

**WIFE**

**BEATING**

WOMEN  
AGAINST  
VIOLENCE  
AGAINST  
WOMEN



**COUNSELOR  
TRAINING  
MANUAL #2**

**Barbara Cooper, M.S.W.**

© NOW DOMESTIC VIOLENCE AND SPOUSE ASSAULT FUND, INC.  
Ann Arbor, Michigan 1976

DANIEL J. SHERIDAN  
MARGARET ANN JOZSA  
5643 S. SPAULDING  
APARTMENT 2  
CHICAGO, IL 60629

*Marge*

COUNSELOR TRAINING MANUAL #2, "CRISIS INTERVENTION"

BY

Barbara Cooper, M.S.W.

## FOREWARD

### THE ANN ARBOR PROGRAM

The Wife Assault Task Force of the Ann Arbor-Washtenaw County Chapter of the National Organization for Women (NOW) originated in April of 1975. By July of 1975 a group composed of NOW members, former assaulted women, and volunteers were providing a range of services to battered women in Southeastern Michigan. In January of 1976, a full-time staff person was hired with Federal Government Employment and Training Act Funds (CETA). By April of 1976, the Task Force had filed Articles of Incorporation under the Laws of the State of Michigan as a non-profit private domestic corporation under the name of the NOW Domestic Violence Project. Since that time both staff and services have expanded, but the program continues to be maintained largely through the efforts of volunteers. More than 30 volunteers are involved in all aspects of providing services to clients, as well as program planning, evaluation, and general office work. Volunteer counselors offer assistance to assaulted women through the following means: 1) crisis intervention on the telephone, at the scene, or in the hospital, 2) advocacy work on behalf of the client with police, courts, and social service agencies, 3) provision of emergency housing for victims of assault or potential victims, and 4) on-going support counseling. Other services provided through the Domestic Violence Project include public education, stimulation of community awareness regarding the problems of wife assault, institutional change efforts, and liaison work with other agencies. The NOW Project has also joined with over forty agencies within Washtenaw County in an effort to increase public awareness and agencies' response to the plight of the battered women.

The Domestic Violence Council of Washtenaw County has also recently published a pamphlet entitled A Guide to Wife Assault Resources within Washtenaw County. (See appendix A)

### PUBLICATIONS

The NOW Domestic Violence Project has published several items to help their own staff and staff in similar programs around the country. Handbooks published by the Project provide introductions to the program and highlight specific aspects of working with assaulted women. How To Develop a Wife Assault Task Force and Project by Kathleen M. Fojtik provides a history of the local Task Force from its inception, information on documenting the incidence of wife assault, utilizing police records, and examples of articles on the topic of wife assault. Counselor Training Manual #1 by Mindy Resnik, is a general training manual on counseling

techniques, criminal prosecution, and court procedures. A Guide for Assaulted Women by Carole Clasen provides helpful information for women who are, or may become, the victims of domestic violence. These sources of information are available for volunteers as well as professionals and other interested persons. Much of the information provided in these publications cannot be repeated in this manual. The reader is therefore urged to refer to these other sources for general program information and techniques and advocacy procedures. Please refer to the bibliography included in this manual for other readings on the subject of domestic violence.

#### PREFACE

The purpose of this manual is to focus specifically on crisis intervention with victims of domestic assault. The manual is intended to be an education and training device for volunteers who work with the NOW Project as counselors. It is also intended to be a general guide and training tool to be used by professional and volunteers affiliated with other relevant programs in Michigan and other states. While some of the material is relevant to all crisis situations, this manual is specifically written for those staff who are trying to deal successfully with a crisis brought on by or directly related to violence within the home.

This manual attempts to provide both basic, introductory material on the problems of domestic assault, and to offer some alternatives to approaching those problems. Some of the popular myths about assaulted women will be examined and the obstacles to obtaining basic physical protection for women who have been victimized will be explored. The manual will also examine some of the factors which result in and perpetuate the problem of violence against women, as well as the barriers which inhibit a positive change of life style for some victims.

Specifically, the manual will address some of the attitudes and values which pervade American society, and which affect counselors' abilities to respond in a nonjudgmental and supportive manner to assaulted women. Part II of the booklet provides specific procedures and suggestions for dealing with crisis calls. Part I provides general background information on the problem of assaulted women. It is intended to foster greater understanding and empathy in readers toward women who are involved in incidents of domestic violence.

### ACKNOWLEDGEMENTS

My sincere appreciation to Carla Overberger for her long hours of editing and creative rewriting. My special appreciation to Mindy Resnik and Kathy Fojtik for their assistance and contribution to the content of this manual. My thanks and admiration goes to the many battered women who sought help from the NOW Domestic Violence Project. I salute those women who have taken control over a positive change in their lives, and who have worked for the cause of ending violence against women.

Thank you to Carole Clasen for typing this manual on her own time, and thank you to all the volunteers who have provided emergency shelter, 24 hour crisis intervention, counseling, outreach, police liaison, public information, and community education. Without the volunteers, over 300 battered women would not have been offered the help and assistance of the NOW Domestic Violence Project during the period from July of 1975 through November 1976.

## TABLE OF CONTENTS

FOREWARD . . . . .	i
PREFACE . . . . .	ii
ACKNOWLEDGEMENTS. . . . .	iii

### PART I THE PROBLEM AND THE PROJECT

CHAPTER I: EFFECTIVE CRISIS INTERVENTION. . . . .	1
A. Crisis Theory. . . . .	1
B. Problem Solving: Ability To Respond To Stress. . . . .	3
C. Self-Worth. . . . .	4
CHAPTER II: PHYSICAL ASSAULT. . . . .	5
A. Damage To The Victim . . . . .	5
B. Abuse vs. Assault. . . . .	5
C. Past Learning . . . . .	5
D. The First Assault. . . . .	6
CHAPTER III: SOCIETAL PRESSURE. . . . .	8
A. Social And Cultural Factors . . . . .	8
B. Freedom From Assault . . . . .	9
CHAPTER IV: VICTIMS - WHY DO THEY STAY? . . . . .	11
A. Perception of Alternatives. . . . .	11
B. Help or Helplessness. . . . .	12
C. Isolation. . . . .	13
D. Ambivalence. . . . .	13
E. Physical Illness. . . . .	13
F. General Dependency. . . . .	14

### PART II PERFORMING THE JOB OF CRISIS COUNSELOR

CHAPTER V: COUNSELORS AND OTHER VOLUNTEERS. . . . .	15
A. The Volunteer Peer Counselor/Case Manager Concept. . . . .	15
B. Common Sense Problem Solving. . . . .	17
C. Care For The Counselor. . . . .	20
CHAPTER VI: PROVIDING CRISIS COUNSELING. . . . .	22
A. A Working View Of A Crisis . . . . .	22
B. Emergency Calls . . . . .	24
C. Non-Emergency "Crisis" Calls. . . . .	27
D. Tips and Techniques For Phone Interviews. . . . .	28
E. Follow-Up To A Crisis Call. . . . .	29
CHAPTER VII: SOME DO'S AND DON'TS OF CRISIS WORK . . . . .	30
BIBLIOGRAPHY. . . . .	32
APPENDICES. . . . .	35

**PART I**

**THE PROBLEM AND THE PROJECT**



## CHAPTER I: EFFECTIVE CRISIS INTERVENTION

### A. CRISIS THEORY

It is essential that persons who desire to counsel assaulted women confront the informal and damning attitudes regarding beaten women held by society as a whole. Counselors must recognize the differences between their client's situation, and the more basic situation of other women in American society. Beaten women are victims of a culture which has ignored or condoned domestic violence against women. It is necessary to examine myths and prejudice toward the battered woman if counselors are to offer real alternatives, instead of the non-solutions and discrimination that have been offered to assaulted women in the past.

