might even be impacted first. Being prepared as possible is the most logical approach, from the small power outage due to a routine weather event to a major event. There are resources below to help.

Legal Considerations

Also, during states of emergencies, normal judicial processes may be affected. For example, victims with temporary restraining orders, or in need of obtaining orders. Oklahoma does not have statewide laws nor approaches to addressing such states of emergency. It is imperative

that each provider has a plan of communication with their local judicial district so that advocates can have timely reliable information.

Resources for Organizational Preparedness

Clearinghouse on Domestic Violence and Disaster

Domestic Violence and Disaster: A Planning Resource Guide NNEDV Curriculum - Intersection of Domestic Violence and Natural Disasters

NSVRC Disaster Response and Recovery (Updates are slated to be released 2021).

Emergency Disaster Response Kit

Public Health Emergency

Other:

www.ready.gov

NCTSN Psychological First Aid There is also an app that can be downloaded.

Generational/Historical Trauma

Dr. Maria Yellow Horse Brave Heart defines **historical trauma** as *"the cumulative emotional and psychological wounding over one's lifetime and from generation to generation following loss of lives, land and vital aspects of culture."* Generational or historic trauma is a concept developed to help explain years of generational challenges within families. It is the transmission (or sending down to younger generations) of the oppressive or traumatic effects of historical events. The transmission of the historical trauma may lead to generations of emotional distance, defensive behaviors impacting expression of emotions, and denial. Inter-generational problems including oppression can often be found in families that have been traumatized in severe forms (e.g., sexual abuse, rape, murder, historic oppression, and abuse, etc.). Generational trauma may impact generations of family members in a variety of ways (Brave Heart & Deschenie, 2006).

For example, a mother who is struggling with her daughter's sexual abuse, might also have been sexually abused by her father, who, may have also been sexually abused by his father. The impact of generational trauma is significant. A parent or grandparent who never truly healed from or explored their own trauma may find it very difficult to provide emotional support to a family member suffering from his or her own trauma. Many families "cope" with inter-generational trauma by employing two unhealthy coping mechanisms:

- **Denial** – refusing to acknowledge the trauma happened.
- **Minimization** – ignoring the impact of the trauma and making the traumatic experience appear smaller than it really is.

Ways that family members “cope” with inter-generational trauma can set the precedence for younger generations. Family members who fail to examine the impact of their own trauma may teach children and grandchildren (intentionally or unintentionally) to ignore the impact of their trauma. Following are some of the ways inter-generational trauma negatively impacts families:

1. **Generations may struggle with emotions:** How older generations within a family cope with trauma sets the stage for how younger generations cope with traumatic events. Sadly, the trauma continues throughout generations because those who needed help never received it. In other cases, the family member who was traumatized may transfer negative emotions on to others. Family members may:
   - hide emotions and act as if nothing is happening.
   - internalize emotions until something triggers them.
   - drink and/or use drugs to cope with the pain.
2. **Trauma can limit the parent-child relationship:** Parents who have not received help or support for their trauma may develop unhealthy relationships with their own child or grandchild. An unhealthy relationship may be characterized by child abuse or neglect. This type of abuse can severely alter the parent-child relationship as the abuser (the once-traumatized person) is misplacing emotions onto the innocent child and keeping the child from telling others of the abuse. This is not a justification for child abuse or neglect but is the pattern in abusive many families.
3. **Unresolved psychiatric problems can lead to relational turmoil:** Many people in older generations are hesitant to reach out for mental health, feeling that they should handle their own “problems”. Family members who struggle with mental health conditions (depression, anxiety, psychotic symptoms, etc.) need help because unresolved symptoms can lead to further trauma and emotional turmoil within the family.
4. **Younger generations may develop a “content” attitude with how things are:** When ignoring and minimizing (and even accepting) trauma is “normal” in the family, younger generations may adapt this way of “survival” and mimic the behaviors for other generations. Much of how we cope with traumatic experience is learned.

