



RAPERECOVERYCENTER

WINTER 2005 VOLUNTEER NEWSLETTER

TWO NEW STAFF MEMBERS ADDED

I am thrilled to be writing this piece to introduce our new Volunteer & Advocacy Coordinator – David Litvack and our new Victim Services Coordinator – Erica Thoen!

We wrestled David away from The National Conference for Community and Justice (NCCJ), where he worked for 8 years as the Associate Director. David received a Bachelors of Science degree in Sociology and Psychology from Westminster College and earned a Masters of Art in Social Science from the University of Chicago. David comes to the RRC with a great history of working toward ending systemic social injustice.

Not only is David an advocate for fairness and equality at the RRC, but he is also one “on the hill” where he spends 2 months out of the year as a Utah State Legislator. However, have no fear - David will be working part-time at the RRC during the legislative session coordinating volunteers, so you won’t miss any emails!

Erica Thoen – who you may recognize as a seasoned RRC volunteer – has also joined the staff as our Victim Services Coordinator. Erica has almost two years experience working as a volunteer on the RRC crisis line offering support and referrals to victims of sexual assault. She began working as a sexual assault advocate as part of a student-led advocacy group at Carleton College in Northfield, Minnesota in 1997 where she also received a B.A. in Religious Studies.

Prior to joining RRC, Erica spent the last four years as the Water Conservation Coordinator at the Utah Rivers Council. Her background and expertise in local policy and advocacy work has fueled her commitment to helping survivors locate meaningful resources in an effort to help restore a sense of safety and provide space for healing.

Please help me in welcoming both Erica & David to the Rape Recovery Center team! ~

*Heather Stringfellow, MPA
Executive Director*

CHALLENGING CALLERS

The RRC places “challenging callers” into two categories.

In the first are those people with mental health problems who may receive little or no support in their lives. Responses to them may include referrals, brainstorming or being a listening ear. Keep in mind that these callers may require an inordinate amount of time-and that’s where boundaries come into play. Give the caller your full attention, but if s/he is delusional, there is only so much assistance you can give. Don’t be afraid to end those calls after 5 or so minutes. For other callers, 15-30 minutes is plenty of time to listen and validate. You can end the call in a compassionate way by reminding the caller that you need to hang up now in order to keep the line open for additional crisis calls.

In the second category of “challenging callers” are those that are calling to fulfill some sexual gratification type need. These callers are referred to as manipulative callers. You may ask, “How do I know if a caller is manipulative?” The following are some red flags that may help you identify one of these callers:

- 1) Caller wants to give you the details of the assault. This includes, but is not limited to, size of genitals, how good it felt, how their body responded. The majority of legitimate callers do not want to recall the details.
- 2) Caller “sets the stage”. For example: “I am a 37 year old woman who looks good for my age, if you know what I mean.” OR “I live with 3 female roommates and they started assaulting me and were videotaping me.
- 3) Caller’s voice seems odd. For example: Caller sounds like a man attempting to sound like a woman. OR An older caller tries to sound like he is younger.

The next question on your mind might be, “OK, if this is a manipulative caller, what do I do next?” The answer is to end the call.

continued on next page

- 1) You can say, "I think I've talked to you before." Most manipulative callers will simply hang up. If the person is a legitimate caller, s/he (most likely) won't be offended or will respond to your comment. **Side note: I have said this line many times and only once has the caller been legitimate. He said, "I've never called before." My response, "I'm sorry, I was mistaken. Please go on." No harm done.
- 2) "I think we can best serve you by having you come in to speak with a counselor." This response may elicit a hang-up; however, some of the trickier callers will say "Yes, I would like to talk with a counselor, but I want to keep talking to you first."
- 3) Remind the caller (FIRMLY), "I don't need the details; tell me how you're feeling." If s/he insists, say it again.
- 4) If none of those responses work simply tell the caller, "I need to hang up now and open up the line for other crisis calls."