Stress in our lives is derived from numerous sources. The physical environment may provide considerable stress as a result of natural disasters (earthquakes, floods, etc.). It also creates stress in the form of the daily aggravation of 20th century life -- noise, pollution, muggings, and the rat-race phenomenon of a competitive society. Specific situations may also represent problems for a person. Specific phobias such as fear of heights or driving, sexual "hang-ups" or sexual deviancy may cause considerable individual discomfort. The effects of stress will also vary considerable among individuals. Normal life changes which accompany attaining certain ages and social roles may also be problematic for some individuals. Throughout life, men and women perform required tasks at different levels of maturity and functioning. The act of transition -- leaving home for the first time, for example, or marriage, or divorce, or reconciling oneself to old age -- can be quite stressful. Transitions always require the adoption of new roles and responsibilities.

Upset and strain may also originate from internal emotional states, without major influence from the environment. Thus while the source of stress may be primarily internal, and secondarily external, the different origins are never entirely distinct. People respond to and influence our external environments while we are simultaneously reacting to and affecting our internal states. Stress may originate with an event in the environment, but it is always accompanied by internal, emotional and thought responses in the individual.

There are effective and ineffective ways of responding to stress. Usually people develop an ability to respond to the demands of life without undue strain and upset. Stress seems to develop into crisis when the ability to respond to strain is temporarily lost or is ineffective in resolving a current problem situation.

*Crisis defined*

A crisis may be defined as a time "when a person faces an obstacle to important life goals that is, for a time, insurmountable through the utilization of customary methods of problem solving. A period of disorganization ensues, a period of upset, during which many abortive attempts at solution are made."<sup>1</sup> The effects of crises are not necessarily negative. A crisis may be considered an opportunity for positive change and a real step forward toward successful problem solving. Crises also provide potential for loss, for set-backs in adjustment, and for threats to well-being.

The crisis approach to therapeutic intervention has been developed only within the past few decades and is based upon a broad range of theories of human behavior, including those of Freud, Hartmann, Rado, Erickson, Lindemann, and Caplan. Its current acceptance as a recognized form of treatment cannot be directly related to any single theory of behavior; all have contributed to some degree.<sup>2</sup>

The trend toward providing crisis services is being repeated around the country as community mental health programs recognize the value of providing services in primary and secondary prevention unique to the needs of their particular clients. Increasing recognition is also being given to the need to provide more services for those clients whose needs are for continuing support in rehabilitation after resolution of the immediate crisis.<sup>3</sup>

---

<sup>1</sup>Caplan, Gerald, An approach to community mental health, New York, 1961, Grune and Stratton, Inc., p. 18.

<sup>2</sup>Aguilera, Donna, Crisis Intervention: Theory and Methodology, Saint Louis, 1974, The C.V. Mosby Company, p. 2.

<sup>3</sup>Ibid., p.9

## B. PROBLEM SOLVING: ABILITY TO RESPOND TO STRESS

There are multiple factors which determine whether stress will develop into a crisis, or what the outcome of such a crisis will be. Again, these factors may be internal, environmental, or, as is usually the case, some combination of the two. A person's interpretation of a stressful event is important, especially if the interpretation is linked to ideas of self-worth. Interpretations of the event by other individuals in the person's life are also important, as well as general societal definitions of events. The ability to respond in an active manner physically, emotionally and cognitively, is very important. This ability is often dependent on a person's current personal and environmental resources, as well as on past learning. The outcome of a crisis is influenced by 1) environmental factors, 2) current adaptive capacity, 3) prior over-all personality adjustment, and 4) level of psychological maturity and problem-solving skills.

Crisis resolution is a problem-solving process. The dilemma can be clarified by exploring and understanding the precipitating events and problems. Various solutions can be examined and one or several may be chosen and put into action. Often, past solutions to problems are used effectively to relieve stress. Sometimes, however, individuals acquire new goals and past solutions are found to be inadequate. A person must then select new ways of coping until an adequate solution is found to relieve the stress. Relief from stress may be short or long term. It is important to encourage long term relief whenever possible.

Briefly, in providing crisis counseling a counselor identifies the crisis-precipitating event, symptoms in the individual produced by the crisis, including the degree of disruption evident in the individual's life, and determines a plan for intervention. Planned intervention may include one or several techniques. It may involve helping the individual to gain an intellectual understanding of the crisis and/or helping her to explore and ventilate her feelings. Other techniques include helping the individual to find new and more effective coping mechanisms or utilizing other people as situational supports. Finally, a plan would be developed to help the person to establish realistic goals for the future.

Evaluation should be conducted to determine whether or not the planned action has produced the expected results. It must be objective and impartial in order to be valid. Has the individual returned to her/his usual or higher level of functioning? The problem-solving process is continued as the counselor and the individual work toward resolution of the crisis.<sup>4</sup> In working on particular cases, a counselor

<sup>4</sup> Caplan, Gerald: Principles of preventive psychiatry, 1964, Basic Books, Inc. page 38.

may find it helpful to check out observations and conclusions about cases with other counselors. This enables the counselor to evaluate her skills in helping a client with successful problem-solving.

A general problem-solving model involves the following steps:<sup>5</sup>

- 1) INPUT (from environment and self)
- 2) FILTERING (attention aroused and directed)
- 3) COGNITION (problem sensed and structured)
- 4) PRODUCTION (answers generated)
- 5) COGNITION (new information obtained)
- 6) PRODUCTION (new answers generated)
- 7) EVALUATION (input and cognition tested, answers tested, new tests of problem structure, new answers tested)

Some individuals respond to specific stress by interpreting it as a challenge. They mobilize themselves to deal with it, drawing on inner resources, they successfully seek and use the resources available in their environment. They interpret the stress as a problem and explore various solutions. Other people respond to the same stress by interpreting it as a threat, and become panicked and paralyzed. The interpretation of the event, the significance which the event has for the person, is an important factor in determining an individual's response.

### C. SELF-WORTH

If stress is accompanied by doubts regarding self-worth, the stressful event will probably be seen as a threat. Sometimes the mere incidence of an event is interpreted as evidence of personal failure. Loss of a job, for example, can result in lowered self-esteem and questions about individual capabilities. This may happen even if the reasons for job loss are unrelated to an individual's abilities. If people accept a damning indictment of their self-worth and abilities, it becomes difficult for them to respond actively and positively to the situation. If, on the other hand, the stress is interpreted as a problem which, although difficult, does admit some solutions, then, problem solving is enhanced.

Unfortunately, society tends to encourage negative interpretations of certain stressful events. The individuals affected by these events may have a particularly difficult time, for example, welfare recipients are often blamed for their lack of job skills; rape victims are often blamed for their assault. Women who have been assaulted by their husbands or boyfriends are often blamed or accused of provoking the assault. Their worth as individuals and women is questioned, as well as their "success" in the wife/female role. Some women may have such poor self-concept that they in fact invite beatings. These women, who may have severe emotional problems which may require long-term counseling, probably do not represent the majority of battered women.