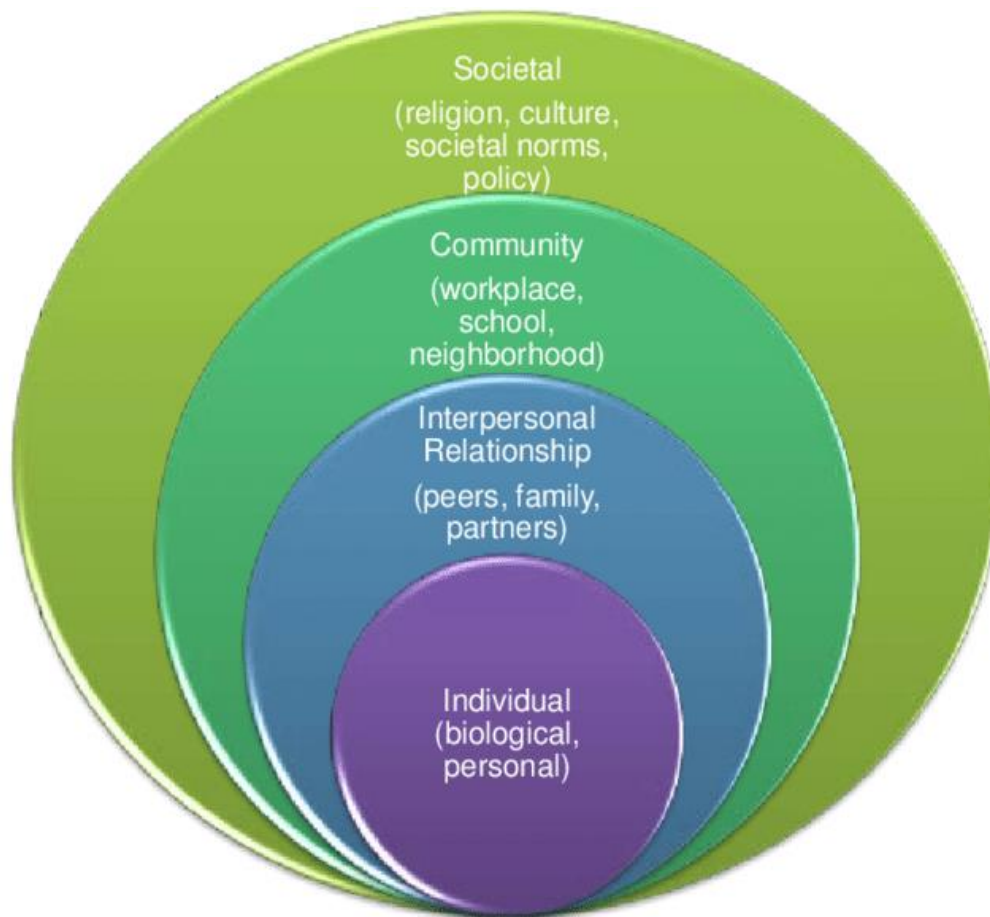
(Adapted from: Hill, T. (2018, June 6). Inter-generational Trauma: 6 Ways It Affects Families. *PsychCentral*. Inter-Generational Trauma: 6 Ways It Affects Families

It is helpful for crisis workers to be aware of the impact of historical/generational trauma on victims, as this history often impacts the ability of survivors to discuss their own trauma. They may also display an apparent lack of emotion associated with the trauma and be hesitant to seek help and support.

XI. PREVENTION

Prevention of Domestic Violence, Sexual Assault, Human Trafficking, and Stalking

Prevention is lessening the incidence and damage created by violence. The Center for Disease Control (CDC) developed a model for preventing violence. It involves prevention and intervention strategies at four levels: Individual, Interpersonal, Community, and Societal.



CDC uses a four-level social-ecological model to better understand violence and the effect of potential prevention strategies. This model considers the complex interplay between individual, relationship, community, and societal factors. It allows us to understand the range of factors that put people at risk for violence or protect them from experiencing or perpetrating violence. The overlapping rings in the model illustrate how factors at one level influence factors at another level.

Besides helping to clarify these factors, the model also suggests that in order to prevent violence, it is necessary to act across multiple levels of the model at the same time. This approach is more likely to sustain prevention efforts over time and achieve population-level impact.

Individual

The first level identifies biological and personal history factors that increase the likelihood of becoming a victim or perpetrator of violence. Some of these factors are age, education, income, substance use, or history of abuse. Prevention strategies at this level promote attitudes, beliefs, and behaviors that prevent violence. Specific approaches may include conflict resolution and life skills training, social-emotional learning, and safe dating and healthy relationship skill programs.

Relationship

The second level examines close relationships that may increase the risk of experiencing violence as a victim or perpetrator. A person's closest social circle-peers, partners, and family members-influences their behavior and contribute to their experience. Prevention strategies at this level may include parenting or family-focused prevention programs and mentoring and peer programs designed to strengthen parent-child communication, promote positive peer norms, problem-solving skills and promote healthy relationships.

Community

The third level explores the settings, such as schools, workplaces, and neighborhoods, in which social relationships occur and seeks to identify the characteristics of these settings that are associated with becoming victims or perpetrators of violence. Prevention strategies at this level focus on improving the physical and social environment in these settings (e.g., by creating safe places where people live, learn, work, and play) and by addressing other conditions that give rise to violence in communities (e.g., neighborhood poverty, residential segregation, and instability, high density of alcohol outlets).