Other information to consider:

- 1) Most manipulative callers are male. If you are a male crisis line volunteer, chances are the caller will hang up as soon as you answer.
- 2) If you succeed in ending the call early, don't be surprised if the caller calls back soon after. Some callers think that the crisis line operates like a call center, with a bank of people answering the phones. This is when the response "I just talked to you" gets a hang up!
- 3) Trust your instincts. If it feels manipulative, it probably is. If you aren't certain, continue talking to the caller. If/when it becomes detail oriented, you can be pretty certain it is manipulative and you can take action to end the call.
- 4) Manipulative callers seem to come in waves. Oftentimes they begin calling right after we complete a training and inexperienced volunteers are staffing the line.
- 5) Read the RRC e-mails. You will be notified if there is a certain manipulative caller on the loose. We will give you information about the caller-like what story s/he is using.
- 6) Manipulative callers use the same story, varying details to satisfy their needs or to keep volunteers from readily identifying them.
- 7) If you can get a phone number, include it on your paperwork. This will allow the RRC to take action, if at all possible.
- 8) You can call law enforcement to report a manipulative

caller if he is sexually explicit about what he wants to do to you. Don't hesitate to call the RRC for support/assistance in making that report.

9) Last, but not least, NEVER hesitate to call the staff on call. That is part of their job. Also, NEVER hesitate to call the RRC to debrief a call. ~

Bobbi Morgan, CSW

VOLUNTEER HIGHLIGHT

Suzy Benavidez Chapman

What is your favorite movie?

Life is Beautiful

List a hobby or two.

Latin dancing and anything outdoors.

How long have you been volunteering at RRC?

2 years.

What is the most interesting experience you have had as a volunteer?

My most interesting and incredible experience was going to Haiti this past July with a non-profit organization called "Healing Hands for Haiti." I was able to help out in the orphanages, hospitals and clinics. In a short two weeks, I learned about their amazing culture and fell in love with the people, they are beautiful. It has had an incredible impact in my life, I know how blessed we are here in this free country.

At the RRC: My first experience as an HRT was incredible. I have never felt so much sorrow and compassion and dedication to try and help another. It was overwhelming and it really taught me how strong and resilient a person can be. It was a bittersweet moment for me.

What makes you unique?

Gee this is a tough one, everyone seems to say my cheerful personality and positive outlook on life. Oh, and I love heights (sky-diving, bungee jumping, parasailing). Anything that has to do with an adrenaline rush.

What is your favorite song, and by who?

I love Spanish music, and it's what I listen to most--so naturally it's a Spanish song--"La vida es un carnaval" by Celia Cruz.

A quote as to why you continue to volunteer at RRC.

"The best way to find yourself is to lose yourself in the service of others" -Gandhi

RRC POLICY UPDATES

The purpose of this section is to provide volunteers with new information, reminders and RRC policies. Please let me know when you encounter a situation that raises a question, so we may best equip you with the knowledge and skills to provide the finest care to survivors of sexual violence. Below is an example of what you will see more of in the future.

Please remember that when responding to the hospital as an HRT, HIPAA (Health Insurance Portability and Accountability Act) **explicitly prohibits** Rape Recovery Center advocates from looking at a patient's chart without written consent. This applies even if the hospital staff grants you access to the chart. If you are in a situation where you are attempting to gather patient information and would like to avoid multiple interviews of the victim, verbal permission may be granted for SL SANE to share their demographic information (such as address, phone number, etc.). It is important that both you and SANE are in the room together to qualify for verbal consent.

DID YOU KNOW?

"I think that I may have been drugged..."

If a crisis line caller suspects that they were drugged, or plied with alcohol to the point that they experience a loss of consciousness—or a gap in their memory—there is a chance that they have been a victim of a crime!

If you are the first person that they call—you could be the critical link for their criminal case. In Utah, it is a criminal offense to merely slip a controlled (a legal or illegal drug) or poisonous substance into someone's food or drink without their knowledge. Not to mention the fact that the ingestion (whether knowingly or not) of a drug and/or alcohol to the point of

incapacitation may constitute "lack of consent" for sexual activity (e.g., rape).

If the caller believes that they were given a drug and/or that they were sexually assaulted – let them know that they can report the incident to the police agency where the incident occurred. If they believe they were given a substance within the past 72 hours- and would like to report the incident - they should not urinate until the police collect a blood and/or urine sample for testing.

If the caller does not want to report the assault to police, but would like to know if they were drugged – they can collect their own urine sample (in a clean container) and pay to have it analyzed at a private lab, such as Northwest Toxicology (NWT).

This project funded by the CDC Rape Prevention Education Grant #VF1/CCV819939-04



CALENDAR OF EVENTS:

January 26

HRT monthly meeting

Feb 23

HRT monthly meeting

February 1 5:30 pm -7 pm

Volunteer In-Service-Mandatory Reporting