---

<sup>5</sup> Guilford, J.P.: The nature of human intelligence, New York, 1967, McGraw-Hill Book Co.

## CHAPTER II. PHYSICAL ASSAULT

### A. DAMAGE TO THE VICTIM

Physical assault is a particular form of crisis, with consequences far outlasting the duration of the attack. Even a single experience of physical attack on a person who is ordinarily well-adjusted and self-respecting may be enough to result in feelings of helplessness, degradation, and self-blame. The ability to care for oneself physically is essential to self-respect and feelings of worthiness. Physical assault is one of the most damaging of all violations of human dignity. Perhaps more so than other crises, assault touches the core of a person's feelings of self-worth. In particular, if the assault occurs in a situation in which an active response -- escape, protection, fighting back -- is impossible, damage to the person's basic belief and trust in self can be severe. If the attacker happens to be a spouse, supporter, lover/hater or another "significant other" the effect of this damage is greatly amplified.

If the physical assault occurs in a chronically abusive situation -- e.g., neglect, sexual molestation, emotional deprivation or psychological cruelty -- the person may be unable to take effective action. Environmental supports are probably quite limited; the basic sense of worth and belief in the ability to cope have been severely weakened or perhaps were never firmly developed.

### B. ABUSE VS. ASSAULT

For the purposes of NOW Domestic Violence Project counselors, abuse and assault are not to be viewed as separate or isolated problems; rather, the difference between the two is considered to be one of degree. The two problems are on ends of a continuum ranging from emotional abuse, neglect and deprivation up to and including the act of physical assault and resultant bodily injury. "Family Danger" is possible at each point on this scale, and each should be treated as a matter of importance. Problem-solving techniques should be applied to eliminate potential danger from the living situation, whether the danger is physical, emotional, or both.

### C. PAST LEARNING

Past learning affects responses to current situations. Previous exposure to situations in which one was unable to respond or in which the response made was ineffective, often result in self-fulfilling prophecies about one's current problem-solving ability. Learned helplessness -- a failure to respond -- is often a result

of a deficit in motivation, based on previous experiences in which the response made was useless. In short, the person gives up.

All of these factors are commonly found in the situation of women who are assaulted by husbands or boyfriends. Unfortunately, their inability to respond is generally interpreted as evidence of masochism. There exists a widespread belief that these women enjoy their life situation, and particularly enjoy being beaten.

Frequently, there are many barriers to change in the assault situation. Difficulty with problem solving in general may be one barrier. Tendencies to interpret stressful events as personal threats engender personal vulnerabilities. Lack of a firm belief in one's worth or abilities may be other barriers. If a woman believes that she is weak and unable to make positive changes in her life, she will tend to respond with resignation or despair to assault. Physical and/or emotional isolation can also act as barriers to constructive responses. If a woman does not have an adequate support system, including friends or relatives who can reinforce her sense of worth and support her attempts to change, she must rely on her assailant's definitions of herself. These tend to be negative and degrading. Previous learning about assault during childhood also influences current functioning. Exposure to violence between one's parents encourages specific expectations, attitudes and responses about violence. Many women who live in adult situations of domestic violence, and male assailants, were familiarized with this behavior during childhood and adolescence.

#### D. THE FIRST ASSAULT

Our experience has shown that sometimes a single incidence of assault is enough to result in determined decision making and positive action by the woman. She may insist that the husband seek counseling help. She may move out and immediately file for divorce. She may pursue a mental health commitment for the assailant (when appropriate). She can draw on her sense of outrage and successfully pursue criminal prosecution. She may pursue any combination of the above actions.

Yet, these women, like women who have been repeatedly assaulted, report similar negative reactions to the event. They experience shame, degradation, a tendency to self-blame, even though they may be less dependent than women in chronically brutal situations. They respond, however, with adequate coping behavior based upon their beliefs about themselves and their rights as individuals and women. These women tend not to have been raised in brutal home situations,

and do not express resignation and personal helplessness. They tend to have adequate support systems, and the skills to use them effectively. They have the assertive skills needed for dealing with the police, courts, and social service agencies, and the guts to tactfully demand their rights. This type of response, unfortunately, is found in a minority of assaulted women. The majority are greatly influenced by fears of lack of societal support. Finally, financial support is often a deciding factor in determining whether a woman is able to successfully resolve an assaultive situation.

### CHAPTER III. SOCIETAL PRESSURE

#### A. SOCIAL AND CULTURAL FACTORS - MALE VS FEMALE RIGHTS

A sociologist who has worked with the area of domestic assault has summed up the social and cultural facets involved in wife assault as follows: <sup>6</sup>

"The high frequency with which physical violence is used by married couples, and especially the disproportionate frequency with which wives are the victims, reflects the structure of contemporary Euro-American societies in the form of cultural norms which implicitly make the marriage license a hitting license, and in the sexist organization of the society and family system. Cultural norms legitimizing marital violence are found in the legal system, in literary works, and everyday discourse, and in sociological and psychological experiments and surveys. Sexism contributes to the frequency of wife beating because of: 1) the need of men who lack superiority in personal resources to use violence to maintain a superior power position in the family; 2) the antagonism between the sexes engendered by sex role differentiation and inequality; 3) the perceived inability of many women to escape from marriage to a violent husband because society thrusts the full burden of child rearing on women, denies them equal job opportunities, inculcates a negative self image in respect to roles other than wife and mother, and perpetuates the myth that bringing up a child without a father in the house is damaging to children; and 4) the male-oriented organization of the criminal justice system which makes it difficult or impossible for women to secure legal protection from assault by their husband. It is necessary to effect a substantial reduction in wife beating."

Even for self-respecting and assertive women, the obstacles to ending family-based violence are formidable. For other women, the ability to respond actively to insure at least their temporary safety if not a more permanent solution, appears impossible. There are intimate and far-reaching connections between a person's abilities and immediate responses, and over-all social definitions and values. Women have long been considered by many societies to be the property of their fathers or husbands. Under English common law, husbands had the right and the duty to discipline their wives as they would discipline a child or animal. One source reminds us that "The right to chastisement was not confined to old English common law. It has also been recognized in this country."<sup>7</sup>

<sup>6</sup>Steinmetz, Suzanne K., and Straus, Murray A. (ed), Violence In the Family, Toronto: Dodd, Meade, and Co., 1974

<sup>7</sup>Micklow, Pat & Eisenberg, Sue, The Assaulted Wife: Catch 22 Revisited (A Preliminary Overview of Wife-Beating in Michigan), 1974, Univ. of Michigan Law School.



Although the laws have been changed, the assumption of a husband's right to discipline has not changed for many.

"Machismo" attitudes and behavior abound in this and many other societies. Men are encouraged to be physical, and demonstrate strength. They are encouraged to acquire and to use weapons, and to use force in conflict situations. Military training teaches men non-scar or bruise producing techniques for inflicting force and pain. Ironically, we have found that many of the men who assault their wives have been in military service. General attitudes concerning the use of violence in this society tend to legitimize the use of force in many situations, including, most importantly, the home.

#### B. FREEDOM FROM ASSAULT

Obviously, the ability to respond with action when one's rights have been violated is based on a firm belief in those rights. Society, however, contains mixed and conflicting messages about whether a woman does in fact have a right to be free from physical assault in her own home. "Have Some Fun - Beat Your Wife Tonight," reads an ad for a bowling alley. "When did you stop beating your wife," is an old joke. "A good wife like a good dog should be beaten daily" is an Arab saying.