Societal

The fourth level looks at the broad societal factors that help create a climate in which violence is encouraged or inhibited. These factors include social and cultural norms that support violence as an acceptable way to resolve conflicts. Other large societal factors include the health, economic, educational, and social policies that help to maintain economic or social inequalities between groups in society. Prevention strategies at this level include efforts to promote societal norms that protect against violence as well as efforts to strengthen household financial security, education and employment opportunities, and other policies that affect the structural determinants of health.

Violence Prevention

The CDC has identified various risk factors, protective factors, and prevention strategies to prevent and decrease the impact of violence. Strategies include:

- Promote social norms that protect against violence.
- Teach skills to prevent violence.
- Provide opportunities to empower vulnerable populations.
- Create protective environments.
- Support victims/survivors to lessen harm.

Advocates and agencies serving victims of domestic violence, sexual assault, stalking, and human sex trafficking can learn about and implement these strategies into their philosophies and service provision. Advocates should also be knowledgeable about prevention programs in their communities and engage as active partners.

Additional information about violence prevention can be found at CDC - Violence Prevention

XII. RESOURCES

National Resources

DOMESTIC VIOLENCE AND INTIMATE PARTNER VIOLENCE RESOURCES

National Domestic Violence Hotline (NDVH)
https://www.thehotline.org
Hotline: 1(800) 799 – 7233
Available 24 hours a day, 7 days a week via phone and online chat.
The NDVH (The Hotline) is available for anyone experiencing domestic violence, seeking resources or information, or questioning unhealthy aspects of their relationship.

Love is Respect – National Teen Dating Abuse Hotline
https://www.loveisrespect.org
Hotline: 1 (866) 331 – 9474
Text: 22522
Available 24 hours a day, 7 days a week via phone, text, and online chat.
Love is Respect offers information, support, and advocacy to young people who have questions or concerns about their dating relationships.

StrongHearts Native Helpline
https://strongheartshelpline.org
Hotline: 1 (844) 762 – 8483
StrongHearts Native Helpline is a safe domestic, dating, and sexual violence helpline for American Indians and Alaska Natives offering culturally appropriate support and advocacy daily from 7 a.m. to 10 p.m. CT. StrongHearts is anonymous and confidential. Callers reaching out after hours may connect with The National Domestic Violence Hotline, a non-Native based 24-7 domestic violence helpline, by selecting option one (1).

Pathways to Safety International
https://pathwaystosafety.org/
Hotline: 1 (833) 723 – 3833
Available 24 hours a day, 7 days a week via phone, email, and online chat.
Pathways offers specialized safety planning, advocacy, and long-term case management for American overseas victims living with an abuser or after the relationship has ended. Case managers have tools and knowledge to assist survivors abroad and/or after returning to the U.S.

National Health Resource Center on Domestic Violence
www.futureswithoutviolence.org/health

Hotline: 1 (405) 678-5500
The National Health Resource Center on Domestic Violence (HRC) supports healthcare professionals, domestic violence experts, survivors, and policy makers at all levels as they improve healthcare's response to domestic violence. The center offers personalized, expert technical assistance at professional conferences and provides an online toolkit for healthcare providers and domestic violence advocates to prepare a clinical practice to address domestic and sexual violence, including screening instruments, sample scripts for providers, and patient and provider educational resources.

National Center on Domestic Violence, Trauma, and Mental Health
www.nationalcenterdvtraumamh.org
Tel: (321) 726-7020
The National Center on Domestic Violence, Trauma and Mental Health provides training, support, and consultation to advocates, mental health and substance abuse providers, legal professionals, and policymakers as they work to improve agency and systems-level responses to survivors and their children in a way that is survivor-defined and rooted in the principles of social justice. The website offers resources, educational materials and webinars related to domestic violence, trauma, and mental health directed toward various professionals.

National Indigenous Women's Resource Center
www.niwrc.org
Tel: (855) 649-7299
The National Indigenous Women's Resource Center, Inc. (NIWRC) is a Native nonprofit organization that was specifically created to serve as the National Indian Resource Center Addressing Domestic Violence and Safety for Indian Women. NIWRC seeks to enhance the capacity of American Indian and Alaska Native Tribes, Native Hawaiians, and Tribal and Native Hawaiian organizations to respond to domestic violence and provide public awareness, resource development, training and technical assistance, policy development, and research activities.

Casa De Esperanza: National Latin at Network of Health Families and Communities
www.casadeesperanza.org
Tel: 651-646-5553
The Casa De Esperanza, Latin@ Network of Healthy Families and Communities is a leading, national Latin@ organization, founded in 1982, providing emergency shelter for Latinas and other women, family advocacy, and shelter services to leadership development and community engagement opportunities for Latin@ youth, women, and men. The Network provides training and consultations to practitioners and activists throughout the US, as well as in Latin America, and produces practical publications and tools for the field, disseminates relevant, up-to-date information and facilitates an online learning community that supports practitioners, policy makers, and researchers who are working to end domestic violence.

