

MODULE

12

ADVOCACY SUPPORT VIA THE HELPLINE

This section describes an advocate's role in responding to helpline calls. It will explore reasons survivors and significant others may use the helpline and will provide information on good practices for advocacy via the helpline.

Understanding helpline calls

LESSON 1: Grounding in the basics of helpline advocacy

LESSON 2: Your organization's helpline practices

Putting our advocacy skills to practice

LESSON 3: Practice: A closer look at good helpline practices



OBJECTIVES

Participants will be able to:

- Describe the types of helpline calls to which they will respond
- Discuss the flow of helpline calls
- Apply active listening techniques to answering helpline calls



MATERIALS

- Training agenda (if you create one)
- Flipchart paper or dry erase board and markers
- Pens/pencils and paper for each trainee
- Copies of Helpline Guide handout (included in module)
- Computer with screen, projector, internet, and audio (optional)



TIPS FOR PREPARATION

- Review your agency's own helpline processes and customize this section to reflect those practices and policies. Lesson 2 of this section focuses on agency-specific policies and practices.
- Review the active listening section of this training curriculum to help draw the connection between core advocacy practices and specific settings such as the helpline.
- Review articles, materials, and lessons to be comfortable with the material before the training session.
- Print or otherwise obtain the articles and handouts listed in the Materials section of this module and make copies for participants.



POINTS TO CONSIDER

- **We deliberately use “helpline.”**

In this field, we have traditionally used the terms “crisis line” or “hotline” to describe services provided 24 hours a day over the phone to those in need of emotional support and information. These names can be a barrier to survivors who feel their current situation isn’t bad enough to qualify as a “crisis” or those who believe our crisis lines are only for survivors of recent sexual assault. For these reasons, we have chosen to use “helpline” as a more inclusive and welcoming name for this service.

- **We use active listening to create safety and support.**

It’s important to reinforce for new advocates that when they are helping someone on the helpline, in particular someone who may be confused, angry and scared, it is not expected or even desired that they find answers or solutions. The advocate’s role is to create a safe space in which survivors and survivors’ significant others can give voice to their feelings, their fears and to help remind them of their strength and resilience.

LESSON 1: UNDERSTANDING HELPLINE CALLS

This module will rely heavily on the Helpline Guide handout to guide conversation and will include:

- Who uses the helpline?
- Reasons for using the helpline
- An advocate's role
- Active listening skills for the helpline
- Flow of helpline calls
- Working with significant others of survivors on the helpline
- Working with minors on the helpline
- Working with others who call the helpline
- Self-care on the helpline

The handout should be supplemented with your agency's policies and practices. An additional opportunity to discuss your agency's helpline logistics will be available in Lesson 2.

Using a combination of large and small group conversations, work through each section of the Helpline Guide, making time for a combination of teaching, discussion, and questions.

Recommended questions to deepen learning during this section:

- Who uses the helpline?
- Reasons for using the helpline
 - *What other reasons might someone call the helpline?*
 - *Why might partner agencies and other allied professionals use the helpline?*
- Active listening skills for the helpline
 - *How do you imagine using active listening skills on the helpline?*
 - *How might active listening skills look different when speaking on the helpline versus meeting with someone in person?*
- Flow of helpline calls
 - *What are ways we can ensure we follow the caller's lead on helpline calls?*
 - *How do we create flexibility for the flow of calls?*
 - *What more information do you need about the likely flow of calls?*
- Working with significant others of survivors on the helpline
 - *Are there any process, ethical, or logistical questions you have about working with significant others on the helpline?*
- Working with minors on the helpline
 - *Are there any process, ethical, or logistical questions you have about working with minors on the helpline?*
- Working with others who call the helpline
 - *What questions do you have about challenging calls? Making referrals?*
- Self-care on the helpline
 - *What types of organizational support would you find helpful in supporting your wellbeing and self-care?*

LESSON 2: YOUR ORGANIZATION'S HELPLINE PRACTICES

This is an opportunity to cover agency-specific policies and practices related to the helpline.

LECTURE

Review your agency's helpline practices and policies, providing copies of any procedural information.

