The Crime Victims' Center of Chester County, Inc. Volunteer Procedures

GOAL: To assure rapid response to crisis calls so that victims are provided with prompt service. The initial contact between the caller and the staff/volunteer responding should take place no later than 15 minutes after the first call received. Response to the scene should not exceed 45 minutes.

ON-CALL:

- When you are on call, make sure you can be reached by phone. The senior volunteer or staff member receives the call coming from the answering service and will contact the junior volunteer with details.
- When committing to being on call, you must be able to respond both in person and on the hotline when needed unless otherwise discussed with the staff member. If you become unavailable for any reason, please let the staff member know as soon as possible.
- If it is a call to respond, the two will decide where to meet, i.e. hospital, police station, location mutually accessible to each person.
- *The senior volunteer will telephone the on-call staff member to advise him/her of departure time and destination as well as check in upon return home.
- NEVER go to the victim's home or location of crime without staff approval.

AT THE HOSPITAL/POLICE STATION:

- When you are at the hospital or police station, the staff member or senior volunteer usually supports the victim while the junior supports the significant other(s).
- Let the victim/significant other(s) know who you are and why you are there. Stress the
 fact that why we are there to provide support and will be supportive whether or not the
 victim decides to take further legal action.
- If you find out the victim is a child under the age of 16 and you are the responding advocate, advise the staff member on call immediately.
- REMEMBER: Your role is to be there for the victim! Often the police will ask you what
 you think it is not your job to evaluate, speculate, guess, etc...it is our job to support.
 YOU ARE THERE FOR THE VICTIM!
- IMPORTANT: In dealing with the victim and/or significant others, don't answer
 questions incorrectly because of lack of knowledge or in an attempt to pacify them. If
 you don't know the answer, tell them you will try to find out. Nobody expects you to
 have all the answers.

CONCLUDING A CALL:

 Before you leave the hospital, police station, etc., make sure you have pertinent information about the victim, i.e name, age, telephone number, name of significant others, name of perpetrator (if known), police department, police officers, etc. Give the victim a brochure and CVC card; the significant other should receive a brochure when appropriate. Invite the victim and significant other to utilize any service we provide (hotlines, counseling).

AFTER THE CALL:

- Confidentiality is essential. Take a few minutes after the call to discuss the case with a staff member or senior volunteer. Don't take home more than is necessary. Since you can't share the experience with your significant others or friends, know that you can always call someone on staff to talk about it. It's sometimes difficult to maintain confidentiality- but it is extremely important.
- When the volunteer returns from the case, the senior volunteer will call and report in to the staff person. This is done for the protection of the volunteers.
- After any on-call shift, volunteers should inform staff of any calls taken. If contacting staff through email, DO NOT use client names (initials are fine).

REMEMBER: CVC staff are here to support you! If you ever have any questions, do not hesitate to call the staff member on call.

Guidelines for Responding to Hotline Calls

- Respond to the caller in a welcoming tone. Convey warmth and concern.
- Treat every caller with respect.
- Allow the caller to express her/his needs and reason for calling your hotline.
- · Speak slowly and calmly, even if the caller is speaking rapidly.
- Inquire about the caller's safety. If the caller feels unsafe, help identify means of establishing safety. If the caller identifies the need to seek assistance from the police or medical treatment, be sure to offer accompaniment as a means of support.
- · Focus on feelings first.
- · Ask open-ended questions.
- Echo the caller's expressions of feelings to convey your understanding.
- Use the same language or terms the caller uses to describe sexual activity or body parts.
- Listen for pauses, sighs, hesitations, changes in pitch or speed that could indicate the caller is re-experiencing something associated with the victimization.
- If you don't know the answer to a caller's question, admit that you don't know and assure her/him that you will find the answer to her/his question.
- Do not assume the offender was of the opposite sex.
- Recognize how your own life/cultural experiences may impact on your ability to handle the call.
- Empower caller to identify choices.
- Promote a relationship with the agency rather than yourself. Someone else may answer the call the next time.
- Educate the caller about the services your center offers. Invite the caller to access them.
- Obtain the caller's permission to have someone from the center contact them. Note any stipulations that the caller expresses in regards to follow-up calls.

Responding to Problem or Prank Calls on the Hotline

Hang ups

- Stay cool.
- Take the receiver off the hook for one or two minutes if it continues.
- Tell the caller that you have the line tapped; a procedure by which the phone company records telephone numbers of all calls coming to the hotline.

Heavy breathers

- Ask if you can help them.
- Give them the benefit of the doubt the first time—it could be someone who has never talked about her/his victimization before and is still very scared to talk.
- Communicate willingness to listen whenever the caller is ready to talk.
- · Acknowledge it is sometimes difficult to talk about really troubling issues.
- If, after a sufficient pause, there is still no response, say, "Thank you for calling," and hang up.

Obscene calls

- Try not to let them know you are upset—this is what they want.
- Keep your voice calm and disinterested.
- Hang up.

Pseudo calls (may sound genuine at first)

- Pay attention for requests for you to use or say "dirty" or intimate words.
- Listen for "facts" that change in the stories, especially if it is a repeat caller.
- If absolutely sure they are not victims, suggest psychiatric help or hang up.
- Be prepared to provide information/referrals for psychiatric help if requested.

Resistant or chronic callers

- Assess the call and resolve crisis needs.
- Limit chronic or resistant callers to one or two designated helpers, one of whom should be the on-call staff.
- Schedule times for the caller to contact the designated helper.
- Help caller focus on gradual steps and accomplishments.
- Redirect the call to needs-identification and problem-solving approaches.
- If caller continues to call frequently and contacts non-designated helper, 1) resolve crisis needs, 2) remind caller of scheduled time, and 3) end call firmly but gently.

Hotline Shifts

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Monday – Thursday night 5pm-9am.
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Friday night 5pm - midnight.

Saturday 12am – noon OR 12am – 12am.

Sunday 12am – 12am.

Monday 12am – 9am.

Before the shift: Beth at reception will send a document that includes the start and end time of the shift, designated staff members on-call, and supervisor name and number. If you do not receive this email before your shift, contact the volunteer coordinator.

During the shift:

- 1. JR Volunteer receives initial call from the answering service.
- JR Volunteer calls 1st on-call staff member/ SR volunteer to tell them they're calling a client.
 - a. Staff/SR vol can give guidance- if it's a detective or law enforcement, staff/SR can return the call because that most likely means you're both going out. Or, if the volunteer just has the name and number of the client, staff can offer support.
- 3. Staff/SR vol answers volunteer questions and acts as a supportive resource.

After the shift: Email the call information (name of caller– if given/caller's phone number/time and duration of call/reason for calling and actions taken) or send the on-call form to designated staff members.