Ujima, Inc.: The National Center on Violence Against Women in the Black Community

https://ujimacommunity.org
Tel: 1-844-778-5462
Ujima, Inc.: The National Center on Violence Against Women in the Black Community serves as a national, culturally specific services issue resource center to provide support to and be a voice for the Black Community in response to domestic, sexual and community violence. Ujima was founded in response to a need for an active approach to ending domestic, sexual and community violence in the Black community. Ujima is on the forefront of new training and outreach tools to reduce violence against and homicides of Black women. Ujima is a clearinghouse for research literature, webinars, national issue forums, regional trainings, community-specific roundtables, blogs, articles, and on-site technical assistance. Ujima also works with other organizations to develop public service announcements, issue briefs, videos, monographs, and fact sheets.

Gay, Lesbian, Bisexual and Transgender National Hotline
LGBT National Hotline
Hotline: 1 (888) 843 – 4564
Youth Talkline: 1 (800) 246 – 7743
Senior Helpline: 1 (888) 234 – 7243
Hours vary, available via phone and online chat.
The LGBT National Help Center serves gay, lesbian, bisexual, transgender, and questioning people by providing free and confidential peer support and local resources.

Trans Lifeline
https://translifeline.org/
Crisis Line: 1-877-565-8860
The Trans Lifeline is a crisis line by transgender people, for transgender people.

The Safe Zone Project
https://thesafezoneproject.com
The Safe Zone Project (SZP) is a free online resource providing LGBTQ+ curricula, activities, and other resources for allies, and trainers.

Womens Law
https://www.womenslaw.org
Email hotline: https://hotline.womenslaw.org
The WomensLaw online helpline provides basic legal information, referrals, and emotional support for victims of abuse.

National Coalition Against Domestic Violence
https://ncadv.org
The National Coalition Against Domestic Violence (NCADV)'s mission is to lead, mobilize and raise our voices to support efforts that demand a change of conditions that lead to domestic violence such as patriarchy, privilege, racism, sexism, and classism.

National Network to End Domestic Violence
https://nnedv.org
The National Network to End Domestic Violence performs legislative policy work with all three branches. NNEDV has been called to testify before the U.S. Congress on domestic violence issues to assist state coalitions in better serving the needs of the victim by presenting research on domestic violence issues for pending legislation. NNEDV works proactively with Congress to make ending domestic violence a national priority. NNEDV's members are state and territorial coalitions representing domestic violence shelters and programs in every state and territory in the nation. NNEDV closely with the coalitions to understand the ongoing and emerging needs at the local and state level, and then ensure those needs are heard and understood by policymakers at the national level.

SEXUAL ASSAULT RESOURCES

Rape, Abuse, and Incest National Network (RAINN) – National Sexual Assault Hotline
https://www.rainn.org
Hotline: 1 (800) 656-4673
Available 24 hours a day, 7 days a week via phone and online chat.
RAINN (Rape, Abuse & Incest National Network) is the nation's largest anti-sexual violence organization. RAINN created and operates the National Sexual Assault Hotline (1-800-656-HOPE, online.rainn.org y rainn.org/es) in partnership with more than 1,000 local sexual assault service providers across the country and operates the DoD Safe Helpline for the Department of Defense. RAINN also carries out programs to prevent sexual violence, help survivors, and ensure that perpetrators are brought to justice.

Department of Defense (DOD) Safe Helpline for Sexual Assault
https://www.defense.gov/Explore/News/Article/Article/841166/dod-safe-helpline-offers-specialized-support-to-sexual-assault-victims/
Hotline: 1 (877) 995 – 5247
Available 24 hours a day, 7 days a week via phone and online chat.
The DOD Safe Helpline is a crisis support service designed to provide sexual assault services for survivors, their loved ones, and other members of the DOD community.

HUMAN TRAFFICKING RESOURCES

National Human Trafficking Hotline
https://humantraffickinghotline.org/
Hotline: 1-888-373-7888
Text: 233733
The National Human Trafficking Hotline is a national anti-trafficking hotline serving victims and survivors of human trafficking and the anti-trafficking community in the United States. The toll-free hotline is available to answer calls from anywhere in the country, 24 hours a day, 7 days a week, every day of the year in more than 200 languages.

CHILDREN, YOUTH, AND TEENAGERS' RESOURCES

National Runaway Safeline
https://www.1800runaway.org/
Hotline: 1 (800) 786 – 2929
Email: info@1800runaway.org
Available 24 hours a day, 7 days a week via phone, email, forum, and online chat. The National Runaway Safeline provides crisis/support services for homeless and runaway youth in the U.S.