LECTURE TOPICS YOU MAY CONSIDER COVERING INCLUDE:

- *Who provides helpline advocacy?*
- *Are there back up helpline staff?*
- *Does the agency have a helpline staffing schedule?*
- *During what hours does the helpline operate?*
- *Do calls get routed through a call center? During business hours? After hours?*
- *How can an advocate get help with a difficult call?*
- *What is the helpline number? Is it different than the main office number?*
- *Is there a designated helpline phone?*
- *What are on-call helpline procedures?*
- *Is there any documentation required of helpline calls? If so, what?*
- *What are policies for calls received by minors?*
- *Where is a list of common referrals kept that can be accessed during calls?*
- *What are policies or practices for debriefing after difficult calls?*

LESSON 3: PUTTING OUR ADVOCACY SKILLS TO PRACTICE

Introduce this section by framing the essential nature of practice in our work, for new advocates and seasoned advocates alike.

Practice is essential

Helpline advocacy is a key training component in this curriculum because it is one of the many settings in which advocates will use active listening. Active listening may be the most important skill that potential advocates need to learn in the training. When people are in distress, it is important that the advocate they come into contact with make a strong positive impact. Potential advocates who learn the basic techniques of active listening will be prepared to respond in a survivor-centered and trauma informed way, reassuring survivors of their own strength, resilience, and skills. The role-play scenarios are a good opportunity in a safe setting for trainees to try out new skills. While some may not want to participate, it is important that those who are reluctant but who plan to staff a helpline step out of their comfort zone and engage in these activities. This allows trainers the opportunity to observe potential advocates in action. Now is the time to encourage the most reluctant ones to trust themselves and the group and try the role-play activity.

Role-plays can bring up different things for different people.

Be aware of the stress that role plays can bring, and in particular the possibility for additional stress felt by training participants who are also survivors. It can be helpful to name awareness of the potential for this with the group. Invite participants who feel they may have difficulty acting in the role of a caller to act in different roles. Also be sure to offer additional processing time and support for anyone who finds this activity difficult.



ACTIVITY INSTRUCTIONS

Using the “Helpline Role Play Scenarios” handout included in this module, describe for the group that this section will focus on role plays that allow participants to try out new information and skills in the context of helpline advocacy.

Ask participants to get in groups of three, with one person acting in the role of an advocate, another as a caller, and the third as an observer who can offer feedback. Each group will have a scenario. Participants should read through the scenario and to the best of their ability, use this information to inform the role they play in the activity.

The participants acting as the advocate and caller should sit back to back, to mimic characteristics of an environment where a caller and advocate would not be face-to-face, and thus not able to rely on body language and other non-verbal cues. If it is difficult for participants to hear in this position, ask them to sit next to one another, but still avoiding eye contact. Observers should position themselves so that they can easily hear both participants in their group. Observers can jot down notes from highlights they’d like to remember when providing feedback.

Remind participants of the active listening skills learned in previous modules and reviewed in the last section and encourage them to use those skills during the role play activity. Invite participants to keep in mind: *How are my words and my tone demonstrating empathy, affirmation, and meeting the caller where they are at? How am I following the caller’s lead and responding accordingly?*

Allow groups to do at least two cycles of role plays, each time trying to have a different make-up of participants acting in different roles in each group. Trainers should walk around the room and take note of where participants feel comfortable, are struggling, or have questions.

Once complete, invite the groups back to a large group to debrief.

Discussion and debrief questions may include:

- *What was the role play like? As a caller? As an advocate? As an observer?*
- *Observers, where did members in your group shine?*
- *Observers, where did members in your group struggle?*
- *What assumptions might you have made about the scenario or the people in it?*
- *How might additional information about a caller's race, ethnicity, age, or other demographic characteristics have changed your actions in this scenario?*
- *How will you practice awareness of any biases you have and how these show up in your helpline advocacy?*
- *What active listening skills did you use in your role plays?*
- *How did you follow the caller's lead and offer support that was empowering?*
- *What was helpful about this activity?*
- *Is there a part of the helpline flow that remains confusing for you?*
- *For those who acted in the role of advocate, what additional information would be helpful to feel successful in your role?*

Invite participants to process their experience and take note of areas where participants request additional information or need more support and development.

HELPLINE GUIDE

WHO USES THE HELPLINE?

- Survivors of current or past assaults, including adult survivors of child sexual abuse
- Significant others, partners, friends, and family of survivors
- Third parties such as community resources, teachers, spiritual leaders, police, etc.
- Others seeking someone to talk with

REASONS FOR USING THE HELPLINE

Callers are not always clear about why they are calling. They typically know they need help or information, but they are usually not calling with an agenda for how you can help them from point A to Z. It's our job as advocates to provide a space where callers can express their needs, where we respond accordingly.