The definition of domestic assault by the larger society presents real and serious obstacles to change. A related problem is still-current social norms about proper sex roles. These severely limit alternatives to victimized women. Society provides inadequate and discriminatory definitions of assault between marital partners, and between men and women in general. Sex role socialization supports these definitions. In some subcultures, spanking one's wife or girlfriend is not considered inappropriate behavior. Movie heroes "discipline" their leading ladies, generally after the women become a bit too independent, and the happy couple often walk off together into the sunset in the end. Violence against women is promoted in pornography as a prelude to terrific sex. Sado-masochistic behavior seems to be encouraged or at least condoned by popular magazines as Playboy and Viva, and not discouraged by society as a whole.

A man's use of force against a woman is often glorified in popular fiction and in the media. Those cases in real life in which the "discipline" turns bloody, resulting in aborted pregnancies, broken bones, disfiguration, and even death, are embarrassing mainly because of the lack of restraint involved. The message is that a good master disciplines fairly and with moderation. The issue of a man's right to use physical violence against a woman is assumed, he is limited in extent. While the law is clear about the fact that wife assault is a crime, societal interpretations are ambiguous and inconsistent.

Many women are not socialized to expect or to demand freedom from physical assault within their own homes. These women are often perceived (and perceive themselves) as property, and live in financially dependent positions. It is these attitudes, and this social and economic framework which supports the victimization of women in domestic assault situations.

#### CHAPTER IV. VICTIMS - WHY DO THEY STAY?

Victims often do not initially realize that a crime against their person has been committed, and that their basic rights have been violated. In addition, they may not be able to recognize alternatives. Frequently, wife assault victims have not been raised to see separation or divorce as alternatives to an unhappy marriage, even one in which their lives are threatened. Friends or relatives to whom they have turned have perhaps counseled patience and endurance, and may have suggested that the woman herself was to blame. "What did you do to provoke him?", they ask. Alternatively, friends or relatives who are unwilling to consider their own dependence on men, have been intolerant of the woman's failure to take action. "No matter what he's done, he's still the father of my children," "he didn't know what he was doing," "he was drunk," are all excuses used by victims of family violence so as not to disturb the tenuous status quo of their relationships with their assailants, however unsatisfactory they may be. A number of reasons why women may remain in what seems intolerable home situations will be explored below. As you read about these very real barriers to change observed in abused women, consider your own life.

##### 1. Perception of Alternatives

Women are limited in their responses to domestic violence both by their own internal states and the environment. Realistically, what are their options? Criminal prosecution represents a public acknowledgement of what the woman herself often considers a shameful situation. Prosecution could result in retaliation against the woman by the assailant. A court fine or imprisonment might mean a severe loss in financial support to the family. Even if the woman has considered criminal prosecution, lack of knowledge and experience with the criminal justice system (police, courts, etc.) has probably handicapped her.

The police themselves are concerned about the very real threat to their own safety in handling domestic violence calls. According to FBI statistics, police response to "disturbance" calls has been the number one cause of police officer job-related deaths and injuries since 1972. Police have not been willing to respond immediately and sympathetically to the woman's plight in a situation which threatens them personally, is chronic, and may not appear serious to them. Often police complain that there is little they can do, that their "hands are tied." They receive little support from the general society for their efforts in these situations. Public opinion generally supports the right to privacy in one's home, no matter what illegal activities are occurring within.

Although no statistics are available, it appears that women frequently withdraw criminal complaints once filed. Although this is technically impossible once the charge is authorized by the prosecuting (or district) attorney, women can effectively withdraw by removing themselves as witnesses. Completing the process is often too punishing, lonely, and shameful, and there may appear to be less lost in a return to the old familiar patterns. The "morning after" the assault frequently brings an assailant's promises of contrition and change. These can be persuasive and consistent with the victim's hope that the relationship can be salvaged, and can reinforce a woman's fear and ambivalence about testifying against her husband. Understandably, police patience with complaint withdrawal is low. Police often doubt the willingness of victims to carry through on a complaint and are skeptical of the woman's motives when she does seek to press charges against the assailant.

The average woman lacks basic knowledge of the criminal justice system. She just wants her husband or boyfriend to stop beating her. She soon finds out that no judge or police officer can stop her husband when he comes home drunk or angry in the middle of the night. Therefore, most women seldom call police except in cases where they are truly afraid for their lives or those of their children. At that point, the woman wants action, an authority to tell her husband to "cease and desist." Instead, she is too often humiliated by the fact that male police officers try to simply "talk down" the assailant privately and/or mediate the dispute, leaving the victim isolated, unattended and with little or no protection or transportation. In some communities (particularly urban areas ) police do not even respond to "domestics." A woman's perception that there is no effective help available to her is very real, indeed!

## 2. Help or Helplessness

What does this sense of isolation and limited alternatives mean for the domestic violence victim? Frequently, she feels helpless because she has learned to feel helpless. She probably is not firmly convinced of her right to be free from assault or the threat of assault. She may accept very negative self-definitions. She may feel inadequate as a human being, bread-winner, and as a woman. She is probably ashamed. Her self-esteem is probably low, either temporarily or chronically. Her life choice supports her victimization. She has been beaten by the person who supposedly is to love, cherish and emotionally support her.

### 3. Isolation

A wife assault victim may be quite isolated. Her husband may actively work at keeping her that way. She probably has few friends or sources of support. If she does have friends, she may never have told them of her home situation. She may have no positive links to rewarding work, assistance with child care, educational or recreational opportunities. Access to other sources of reinforcement for self-worth and personal growth may be lacking. The more isolated a woman is in her own home, the more dependent she is upon her mate for any input about her value as a person.

### 4. Ambivalence

The assault victim may be ambivalent about leaving her husband or boyfriend. Change represents radical and frightening independence and even loneliness. She may not believe in her ability to care for herself and/or her children. Perhaps she has threatened divorce or leaving in the past. She may have left the home before, and after a short while, returned, frightened at the thought of loneliness and financial insecurity. Her inability to sustain these resolutions may have resulted in more self-blame and lowered self-esteem.

For many of these women, divorce means going on public assistance in the absence of support from her spouse, because the children are too young to allow the woman to work or because her job skills and/or education are low. Many assault victims who choose to divorce their husbands must go on public assistance, at least temporarily. In this society, application for AFDC is a stigma accompanied by feelings of shame and failure. The stigma is an effective deterrent. This alternative to remaining in an abusive marriage may not seem desirable to many.

These are real barriers to change -- they affect most women in this society, whether victims of assault or otherwise. Most women who contemplate the alternatives to remaining in an unhappy marriage, abusive or not, must examine just these obstacles. Few have the financial independence to leave without worry about supporting themselves or their children. Women who work still make on the average only half of a man's earnings. <sup>8</sup>

### 5. Physical Illness

Victims of violence are often physically ill. Inadequate feelings of personal strength may result in real physical problems. Approximately 20% of NOW Domestic Violence Project clients have experienced physical ailments including heart disease,

---

<sup>8</sup>1976 United States Department of Labor Survey

epilepsy, back pain, and other symptoms of ill health. This must be dealt with, not necessarily through medical referral, but by assisting the woman in building self-esteem.