National Center for Missing and Exploited Children (NCMEC)
https://www.missingkids.org/HOME
Hotline: 1 (800) 843 – 5678
Cyber Tipline: http://www.missingkids.com/gethelpnow/cybertipline
NCMEC serves as a clearinghouse and comprehensive reporting center for all issues related to the prevention of and recovery from child victimization.

ChildHelp National Child Abuse Hotline
https://www.childhelp.org/hotline/
Hotline: 1 (800) 422 – 4453
Available 24 hours a day, 7 days a week via phone and text.
The Childhelp National Child Abuse Hotline is dedicated to the prevention of child abuse. Serving the U.S. and Canada, the hotline is staffed 24 hours a day, 7 days a week with professional crisis counselors who—through interpreters—provide assistance in over 170 languages. The hotline offers crisis intervention, information, and referrals to thousands of emergency, social service, and support resources. All calls are confidential.

Boystown USA – Your Life Your Voice Helpline
https://www.yourlifeyourvoice.org/Pages/home.aspx
Hotline: 1 (800) 448 – 3000
Text: Text VOICE to 20121 (hours vary)
Available 24 hours a day, 7 days a week via phone, email, text, and online chat.
Your Life Your Voice is a program of Boystown USA and is available to children, parents, and families who are struggling with self-harm, mental health disorders, and abuse.

MENTAL HEALTH AND SUBSTANCE ABUSE RESOURCES

National Suicide Prevention Lifeline
https://suicidepreventionlifeline.org/
Hotline: 1-800-273-8255
Available 24 hours a day, 7 days a week via phone and online chat.
The National Suicide Prevention Lifeline provides free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals.

National Alliance on Mental Illness (NAMI) Helpline
https://www.nami.org/Support-Education/NAMI-HelpLine/NAMI-HelpLine-FAQs
Hotline: 1 (800) 950 – 6264
Email: info@nami.org
Available Monday through Friday, 10:00am to 6:00pm Eastern Standard Time.
The NAMI Helpline assists individuals and families who have questions about mental health disorders, treatment, and support services. Safety Planning Resources

Substance Abuse and Mental Health Services Administration (SAMHSA) Helpline
https://www.samhsa.gov/find-help/national-helpline
Hotline: 1 (800) 662-4357
Available 24 hours a day, 7 days a week via phone in English and Spanish.
SAMHSA's National Helpline provides free and confidential treatment referral and information service for individuals and families facing mental and/or substance abuse disorders.
Contact the VictimConnect Hotline by phone at 1-855-4-VICTIM or by chat for more information or assistance in locating services that can help you or a loved one.

STALKING RESOURCES

National Network to End Domestic Violence
Technology Safety for Victims and Survivors

Stalking Resource Center
Stalking: Risk Assessment and Safety Planning Webinar

Stalking Harassment and Risk Profile (SHARP) Risk Assessment (this link will take you off the SPARC website)
https://ukcdar.uky.edu/ls/index.php/57925
SHARP is a 43-item web-based assessment which provides an assessment of the "big picture" of the stalking situation. SHARP is free to use and provides both a narrative of the stalking situation and the risk profile as well as information about stalking risks and safety suggestions.

Stalking Documentation Log Form
https://cdar.uky.edu/coercivecontrol/docs/Stalking%20Documentation%20Log.pdf
Free forms to assist victims of stalking document the pattern of the behavior.

PREVENTION RESOURCES

https://www.cdc.gov/violenceprevention/index.html
Centers for Disease Control and Prevention: Violence Prevention

SELF-CARE RESOURCES FOR ADVOCATES

Domestic Shelters.org

https://www.domesticshelters.org/articles/taking-care-of-you/14-self-care-tips-for-advocates
Tips for self-care for advocates.

VAWA.net
https://vawnet.org/news/how-can-victim-advocates-find-balance-when-caring-themselves-and-supporting-victims-gender
Description of compassion fatigue, and tips for preventing and addressing stress.

Michigan Victim Advocacy Network
https://mivan.org/resources-for-advocate-resilience/
Discussion of compassion fatigue and vicarious trauma.

Safe Housing Partnership (Canada)
Guidebook to Vicarious Trauma: Recommended Solutions for Anti-Violence Workers
Toolkit for Advocates.

Oklahoma Resources

Oklahoma State SafeLine
1-800-522-7233 (SAFE)
The Oklahoma SafeLine is a confidential, toll-free, 24-hour hotline for Oklahomans seeking help or information about domestic violence, stalking and sexual assault. The SafeLine also offers support, education, and referrals. Translation services are available in 150 different languages.

Department of Human Services Domestic Violence Resources
https://oklahoma.gov/okdhs/services/purpleribbon/domestic-violence-resuorces.html
(domestic violence resources)
Hotline: 1-800-522-3511
Hotline for reporting child abuse or abuse of vulnerable adults
Every person in Oklahoma who has reason to believe that a child under 18 has been abused or neglected or is in danger of being abused or neglected is required by law to promptly make a report. Failure to report child abuse is a misdemeanor offense. A person who reports suspected abuse in "good faith" is immune from criminal or civil liability.