It is likely that callers might be unsure of what an advocacy program or helpline has to offer. They may be uncertain about what an advocate can do and what options are available for them. They may have heard about the helpline from a friend, family member, or allied professional.

It's essential that advocates practice patience, just as they would if a person was sitting in front of them.

While some callers may call with concerns about something that recently happened, the majority of callers are dealing with an event that occurred sometime in the past — a week to two months to decades ago.

It isn't uncommon to hear complete silence when answering a helpline call — a caller may not know how to start. It's essential that advocates practice patience, just as they would if a person was sitting in front of them.

Examples of types of calls might include:

“Something happened at a party two weeks ago. I tried to forget about it but I am in a panic all the time and I just can’t get the image out of my head. I thought I could just forget it but I can’t. “

“I was raped by my cousin 27 years ago when I was five. I don’t know why I’m thinking so much about it now, but I think it might be because my daughter’s fifth birthday is next week.”

“I think something happened to my partner but I don’t know how to help her. She seems embarrassed and doesn’t want to talk to me.”

“I ended up having sex with someone I met at a bar last night. I kept saying no and pushing them away, but I finally just gave up. They kept getting more insistent and I was afraid of what might happen. If I gave in, it’s my fault, right? Why does this keep happening to me?”

“My husband pushed me off the bed onto the floor and had sex with me while our daughter was watching. I know he can have sex with me whenever he wants because we are married, but isn’t it a crime to do it in front of a child?”

“My friend gave me this number and that you might be able to help me. I want to talk about something that happened, but I don’t want anyone else to know. If I tell you what happened, know one else will find out, right?”

“Something happened to my son and I’m really angry and need to get some information. I just feel like I could punch something. A few months ago he told us that he is gay and now, this past weekend, this happens to him. How could this happen? How does he even know if he’s gay? And what does he think is going to happen when he hangs around in those crowds? What if this is in the news? I have no idea what to do.”



An advocate's role

Similar to other scenarios where an advocate provides support to someone seeking help, an advocate's role is to create a safe space for whatever the survivor or other person seeking help needs. Applying active listening skills is useful in identifying a person's self-identified needs and also helps build rapport and trust. Just as these skills are used in person, they can also be used on the helpline. As seen in the previous examples, callers may seek emotional support, information about options, answers to specific questions, crisis help, or access to other resources.

ACTIVE LISTENING SKILLS TO BE USED ON THE HELPLINE

- Validation
- Normalizing
- Open-ended questions
- Reflecting
- Breathing
- Encouragers
- Paraphrasing
- Reframing
- Silence
- Summarizing
- Closing

Refer back to active listening module to refresh these skills.

General tips:

- For most callers, it has taken a lot of courage to dial the helpline and prepare themselves to talk to a stranger about a difficult experience they or a loved one has had. You can set the stage to speak freely and frankly and develop trust between the advocate and the caller.
- Follow your agency's processes and guidelines for helpline calls.
- Recognize that the described flow of a call isn't a script and shouldn't be used as such. It is intended to help familiarize you with common ways a call may unfold. Responding to helpline calls requires flexibility, intuition, and a willingness to meet the caller wherever they are at.

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Flow of a Call

- Introduce yourself by name. First name only is enough. If your agency policy is to not share names, use a pseudonym. It's essential to make a human connection, so, for example: "Hello, Long Valley Rape Crisis Center" is not enough but should also include personalization.
- Use the caller's name if they offer it.
- Offer comfort.
- Speak in a calm voice.
- Believe the caller and let them know that you do.
- Affirm the caller.
- Adjust your tone and energy to meet the survivor where they are at.
- Be okay with silence.
- Let the caller share as much or as little as they want.
- Callers will often apologize for not knowing what to say, for taking their time, or for crying or being confused. Let the caller know it is okay to go slow, cry repeat self, etc.
- Use "door openers" to invite the caller to talk or say more:
 - "If you would like to talk, I'm here."
 - "I understand it might be hard to find all the words, but I'm interested in what you are able to say if you'd like to share more."
 - "How would you feel talking about it?"
 - "It sounds like maybe you have some thoughts or feelings about this."
 - "How do you feel about that?"
 - "I'm still here and can wait until you feel ready to say something."
 - "I know talking about what happened can be hard. Please take your time."