#### 6. General Dependency

When a person has been dependent for many years, she is often quite afraid of the implied and real changes resulting from independence. She must be encouraged and helped to make important decisions and may need active positive reinforcement. The importance of this cannot be overstressed. Counselors are responding not only to situations of women in immediate physical danger, but also to a complex of social, economic, and cultural factors reflected in the woman's attitudes and fears, which support and perpetuate the victimization of women. These present many barriers to immediate intervention, the physical safety and/or more long-range changes in life style.

Although assaulted women may be temporarily paralyzed by dependency and shame, they have taken the first and possibly most difficult step -- they have called on a counselor to ask for assistance. The next step can be positive action through the intervention and advocacy of a counselor.

PART II

PERFORMING THE JOB OF CRISIS COUNSELOR

## CHAPTER V. COUNSELORS AND OTHER VOLUNTEERS

### A. THE VOLUNTEER PEER COUNSELOR/CASE MANAGER CONCEPT

Until recently women had limited opportunity to receive professional help from members of their own sex. The idea of women helping other women has proven successful in this and other projects around the country. Receiving counseling from one's trained peers is a positive experience, especially for the woman who is just beginning to use her own resources to help herself.

The volunteer responsibilities available to workers in the Domestic Violence Project are explained below:

#### 1. Office Work, Volunteer Recruitment, Research, etc.

Since the backbone of the Domestic Violence Project is an adequately staffed office, the Project expects volunteers to begin their involvement in the Project office. It is essential that certain basic skills and knowledge be acquired through in-office training and experience. Requirements for this position include:

- a time commitment of 4 or more hours per week (particularly for those working directly with clients)

- attendance at administrative and training sessions

For those who are unable to make the time commitment, or do not want to work directly with clients, there are many non-client tasks which are vital to the maintenance of the Project. These include fundraising, record keeping, publicity, volunteer recruitment and general leg work. The importance of these support services cannot be overstressed. (SEE APPENDIX C)

#### 2. Intake Counseling

In most cases, volunteer counselors begin client contact work as Intake counselors. Intake counselors conduct the initial client interviews to assess the client's immediate and long-term needs. Intake counselors work under the supervision of the Intake Supervisor. Responsibilities of this position include:

- 1 day or more a week, scheduled in one month shifts
- attendance at counselors support sessions (clinicing sessions)
- maintenance of records for on-going counselors
- advocating for clients with the social system

Non emergency intake interviews are scheduled during regular business hours, 9 A.M. to 5 P.M., Monday through Friday. Emergency intake interviews are conducted in emergency rooms, police stations, and in emergency housing.

#### 3. On-Call Counseling

After training and experience with direct client contact, a volunteer may qualify



to be an On-Call counselor. These counselors handle telephone lines after regular business hours, and operate under the supervision of an On-Call Supervisor who is available by pager or telephone. The primary responsibilities of the On-Call counselor include referral for non-assault calls, appropriate handling of crisis or assault calls, and being a trained and helpful listener for non-danger calls. Requirements of this position include:

- availability in your home between the hours of 6 P.M. and 9 A.M. one night per week for one month shifts to answer all calls
- attendance at training sessions
- ability to do crisis intervention including calling police, or crisis mobile units from Community Mental Health or other agency; arranging for transportation or emergency housing or medical attention, and calling the client's on-going counselor if appropriate

#### 4. On-Going Counseling

The initial requirements for On-Going counselors are essentially the same as those for On-Call counselors. Volunteers must have spent an appropriate period of time acquiring basic skills and knowledge of the Project. These counselors are assigned to non-crisis, ongoing counseling cases. They operate under the supervision of the On-Going Counseling Supervisor. Their job includes meeting regularly with clients, planning intervention with social, emotional and legal problems, and cooperating with other agencies providing services to the client. Requirements of this position include:

- one hour per week per client for up to 6 months work with a client
- attendance at regular counselor support sessions
- regular contact with Supervisor
- maintenance of complete case records and files.

(SEE APPENDIX D)

## B. COMMON SENSE PROBLEM SOLVING

Problem solving is sometimes described as a highly complex and structured set of activities. It need not be complicated nor difficult. What it is is an objective and orderly way of looking at problems, the resources potentially available to resolve the problem, and the selection of a way to use those resources to resolve the problem. In providing services to assaulted women, good common sense can go a long way toward problem solving. Establishing realistic goals for yourself and your client, making use of and expanding the limited resources available directly from the project and making referrals where appropriate will provide your client with some of the help she needs.

### 1. Realistic Expectations

As a volunteer-peer or professional counselor, it is important to set realistic expectations for yourself. A common hazard of crisis intervention work is a tendency for counselors to expect too much of themselves. Client problems can be overwhelming to the client, but they should NEVER be overwhelming to the counselor. The client's problems may be of many years' standing, involving many other persons. They may be part of a life situation which is inadequate to meet basic physical and emotional needs. Faced with a crisis, the client frequently communicates a sense of panic, fear, and urgency. Clients may tell themselves that they must immediately solve all their problems, bringing an end to problems that have gone on too long. They often tell themselves and the counselor that they need an immediate and effective solution to their problems, and it is needed now. This is unrealistic, but clients are often so frightened and overwhelmed that they are willing to give up responsibility for themselves and their problems.

The message from a client is often, "rescue me, take care of me." These clients, however, need more than temporary rescue. What they do need is a supportive listener who believes in the client's own ability to cope with the problem. A listener should convey the belief that the client has inner strength to draw on. A listener/counselor can communicate firmly and supportively that the client's problems can be solved, that the client can get help in solving those problems, but that a final solution may not be reached immediately. The counselor should offer alternative solutions, and access to resources; however, it is always the client's responsibility to make decisions concerning her life.

It is sometimes difficult for counselors to maintain their belief in a client's strengths and ability to cope with the problem. As helping persons concerned with the well-being of their clients, counselors may accept responsibility for their clients. Counselors may expect immediate improvements in their clients behavior. Often a counselor becomes disappointed after investing time, energy,

and faith in a client, only to realize that the client has slipped back into old patterns and behaviors. It is important to realize no one is capable of performing miracles with another person's life. If a counselor expects the client to respond immediately with initiative and motivation to the counselor's assessment of her situation, and to the counselor's proposed solutions, she may soon become discouraged.

If and when a client refuses to cooperate with a counselor's suggested solutions, the counselor may naturally get angry at either herself or the client. It is important for a counselor to acknowledge and express that anger to a supervisor or fellow counselor. This anger should not be internalized, nor should it be overtly directed at the client (although a counselor may directly express her disappointment and feelings of frustration to the client).

An On-Call or Intake counselor does not have to be a super-person. A client in a crisis stating extreme intolerance for her situation, and making desperate resolutions about change should not be expected to follow through on any or all statements. Alternatively, a client who appears unable to make any plans, or is paralyzed by fear or ambivalence, should not be expected to respond immediately to a counselor's efforts to help her, to organize information and select alternatives.

On-Call counselors are expected only to assess immediate needs, and to help the client list available alternatives and solutions. This includes helping the client recognize her inherent abilities and strengths. The client may or may not be willing to recognize these or accept the help her counselor has to offer, but the choice is up to the client. Counselors must protect themselves and their clients by clarifying expectations of the counselor and the limitations of the Project. Remember, even an assault victim is responsible for herself -- all the counselor can do is to help her define the problem, and explore ways of responding to the problem.