Oklahoma Address Confidentiality Program (ACP)
http://oag.omes.acsitefactory.com/address-confidentiality-program-acp
The ACP provides services to Oklahoma residents who are victims of domestic violence, sexual assault, and stalking. The goal of ACP is to help victims keep their location confidential by providing the victim with a substitute address and a mail forwarding service for use when interacting with state and local agencies.

Crime Victims Compensation

https://www.okvictimscomp.com/contact-us/
Oklahoma Crime Victims Compensation (OCVC) may be available if the victim or someone they love suffered physical or psychological injury due to a violent crime that occurred anywhere in the state of Oklahoma.

Out of pocket expenses considered under the Crime Victims Compensation Program are:

- Medical and Dental Care, Prescriptions
- Counseling and Rehabilitation
- Work Loss or Loss of Support
- Caregiver Work Loss
- Crime Scene Clean-up
- Funeral and Burial Expenses

Visit the Oklahoma Crime Victims Compensation website here to learn more.

List of Oklahoma Domestic Violence and Sexual Assault Programs Certified by the Office of the Attorney
https://www.oag.ok.gov/sites/g/files/gmc766/f/dvsa_by_city_updated_04-21.pdf

List of Adult Victims of Sex Trafficking Programs Certified by the Office of the Attorney General
https://www.oag.ok.gov/sites/g/files/gmc766/f/hst_by_city_updated_4-2021.pdf

List of Batterers Intervention Program Certified by the Office of the Attorney General
https://www.oag.ok.gov/sites/g/files/gmc766/f/bip_by_city_updated_04-2021.pdf

List of Tribal Domestic Violence and Sexual Assault Programs in Oklahoma
https://oknaav.org/tribalprograms

Family Justice Centers
Family Justice Centers (FJC's) and Multi-Agency Centers are multi-agency, multi-disciplinary co-located service centers that provide services to victims of inter-personal violence including, intimate partner violence, sexual assault, child abuse, elder or dependent adult abuse, and human trafficking. Both public and private partner agencies assign staff on a full-time or part-time basis to provide services from one location. Centers focus on reducing the number of times victims tell their story, the number of places victims must go for help, and look to increase access to services and support for victims and their children.

FJC's in Oklahoma:

Cardinal Point
https://cardinalpointok.org/
Phone: 405-776-0990
7905 E. Hwy 666, El Reno, OK 73036

Family Safety Center
https://fsctulsa.org/
Phone: 918-742-7480
600 Civic Center, Main Floor Police Courts Building, Tulsa, OK 74103

Palomar: Oklahoma City's Family Justice Center
https://palomarokc.org/
Phone: 405-552-1010
Text: 405-355-3556
1140 N. Hudson Ave., Oklahoma City, OK 73103

One Safe Place
405-395-7183
1902 S Gordon Cooper Dr, Shawnee, OK 74801

Tribal Resource Tool
https://tribalresourcetool.org
Tribal coalitions and services with throughout the U.S.

Oklahoma State Department of Health—Location of County Health Departments
https://oklahoma.gov/health/county-health-departments.html
County Health Departments provide a variety of services which may be helpful to survivors including vaccinations, reproductive health services (including testing for sexually transmitted diseases), and counseling for children.

Oklahoma VINE and VINE VPO
https://vinelink.com/classic/#/home
Tel: 1-877-654-8463
Crime Victims have the right to utilize the automated notification system to receive information about the location of the defendant following arrest, during prosecution, during a sentence to

HeartLine 2-1-1
https://heartlineoklahoma.org/
Community Resource Line: Dial 2-1-1
HeartLine 2-1-1 connects Oklahomans to help, hope and information 24 hours a day. Individuals can call or go online here to obtain information about social and human services/resources available in the community related to mental health/addictions, housing, shelter, food/meals, legal assistance, family/parent support, support groups, assistance with bills, health and dental, and clothing/household items.

Additional Resources

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XIV. APPENDIX

Rights of Clients of Attorney General Certified Programs

Source: Certification of Domestic Violence/Sexual Assault, Batterers Intervention Programs and Adult Victims of Sex Trafficking | Oklahoma Attorney General

It is important that advocates working or volunteering at Attorney General certified programs are aware of the rights of clients receiving services at their organizations. Upholding the rights of victims is an advocate's legal and ethical obligation.