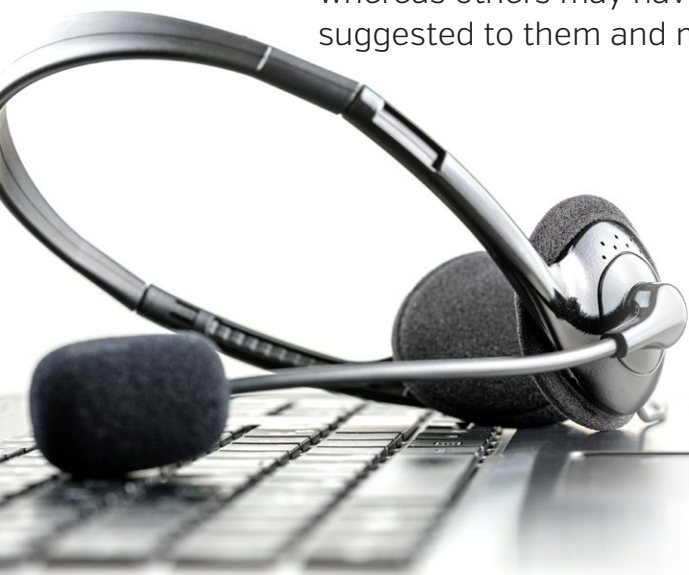
- Listen in order to gather a picture of why the person called. Remember, the idea is to listen and take the caller's lead, not overwhelm them with questions. Some ways you help create space for this conversation include:
 - Listen to and honor how the person is thinking and feeling.
 - Ascertain whether the person, especially if the caller is a survivor, is safe right now. If not, help them determine what needs to happen to have safety.
 - If the caller is having a hard time talking, you can use gentle prompts such as: "Did something happen that you would like to talk about?" or "Do you want to tell me about it?"
 - Do not jump to problem-solving. Rather, listen to help inform the rest of the conversation.
 - Pay attention to the caller's current type of emotional needs — listen for anxiety, panic, fear, confusion, or other strong emotions.
 - Offer support such as "I'm so glad you called the helpline" or "this is brave of you"
 - Listen for intersectional issues that may influence advocacy needs. For example, if the caller's first and preferred language is not English, if the survivor is undocumented, if they have a warrant for their arrest for an unrelated event, if they are LGBTQ and afraid of being outed, or need accommodations related to mobility.

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- When you have a sense of what the caller has identified as their needs, offer support reflective of those needs.
 - Some callers may just want someone to listen and may not wish for any other action. This is not only okay, but also normal. Active listening and emotional support are powerful gifts that advocates can provide callers.
 - If caller is in crisis, reduce the level of escalation of crisis by helping the caller stabilize emotionally and identify strengths and resources. Some ways to do this include helping the caller to feel grounded, identify and use coping skills, and practice deep and slow breathing techniques.
 - While it can at times be difficult to be present while someone is crying or angry, avoid an urge to get them to stop crying or expressing emotion. Crying and venting can be cathartic. Normalize strong emotions and try to reduce any shame a caller might feel about expressing them.
 - Normalize how the caller is feeling and dealing with what happened and address the healing process.
 - Identify/reinforce survival skills the caller has already used (calling the helpline, engaging a friend as support, etc.)
 - Encourage survivors to continue to trust their instincts about what they want and need. Reinforce that they will know best what they need.
 - Ask survivors what has worked for them in the past when they've faced a challenge or what they can see working for them now.
 - Mobilize support and discuss resources and options. Give generous time to the caller to speak before addressing options, unless the survivor asks more immediately.
 - Remember, some callers may have difficulty processing future options, whereas others may have been thinking about options that others have suggested to them and may have a well-defined need to take action now.

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For callers who want to take action now:

- Take the caller's lead on what seems most relevant to their needs. For example, if a caller makes it clear they are not interested in involving the police, do not try to change their mind or push this option upon them.
- For callers who are looking to take specific action, it is appropriate to begin to offer information about options and considerations related to each option.
- As relevant, discuss survivor rights available in your state and how they work for this caller and the choices ahead
- Help plan and raise understanding of what comes next and what continued options are available.