## 2. Limited Resources

Most crisis intervention agencies have limited budgets, and therefore have limited financial resources. Often a few paid staff must rely on volunteers to carry out the bulk of the support and counseling tasks in the agency. Whatever the resources of your agency, you probably could use at least one more staff person, a bigger office, or a piece of special equipment. Given the limited resources of agencies working with the problem of domestic violence and wife assault, it is important to try to deliver quality services, even with limited resources.

The NOW Domestic Violence Project was organized to provide assistance to women (and men) who are victims of domestic violence, i.e., spouse or wife assault. While there is no doubt that people can be pushed into a crisis state by emotional

or verbal attacks, the services of the NOW Domestic Violence Project must be limited to victims of physical assault. The Project would like to be able to offer assistance to all men and women who are trying to create more rewarding life styles for themselves but unfortunately, does not have the resources to do so.

We must therefore limit our services to women (or men) who have suffered, or are in real, immediate fear and danger of sustaining, a physical assault from a man (or woman) with whom they have an emotionally committed relationship. We must make these restrictions and limitations on our services in order to ensure that we can offer a high quality of service to the assaulted victim.

### 3. Making Referrals

Because the Domestic Violence Project is unable to directly handle all requests for assistance, it is important that a good referral network is established and that all workers know how to make use of it.

When a woman calls the NOW Domestic Violence Project office, but does not immediately mention assault, the telephone counselor should determine as soon as possible if physical violence is involved in her home situation. If no violence is evident, the counselor should try to help the caller by making an appropriate referral. For example, if the caller wants a good attorney to get a divorce, you can refer this caller to an attorney that you know from experience will provide a client quality professional service. It is difficult for new volunteers to know all the local resources and therefore, it is imperative that a complete and current referral book be kept near the phone, with a list of the competent "recommended" resources including attorneys, clinics, housing services, financial (loan) institutions. This is very important in order to make adequate referrals, and for advocacy with wife assault clients. This information is vital to a well-run organization.

It is important that phone counselors NOT allow a caller to go on at length about her problems over the phone, especially if the agency is inappropriate for her needs. It is a frustrating experience for a caller to give a long and detailed account of her problems only to be told that she is speaking to the wrong helping person. Although it seems difficult to "cut someone off", this can be tactfully done with the proper explanations. This may well save the caller the frustration of a dead end situation, and it may release a telephone line for a caller who is in crisis and in need of your services. Be tactful and firm with chronic callers as well. If you cannot help them, tell them so. Always have your client referral cards near the phone, so that the phone counselor can quickly size up the situation for callers who are current clients of your service. The card will tell you the dates and times of previous calls, the counselor as-

Signed to the client, and other helpful information. Always check and know your resources before doing phone counseling.

### C. CARE FOR THE COUNSELOR

Crisis work is difficult to do. It requires a cool head. It usually requires a counselor to expend a lot of emotional energy in a short space of time. A little attention to yourself can go a long way to assure you have the resources you need to make working with your clients rewarding.

#### 1. Draw From Your Own Experience

To prepare yourself for crisis intervention with assaulted women, take a few minutes to recall situations from your own life in which you felt either in a crisis or dead-end, trapped situation. Did it take you some time to decide the situation was intolerable and to resolve to take action? Did you slip back several times into known unsatisfactory solutions, even after resolving to make positive changes? If you are female, have you ever been frightened at the prospect of terminating emotional and/or financial dependence on men in your life? What happened to your self-esteem?

If you have had these experiences, recall your attempts at problem-solving. Perhaps you will remember temporary paralysis, or high states of anxiety. Were there other obstacles to problem solving which you experienced? Think about how you handle crisis now -- perhaps you turn to trusted friends, withdraw for awhile, or resort temporarily to some less-than-mature behaviors. A friend who accepts your anxiety, and your need to talk, and who does not respond to your panic, but maintains a firm belief in you and your ability to cope is a valuable ally.

In your work with wife assault victims, learn to expect and accept fear concerning major changes in clients' lives. Expect grief reactions if the client has chosen to leave her husband or boyfriend and begin a new life. These moves represent significant losses, and frightening independence. And learn to expect a victim's fear of being judged by you. If clients are judging themselves harshly, they will assume the same reactions from you.

#### 2. Preventing Burn Out

There may be a time when, for personal reasons, you do not feel emotionally or physically able to take your on-call or intake shift. If you do not think that you have the emotional energy to listen well, trust your assessment of the situation. If this occurs, contact your counselor supervisor or the appropriate person concerning the change in schedule. Remember, however, that YOU are the backbone of the organization -- the volunteer counselor. Without you the Project

cannot function. If for personal or other reasons, you cannot take the phone or cover your shift, please try to work this out in advance with the supervisor. On those occasions when a counselor cannot respond to any caller for personal reasons, it is better to allow another counselor to handle the shift. Personal demands are understandable, but the Project must be responsive to all calls on a given night.

For the Project to run smoothly, it is important to plan staff use. If you are a counselor and are having concerns about the work that you have committed yourself to do, bring those concerns to the supervisor or another appropriate person. It is important to have mutual support, encouragement, suggestions-exchange, and the opportunity to ventilate staff concerns and frustrations. Weekly staff meetings and weekly counselor clinicing sessions help to prevent emotional fatigue.

Getting "burned out" is always a danger in crisis intervention work. Talking out concerns before they become overwhelming can go a long way toward helping to prevent this feeling of depression and despair. If you continue to periodically reassess your expectations of yourself, especially with regard to the "rescue" syndrome discussed earlier, you can head off some of the "burn-out" reactions. Frequent disappointment in ourselves or in our clients, simply because we have expected too much, results in resentment and fatigue.

It is important to remember that whether or not the victim of an assault realized it, she does have personal resources. She is an adult who has managed her home and children under considerable stress. She may have ideas about how to get financial and emotional support. Don't think you have to be "super"-counselor and solve all her problems. Let her share in the resource searching and let her make all the decisions. Remember, your job is to remind her of her alternatives and be supportive, but the choices are hers to make.

## CHAPTER VI. PROVIDING CRISIS COUNSELING

Providing peer crisis counseling is a task which requires a great deal of individual, immediate decision making. There are, however, certain steps which will assure that quality crisis intervention is provided to any incoming caller. All counselors are expected to read the Counselor Training Manual #1<sup>9</sup> for background and general information. This manual also provides the reader with legal, economic and social resource information available in the community as well as an overview of the legal and judicial process in which some assaulted women become involved. References for other material on domestic violence are contained in the bibliography for this manual. Part I of this manual also provides some general information on the problem of domestic violence and the accompanying social stigma.

Crisis intervention for assaulted women is not unlike crisis work for any population of people. In general, the role of the counselor is to remain calm, assess the extent and severity of the problem, and help the caller decide upon temporary and satisfactory alternatives.