Attorney General - Client Rights

Rights of clients of Attorney General certified domestic violence, sexual assault and stalking programs and shelters pursuant to 74 O.S. § 18p-1 et seq:

(a) Each client shall be afforded all constitutional and statutory rights of all citizens of the State of Oklahoma and the United States, unless abridged through due process of law by a court of competent jurisdiction. Each program shall ensure each client has the rights which are listed below:

(1) Each client has the right to be treated with respect and dignity. This shall be construed to protect and promote human dignity and respect for individual dignity.

(2) Each client has the right to a safe, sanitary, and humane living environment.

(3) Each client has the right to a humane psychological environment protecting the client from harm, abuse, and neglect.

(4) Each client has the right to an environment that provides reasonable privacy, promotes personal dignity, and provides physical and emotional safety.

(5) Each client has the right to receive services suited to the client's needs without regard to race, religion, gender, ethnic origin, age, degree of disability, or legal status.

(6) Each client, on admission, has the absolute right to communicate with a relative, friend, clergy, or attorney, by telephone or mail, at the expense of the program if the client is indigent.

(7) Each client shall have and retain the right to confidential communication with an attorney, personal physician, or clergy.

(8) Each client has the right to uncensored, private communications including, but not limited to, letters and telephone calls. Copies of any personal letter, sent or received, by a client shall not be kept in the client's record without the written consent of the client.

(9) No client shall be neglected or sexually, physically, verbally, or otherwise abused.

(10) Each client shall have the right to practice free exercise of religious beliefs and be afforded the opportunity for religious worship that does not infringe on the health or safety of others. No client shall be coerced into engaging in, or refraining from, any personal religious activity, practice, or belief.

(11) Each client has the right to be offered prompt, competent, appropriate services, and an individualized service plan. The client shall be afforded the opportunity to participate in the creation of the client's service plan. The client may consent or refuse to consent to the proposed services.

(12) The records of each client shall be confidential. This confidentiality remains intact even after the client's death.

(13) Each client has the right to refuse to participate in any research project or medical experiment without informed consent of the client, as defined by-law. A refusal to participate shall not affect the services available to the client.

(14) Each client has the right to assert grievances with respect to any alleged infringement of these stated rights of clients, or any other subsequently statutorily granted rights.

(15) No client shall ever be retaliated against or be subject to any adverse conditions or services solely or partially because of having asserted the rights stated in this section.

(16) Upon request, each client has the right to review the client's own records. Upon written request, each client has a right to receive a copy of the client's own records or authorize an attorney or other person to do so. The program must provide a copy within a reasonable amount of time. The portion of the client's records regarding mental health or substance abuse treatment, may only be released pursuant to the provisions of 43A O.S. § 1-109 and 42 CFR.

(17) Each client has the right to know why services are refused and can expect an explanation concerning the reason why the client was refused particular services.

(18) Each client has the right to voluntary services that are self-determined.

(19) Each client has the right to decide whether or not to participate in supportive services offered by the program.

Oklahoma Crime Victims' Rights

Source: District Attorneys Council - Oklahoma Victims Bill of Rights

Victim advocates work to uphold the rights of crime victims. Many callers to the crisis line are involved in the Criminal Justice System (CJS) related to the prosecution of the offender. Sometimes callers themselves have been charged with a crime. Navigating the CJS can be a daunting and confusing process, and callers share their concerns and challenges with us. They may have questions related to their rights as victims. To provide callers with accurate information, it is important that advocates have a working knowledge of the criminal justice system, including victim rights as established pursuant to the Oklahoma Constitution Article 2, § 34, as follows:

Oklahoma Victims' Rights Act

As a victim of crime, you have certain rights (Oklahoma Constitution Article, 2 § 34):

- To be informed in writing of all constitutional and statutory rights;
- To receive written notification of how to access victim rights information from the interviewing officer or investigating detective;
- Upon request, to be notified and to be present at all proceedings involving the criminal or delinquent conduct, to be heard in any proceeding involving release, plea, sentencing, disposition, parole, and any proceeding during which a right of the victim is implicated;
- Upon request, to be notified that a court proceeding to which a victim or witness has been subpoenaed will or will not go on as scheduled, in order to save the person an unnecessary trip to court;
- To be treated with fairness and respect for your safety, dignity, and privacy, to receive protection from harm and threats of harm arising out of cooperation with law enforcement and prosecution efforts, to be provided with information as to the level of protection available and how to access protection, and upon request, to be notified of any release or escape of an accused;
- To be informed of financial assistance and other social services available as a result of being a witness or a victim, including information on how to apply for the assistance and services;
- To be informed of the procedure to be followed in order to apply for and receive any witness fee to which the victim or witness is entitled;
- To be informed of the procedure to be followed in order to apply for and receive any restitution to which the victim is entitled;
- To be provided, whenever possible, a secure waiting area during court proceedings that does not require close proximity to defendants and families and friends of defendants;
- To have any stolen or other personal property expeditiously returned by law enforcement agencies when no longer needed as evidence. If feasible, all such property, except weapons, currency, contraband, property subject to evidentiary analysis and property the ownership of which is disputed, shall be returned to the person;
- To be provided with appropriate employer intercession services to ensure that employers of

the victims and witnesses will cooperate with the criminal justice process in order to minimize the loss of pay and other benefits of the employee resulting from court appearances;