Bridging to the next steps:

- Provide insight about what to expect in the healing process emotionally, physically, behaviorally, and discuss coping strategies and sources of support. The healing process for survivors and others close to survivors will ebb, flow, and change. It is normal to pass through stages and heal again and again — gaining new insight and strengths along the way.
- Summarize and recap action or safety plans, review resources and referrals given, and remind the caller of continuous helpline support.
- Use active listening skills to respond to any additional questions or concerns the caller might have and identify and prioritize solutions or next steps as appropriate.
- Give referrals, offer advocacy, make connections — offer to accompany the caller as appropriate.
- Continue to reinforce the strength and courage of the caller.
- Check in with the caller about how they are feeling now — did this help? Is there anything else they might need before the call is ended?
- Thank the person for calling and invite them to call again.

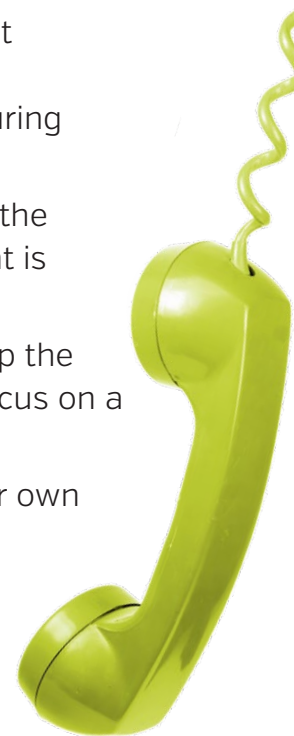
SIGNIFICANT OTHERS OF SURVIVORS USING THE HELPLINE

The points made above also apply for the most part to those who call because they are a close friend or family member of a survivor and they are concerned and want to help the survivor. When a significant other calls, remember that they are your focus in this moment. Attend to their emotional and informational needs, while also providing information on how they can help the survivor, if possible. While advocates do not direct or advise survivors, it is appropriate to do so in some instances with significant others, particularly if the significant other is interested in actions that are contrary to the survivor's wishes.

Considerations

- Be sure not to divulge to a friend or family member whether or not the survivor they are concerned about has contacted your program.
- Significant others have their own emotions and thoughts about what has happened and need emotional support for what they are feeling.
- It is possible that through seeking advocacy support survivors' significant others may become more equipped to provide support to survivors. However, it's important to keep the needs of significant others central during interactions with them.
- Significant others may want you to help them create a plan of action for the survivor or may indicate they are pushing a survivor to do something that is counterintuitive or unwanted by that survivor.
 - It can be helpful to normalize the person's interest in wanting to help the survivor. This interest and energy can potentially be redirected to focus on a significant other's own emotional and healing needs.
 - It is important to discuss why it is critical for survivors to create their own paths to healing.

It is important to discuss why it is critical for survivors to create their own paths to healing.



- It may be helpful to share with significant others that sexual violence tells survivors that they are not in control of the very core of their beings. It also demonstrates how ‘power over’ will be used. The central need for survivors is to reclaim their sense of self, of their strength and resilience. The best way to do that is to reassure survivors that they have control over what they choose to do or not do and that they have the ability to make those choices.
- It is important for significant others to be able to maintain a strong demeanor of caring for the survivor and believing the survivor’s strength and abilities.
- Even when the significant other means well, pushing a survivor in a direction they may not want to go or on a timeline that doesn’t work for them can actually make things worse for the survivor. The significant other risks losing their connection with the survivor and survivor’s circle of support shrinks.
- In some cases, significant others promise to take things into their own hands or threaten to harm the person who committed sexual violence. This shifts the focus of concern immediately away from the survivor and is not helpful. In these cases the survivor is then burdened with concern for what might happen should the significant other follow through with such a threat. This is a powerful silencing experience for survivors. They learn that it is not safe to share their feelings for fear it will result in the significant other taking action.

MINORS USING THE HELPLINE

When you first suspect you might be speaking to a minor, inform the caller that you are a mandated reporter and what that means according to your state/territory laws or tribal code. Be cognizant to not seek to shut down the caller, but to provide them information about what your responsibilities are and the limits of privacy or confidentiality you can keep. Our work is to help people make empowered decisions about what to do with information they wish to share.

Provide the caller information about what your responsibilities are and the limits of privacy or confidentiality you can keep. Our work is to help people make empowered decisions about what to do with information they wish to share.