### A. A WORKING VIEW OF A CRISIS

#### 1. Your Most Important Task

Whether or not the woman is in physical distress, your most important task is to remain calm and in control of the conversation. Panic can easily be contagious. One of the easiest ways to prevent, control, or mask your anxiety is to talk slowly and breath slowly and evenly. If you remain calm and talk in a concerned manner, you can then do the other essential task of a crisis intervention -- helping the woman define and label her immediate needs and concerns. If the woman is physically injured or in danger, those needs are likely to be physical or medical help. A later discussion might cover other resource and emotional needs. (SEE APPENDIX E)

#### 2. An Outline of Crisis Response

- a. Assess the immediate situation. Determine what the problem is.  
Is it an Emergency or Non-Emergency Call?
  - i. Emergency situations include those requiring:
    - police intervention
    - immediate medical care
    - transportation to medical care
    - emergency (temporary) housing
  - ii. Non-Emergency Situations may include:
    - requests for referrals
    - requests for counseling
    - emotional support

<sup>9</sup> Resnik, Mindy: Wife Beating: Counselor Training Manual #1, Ann Arbor, 1976

- b. Determine what the caller has done in the past in response to a similar situation. Was this effective? Why or why not? If it was effective, can she use this response to the current situation?
- c. What new responses or alternatives are available? What special resources does the caller have?
  - List the alternatives
  - Evaluate the alternatives
  - Help the victim choose one or more alternatives to put into action

### 3. Concrete Tips for Crisis Work

- a. Get caller's name, address or phone #. (If none in home, ask for a neighbor's #)
- b. Speak slowly and clearly
- c. Keep an Emergency Resource Directory by the phone (SEE APPENDICES A & B for local resource lists). It should include numbers for police, sheriff's departments, courts, legal officers, ambulances, mobile crisis units, hospitals and project supervisors.
- d. Keep an outline of important questions you want to ask the caller by the phone. It will guide your call and help you remember to record pertinent information. (APPENDIX F,C.)

### 4. Special Issues

#### a. Victim Instigated Violence

If the caller mentions anything about instigating or causing violence to the alleged or potential assailant (e.g., if she is waiting with a weapon), you must try to convince her that if she feels that she is in enough danger to have to protect herself, she should leave the home. If she is intent upon using a weapon for protection or revenge, advise her that you must then call the police. Alternatively, ask her to meet you at a neutral place -- a coffee shop, hospital emergency room, or 24-hour laundry. If she will not leave the home, it is your responsibility to call the police in an effort to prevent violence.

If you have reason to believe that she may take out her anger, frustration or violence upon her children, advise her that you are worried, and she and the children should meet you at a neutral place. If she will not meet you, advise her that you must report this to Protective Services, or the Child Welfare Office dealing with neglect or abuse to children. In many states, the state law requires anyone having knowledge of child abuse to report it, therefore, you will be acting in accordance with the law.

#### b. Inappropriate referrals

As our program of services receives publicity in the mass media and as more agencies become aware of our services, you will inevitably get some totally



inappropriate referrals. Some of the people calling may really not know what type of services the agency is equipped to handle because they have misunderstood the publicity, or have been inappropriately referred.

Do not try to handle a caller whose problem falls outside the services provided by the Domestic Violence Project. Learn when and where to make referrals to other agencies in the community who provide similar or related services. A potentially suicidal victim, for example can best be served by experienced suicide prevention workers. Get referral information from the caller and use your community resource file to make the referral. You may have to call the other agency; do not assume the client can do that. S/he may have had difficulty making a call in the first place. If you do not know the community well, ask the on-call supervisor and call back the caller immediately.

If while on call or in the office, you get a call from an employee of law enforcement, court or social service agencies, acquaint them with the services that are provided by the Project. When new services start within a community, it is not uncommon for existing agencies to refer "chronics" or inappropriate referrals to the new agency. Take this in stride, thank them, and after your intake assessment, refer the person to the appropriate agency.

#### c. Recording Vital Information

Information regarding the client should be recorded at each contact with the client; initial phone contact, intake interview, placement in emergency housing. Examples of suggested forms can be found in Appendix H.

### B. EMERGENCY CALLS

In general, emergency calls can be classified as those where the caller is in immediate physical danger, or needs immediate medical help, or desires immediate transportation. If you are to be helpful to the caller remember two things:

- remain calm, even if the caller is highly excited. You cannot help her if you cannot think straight
- take identifying information including the caller's name, address and phone number if she has one. If there is no phone in the home, get the number of a near neighbor. Also ask for the assailant's identification.
- assess the nature of emergency

Use the chart on the next page to consider what questions you might ask, and what possible suggestions you might give to a caller who has identified an emergency crisis situation.

PROBLEM

★ Immediate  
PHYSICAL danger

SUGGESTION TO VICTIM

COUNSELOR

-leave the home immediately !

-are resources available? \_\_\_\_\_ YES

{ -help her decide where to go:  
a relative's house, a motel, a  
friend or neighbor  
-remind her to take clothes, papers  
I.D., money, keys, etc.

NO

{ -decide if this is an Emergency  
Housing case. Contact On-Call  
Supervisor to meet with victim.

-can you call the appropriate police  
agency? \_\_\_\_\_ YES

{ -provide police number. Insist  
assailant be removed for "felonious  
assault"

NO

{ -call the police unit for caller;  
provide all pertinent information  
to on duty officer clearly  
-call a mobile crisis intervention  
unit (see resource list)

-do you need transportation ? \_\_\_\_\_ YES

{ -call on-call supervisor  
-arrange transportation to safe  
place or emergency housing

-go to hospital emergency room  
or family doctor.

-do you have transportation or  
can a neighbor drive you ? \_\_\_\_\_ NO

{ -call on-call supervisor  
-call local police unit

-are you seriously injured ? \_\_\_\_\_ YES

{ -call ambulance - caller must  
assume cost of ambulance services  
-call mobile crisis intervention unit

★ Immediate  
MEDICAL attention

When providing crisis counseling it is important to remember that your first task is to respond to immediate needs. Later there will be time to make more concrete plans and help a client select a strategy for solving her living situation. Below are the two most common problems found in crisis calls, and some of the choices a client has in response to those problems.

#### VICTIM IN NEED OF MEDICAL ASSISTANCE

If the woman is in need of medical assistance and has transportation or is able to transport herself to the hospital, refer her to the nearest emergency room, private physician or clinic, and tell her that a counselor will meet her there. Call the on-call supervisor for assistance.

If she is unable to transport herself, suggest friends, family or neighbors. If an ambulance is needed, tell her that you will call one, but make it clear that she is responsible for payment. This option is expensive and should not be used unless absolutely necessary. Some social service agencies monitor mobile units. If there is such a unit available in your area, call for transportation assistance, or call your supervisor for transportation.

#### VICTIM IN PHYSICAL DANGER

If the woman is in imminent danger, and is able to leave her home safely, help her to consider where she might go. A place not known to the assailant and which provides good security is ideal. If there is no such place, suggest that she go to the nearest police station, or hospital emergency room. Tell her that a counselor from our agency will meet her there. Call the on-call supervisor.

The Project can try to arrange for three-day emergency housing. The counselor who meets the victim will discuss this possibility with her. However, we have very few emergency shelter homes, especially for women with children, and the supervisor on-call must assess if the woman is an appropriate candidate for one of our homes.

If a woman is in imminent danger, but cannot leave her home safely, tell her that you will call the police. Explain to her that calling the police does not obligate her to press criminal charges, but is only for her protection. Also state that it may take some for them to arrive. BE PRACTICAL! Suggest locking the door, barricading it with furniture, escaping through the back door, a window, calling a neighbor or relative to come over as soon as possible.

After you have called the police, call the on-call supervisor. Give the woman's name address and phone number.