- To have all family members of all homicide victims afforded all of the services under the Victim's Rights Act, whether or not the person is to be a witness to any criminal proceedings;
- To be informed that when any family member is required to be a witness by subpoena from the defense, there must be a showing that the witness can provide relevant testimony as to the guilt or innocence of the defendant before the witness may be excluded from the proceeding by invoking the rule to remove potential witnesses and to refuse an interview or other request made by the accused or any person acting on behalf of the accused, other than a refusal to appear if subpoenaed by defense counsel;
- To be informed in any felony case involving a violent crime or sex offense of the progress of pretrial proceedings which could substantially delay the prosecution of the case;
- Upon request, to protect the personal information of the victim in law enforcement or court records, if it is determined by the court to be necessary to protect the victim from harassment or physical harm and if the information is immaterial to the defense and to protect the identity of the victim in sexual assault cases;
- To be informed of any plea-bargaining negotiations, and upon request, to confer with the attorney for the state;
- To a speedy disposition of the charges free from unwarranted delay caused by or at the behest of the defendant or minor. In determining a date for any criminal trial or other important criminal or juvenile justice hearing, the court shall consider the interests of the victim of a crime to a speedy resolution of the charges under the same standards that govern the right to a speedy trial for a defendant or a minor. In ruling on any motion presented on behalf of a defendant or minor to continue a previously established trial or other important criminal or juvenile justice hearing, the court shall inquire into the circumstances requiring the delay and consider the interests of the victim of a crime to a speedy resolution of the case;
- To present a victim impact statement to the court in writing or orally during the formal sentencing proceeding, to have victim impact statements filed with the judgment and sentence, and the victim impact statements shall be considered by the Pardon and Parole Board when deciding whether to grant parole;
- To be informed if a sentence is overturned, remanded for a new trial, or otherwise modified by the Oklahoma Court of Criminal Appeals;
- To be informed that the Oklahoma Constitution allows, upon the recommendation of the Pardon and Parole Board and the approval of the Governor, the commutation of any sentence, including a sentence of life without parole;
- Upon request, to be notified by the Pardon and Parole Board of proceedings and actions regarding pardon, parole, and commutation; and
- To assert individually, through an attorney or lawful representative, or by request, through the attorney for state, in any trial or appellate court or before any other authority with jurisdiction over the case and have enforced all the rights enumerated and afforded to the

victim by law.

- *Rights afforded victims under the Oklahoma Victims' Rights Act shall be protected in a manner no less vigorous than the rights afforded the accused.*
- *The Victims Bill of Rights became known as Marsy's Law in November 2018.*

Victims of Domestic Violence and Sexual Assault

As a victim of domestic violence, rape, forcible sodomy, or stalking, pursuant to Oklahoma Statute Title 21 § 142A-3, you have the right to:

- Request that charges be pressed against your assailant;
- Request protection from any harm or threat of harm arising out of cooperation with law enforcement and prosecution efforts and to be provided with information on the level of protection available;
- Be informed of financial assistance and other social services available, including information on how to apply for the assistance and services;
- File a petition for a protective order or, when the court is not open for business, an emergency temporary protective order;
- Be informed by the interviewing officer and the District Attorney of other victims' rights available pursuant to Title 21 § 142A-2 of the Oklahoma Statutes; and
- A free forensic medical examination for the procurement of evidence to aid in the prosecution of your assailant.

Additionally, victims of sexual assault under Oklahoma Statute Title 74, Section 150.28a, have the right to track the location of their sexual assault (SA) kit from collection to final analysis. Access this information through the following website: Oklahoma Sexual Assault Evidence Collection & Kit Tracking System

Victims of Human Trafficking

As a victim of human trafficking pursuant to Oklahoma Statutes Title 21, § 748.2 you have the right to:

- Be provided a copy of your rights as a crime victim in writing;
- Be housed in an appropriate shelter as soon as practicable;
- Not be detained in facilities inappropriate to your status as a crime victim;
- Not be jailed, fined, or otherwise penalized due to having been trafficked;
- Receive prompt medical care, mental health care, food, and other assistance, as necessary;
- Have access to legal assistance, information about your rights, and translation services, as necessary; and
- Be provided protection if your safety is at risk or if there is a danger of additional harm due to your recapture by a trafficker, including:
- Take measures to protect you and your family members from intimidation and threats of reprisals; and
- Ensure the names and identifying information for you and your family members are not disclosed to the public.