Considerations

- Help the caller understand guidelines for the call if they would like to continue:
 - If the caller is unsure about reporting or does not want to report something that has happened, make sure the caller knows to not share any identifying information such as name, address, phone number, etc. while on the call.
 - If the caller wants to formally report what has happened, you can discuss when, how, and in what ways the caller wants parents/caregivers involved, etc.
- If the caller wants to access other resources and options help the caller know what their rights are:
 - Be knowledgeable about the age at which they can get medical care, see a therapist or community mental health resource, seek services at a shelter, etc. without parental notification.
 - If they are unable to access these services without parental permission, let them know that an advocate can help them prepare to speak with their parents.
 - If the minor has reason to be in fear of physical harm from their parents due to this, explore other options available through your state/territory law such as a court waiver, restraining order, etc.
- Remember that minors face particular barriers in accessing other sources of help. Their access to unconditional reinforcement, understanding, and validation from an advocate on the helpline may be one of a few safe sources of support.
- Keep your focus on listening to what the caller says they need and affirm the coping strategies they have used.
- Help the caller consider where to find support among family and friends or other trusted resources.
- Know your agency's policies and procedures and follow them when working with minor survivors.





OTHER CALLS TO THE HELPLINE

Because of the availability of 24-hour staffing on helplines run by advocacy programs, there may be callers looking for the opportunity to talk about other issues. This happens quite infrequently on most helplines but on occasion, you might field a call that is challenging. Rely on your active listening skills to respond to these callers as well.

People Who Have Committed Sexual Violence

Individuals who have committed sexual violence may call a helpline for any number of reasons.

- If your program has worked with the person they harmed, they may be calling to harass or even threaten you, to challenge you, or to be heard. Be sure to never divulge the identity of anyone who uses your program's services. In these cases, remain firm but polite in saying that you are not able to help at this time. If the caller is directly threatening you or a survivor follow your agency's policies and consult with your supervisor.
- If a person calling is concerned about their own sexually inappropriate behavior and looking for help and resources, it's possible that they might have also experienced victimization and/or they have increased awareness or regret for their behavior. Reinforce to the caller that it is a good thing to reach out with these concerns. Provide them information about resources and options in the community. You may also consider sharing the StopItNow helpline [1-888-PREVENT].
- Follow your agency's policies about referrals for callers who have committed sexual violence. Use active listening skills just as you would with other callers. If you have a relationship with a sex offender treatment program in your area, consider asking that program if it is okay to refer such callers to them.

Significant Others of People Who Have Committed Sexual Violence

- There are few resources for friends and family members of someone who is engaging in sexually threatening or harmful behavior. It is not uncommon for an advocacy helpline to receive this call, especially if the caller is related to both the survivor and the person who harmed them. Usually the caller is struggling to find someone to talk to about how to intervene with someone who commits sexual violence. You can support the caller's concern and encourage the caller to not ignore warning signs.
- Follow your agency's policies regarding such calls. Use active listening skills just as you would with other callers. If you have a relationship with a sex offender treatment program in your area, consider asking that program if it is okay to refer such callers to them.

Callers Who Need Other Support

- Keep in mind that it may be important that a caller dialed a sexual assault helpline specifically. For example, a caller who talks about the use of drugs or alcohol “ruining everything” could well be a survivor who has used drugs and alcohol to cope or dull the pain. Someone who calls the line and breathes heavily could be a survivor with asthma who is struggling to find words.
- Remember that someone who dials the helpline has reached out to a specific sexual assault helpline so the issue they want to talk about may be connected to past abuse that they are not yet ready to talk about. They may be testing your helpline to see how safe it feels. You can keep the helpline a potential safe resource for them if you handle these calls with empathy and patience.
- You can remind the caller that you are a helpline for people impacted by sexual violence, but that you will help connect them to a more effective resource for them now. Invite them to call you again if they have a need to find support related to sexual violence. Ultimately, use your agency’s policies about referral to the resources the caller is asking about.

Prank Calls

- These calls do happen, but fairly infrequently. Your best first reaction on any call is to assume that it is a survivor who is struggling to start the conversation. It is important that we listen to the person on the phone in the moment without trying to figure out their motivation.
- After carefully ensuring that the caller is actually not someone seeking support related to sexual violence but is someone who is harassing or joking with you, it is best to reiterate the purpose of the helpline and end the call. Remain professional and polite even if you are certain the call is a prank.



SELF-CARE & ORGANIZATIONAL SUPPORTS FOR WELLBEING

Hearing stories of sexual violence, being aware of the distress it causes survivors, and the sitting with the emotions of those who have been hurt or have loved ones who have been hurt is stressful. Even the least complicated of helpline calls can be jarring to your sense of equilibrium and normalcy. This can be exacerbated when an advocate staffs a helpline overnight and is unable to immediately check in with peers for help, opinions, support, and feedback. It is critical that advocates reach out for help from supervisors and peers. It is natural for new advocates to need more intensive supervision, but even seasoned advocates benefit from ongoing support, coaching, and supervision.

Consider the organizational supports that will be most useful to your individual way of processing stressful situations. Some examples of things that might be helpful include:

- Peer support
- Supervisor coaching and feedback
- Opportunities to process
- Continued learning opportunities
- Time off
- Flexible scheduling
- Diversified job responsibilities
- Employee Assistance Program

Consider your own self-care practices that might feel helpful. Some might include:

- Rituals and practices
- Time with family and friends
- Movement, dancing, exercise
- Relaxing
- Establishing strong boundaries
- Making time for pleasure and fun
- Spending time in community
- Allowing time to disconnect



HELPLINE ROLE PLAY SCENARIOS

- Jesse is a 14-year-old boy who is currently being sexually harassed at school because he is gay. Jesse and his mom got in an argument today when he didn't want to go to school. During the argument, Jesse's mother also brought up Jesse's sexual abuse and said she doesn't believe he would accuse his uncle of such terrible things. Jesse's counselor told him to call the helpline if he felt anxious and overwhelmed so he would have someone to talk to. This afternoon he started feeling like he is having a panic attack so he called the helpline.

- Angela is a 43-year-old woman who was sexually abused by her brother, Mike. Angela never told anyone. Until recently, she felt good about her coping skills and thought she had put the abuse behind her. Recently, Angela's 13-year-old niece, Trinity, revealed that Mike has been sexually abusing her as well. Trinity is pregnant because of Mike's abuse. Angela calls the helpline and is distraught with guilt and shame.



- Victoria is a 22-year-old college student who is worried about going home for the upcoming holiday break. Victoria has managed to stay busy with school, work, and friends during breaks but her mom keeps begging her to come home and Victoria is running out of excuses. Victoria calls the helpline and shares with you that she is feeling really overwhelmed, anxious, and unsure of what to do. She is worried about going home because it will be impossible for her to avoid her stepdad, who used to come into her room at night and touch her.

- Ted calls the helpline because his son just told him about a secret game he plays with the coach. Ted feels angry and betrayed by the coach and says “I’m afraid I’ll kill him.” Ted doesn’t know what to do or how to help his son. He keeps thinking about the Jerry Sandusky case and wants to make sure that he does the right thing but knows that it may bring media attention and then everyone in town will know what happened to his family.

- Mia is a 16-year-old high school sophomore. Tonight she went to the school dance and to a party at a friend's house after. It is 3:00 am and Mia calls the helpline from her car, she is crying and saying she doesn't know what to do. Mia tells you that one of her friends woke her up from the couch in the basement. Her friend told her that a couple boys at the party are telling everyone that they had sex with her. Mia's friend also thinks that some of them have pictures. Mia says she "will just die" if what her friend told her is true and "oh my god, what if my parents find out."

- Dee, a woman in her fifties, calls you on the helpline after a flashback. She is a long-term client of the center, and occasionally calls the helpline. You know from experience with Dee that she suffered years of sexual abuse by her now deceased grandfather. She does not bring up any specifics about him or the abuse on this call, just the flashback and how scared she feels now. Dee has migraines and Crohn's disease, a chronic gastro-intestinal disorder. Tonight, she got scared after the flashback and she can't calm down. She tells you, "it won't stop, it won't stop. Please make him stop..." She doesn't feel safe and is scared to move out of the chair she's sitting in right now. She hasn't left the chair for 3 hours now, although she needs to take her medication. She tried praying and tried to reach her rabbi, who is always able to calm her and make her feel safe, but he didn't answer the phone. Dee is quite agitated and upset, even after talking things through with you for a while.