(HINT: In talking with the police, identify yourself as a domestic violence counselor from the NOW Domestic Violence Project. State the facts succinctly, and be firm, but polite. You have knowledge of a crime in progress, and as a citizen you have a right to expect police response. Always request the name of each police officer to whom you speak.

### C. NON-EMERGENCY "CRISIS" CALLS

Sometimes a woman may not be in immediate physical danger or need immediate medical attention. However, there are many reasons why she may be calling the Project. Several typical situations and suggestions for counselor response are listed below.

1. The caller is a client seeking her counselor. If the caller has an ongoing counselor, explain that you will try to contact her counselor and have her return the call. If you are unable to locate the appropriate counselor, return the call yourself and offer your assistance.

2. The caller needs positive support. A woman may not be ready to make changes in her life, but has begun to recognize her need for help. She may need to talk with someone whom she identifies as supportive and to begin the process of asking for help.

3. The caller has learned of the program and identifies her need for help. A woman may contact you because some comment, news article, or TV show has suddenly made her aware that she needs help. She may have called at a particular time because her husband or boyfriend is out of the home. She may feel panic or despair, or she may have some definite ideas about what to do, and may simply need support to carry through on these ideas.

-Find out the important facts in her situation, and how she feels about it.

Find out what she thinks she can do. What has she done in the past? Are these options still acceptable to her?

-Explain the available services of the Domestic Violence Project.

-Encourage the woman to come into the office for an intake interview. Emphasize that this step does not commit her to any course of action, and that the Project will support her whether or not she makes immediate decisions. She is not expected to be superwoman; ambivalence and indecision are to be expected in these situations. Tell the woman directly that she is having

normal, expected reactions. Tell her that you understand her indecisiveness and her fear.

-Whether or not she will make an appointment for an office interview, support her! She has taken the first step and called for help. Perhaps she will not be able to take action this time. Helping her to recognize alternatives, and to recognize her own strengths now may result in her ability and willingness to take positive action at a later date. By no means are these calls a waste of time or energy.

-Encourage her to call back, or arrange for a counselor with the Project to call her back later. If it is dangerous to call her at home, get the phone number of a friend, or her place of employment, if she works. Emphasize that you are concerned about her, and that you want to keep in touch.

#### D. TIPS AND TECHNIQUES FOR PHONE INTERVIEWS

##### 1. Ask Direct Questions

###### a. To assess danger:

- Are you in danger ?
- When is he expected home?
- Is it likely that he will have a weapon?
- Is he drunk?

###### b. To assess safety options:

- What do you want to do?
- What do you think is possible?
- Do you have a family member or friend you can trust and go to?
- What have you done in the past?
- Did it work?
- Can you get to the neighbors -- possibly work out a signal system?
- Can you get out of the house? Can you drive?

###### c. To gather basic information:

- Tell me more about your situation.
- Do you have children?
- Do you work?
- Where does he (the assailant) work?
- Do you have money to pay for a motel room?

##### 2. Confrontation Approaches

- It sounds like you feel ashamed to leave even though your life is in danger.
- If you don't believe that you have a right not to be beaten, neither will he.
- Sure, it is difficult and scary to make changes, but you said earlier that you've had it.
- You need to think about what is best for you, and for the children.

##### 3. Empathy/Support Statements

- That must be hard for you.
- It's rough to make such important decisions (to prosecute, divorce, etc.)
- It's hard when there are children involved.
- That must make you angry (sad, scared, etc.).

#### 4. Softening

- You're being pretty hard on yourself - everybody has these doubts (feelings, reactions, etc.).
- Don't you think that you're expecting too much of yourself - it takes two to make a marriage.
- Is it really your fault that he can't or won't control his temper?

#### 5. Improving Self-Esteem

- Sounds to me like you're not such a bad person - you're a good mother, you're conscientious, want to make the best decision, etc.
- You reached out for help when you needed it - that's pretty positive, though scary. It tells me you have courage.

#### 6. Feedback/Verification of Information Received

- Let me see if I have the facts straight, you are saying. . .
- You want to do something, but you're not sure what. . .
- You see the situation as impossible, but you're not sure about prosecuting (filing for divorce, separation, etc.)
- You are ready to take these steps. . .

### E. FOLLOW-UP TO A CRISIS CALL

Following a crisis, the client may need assistance in a number of areas. If you have obtained the client's name, and phone number, and basic information concerning her life situation, this information can be given to the Project office for follow-up. If the client agrees, she will be assigned to an on-going counselor who will assess needs, both immediate and long-term, and establish a supportive, on-going relationship. This may include help with major life changes (how to file for divorce, find an apartment, a job, etc.), providing assistance with criminal prosecution, and supportive help with emotional needs and problems.

Even if the client has not chosen to pursue criminal or civil action, and does not wish to be involved in on-going counseling, the Project can use information to keep in touch with the client through periodic phone calls. At some later date, she may choose to come into the office for an interview. She does not commit herself to any course of action by calling the Project. But if she starts to see one of the counselors on a regular basis, she may begin to recognize her skills and strengths, and start to develop new skills and resources.

It is important to record every domestic violence contact made while on-call or working in the office. Be sure to call the Project office the morning after your phone shift, or take adequate notes if you are working in the office. Pass along to the appropriate persons the information you have obtained about the clients you have seen or talked to. For documentation purposes, the Project needs information about all clients served. Funding for future projects and expansion of the services of this project are dependent on the availability of statistics. Public education goals are also furthered by the adequate documentation of the extent of the problem.

## CHAPTER VII: SOME DO'S AND DON'TS OF CRISIS WORK

### A. DON'T LEAVE YOUR HOME

Don't leave your home during the hours you are on-call. On-call counselors usually function after regular office hours and are expected to be on-call from 5 p.m. (approximately) until 9 a.m. the next morning (or when you leave for work). If you are the weekend counselor who is on-call, then it is your responsibility to be available by phone for the entire weekend, or to transfer the office phone to someone that will remain near their phone at all times. Do let the coordinator know in advance if you must change your plans.

### B. DON'T TRY TO MAKE A DIAGNOSIS

It is practically impossible to make an objective diagnosis of a call over the telephone. When a person is in a crisis state, s/he may appear to be detached from reality. However, this may be a temporary phenomena, and not a characteristic of the individual's more normal circumstances. It is difficult to assess a person's mental/emotional state under any condidions, but even more difficult to do with the absence of visual and other non-verbal clues. Do collect the information you need to provide support or services for the immediate situation and arrange for a later diagnostic interview when appropriate.

### C. DON'T TRY TO SOLVE EVERY PROBLEM PRESENTED

Many callers who phone the Project have multiple problems. These may be immediately obvious to you, or may arise in the course of your conversation. Define a problem to work on immediately. Refer other problems to appropriate sources.

#### 1. Mental Health Problems

Even if you sense that the caller does not have positive coping mechanisms, you can still help her to define her problems, needs, concerns, fears, and to assess her internal and external strengths and weaknesses. This is the beginning of constructive problem solving. However, if after repeated efforts: 1) you don't seem to be getting through to the caller, 2) the caller is not responding to your efforts to help her define her immediate situation, 3) the caller does not respond to efforts to formulate plans for changing her situation, or 4) if your concern and assurance don't seem to be helping to reduce her anxiety, then it is appropriate to explain to her that you would like to contact someone who might be of more help to her and have another counselor call her back. Call the pager number and talk to the on-call supervisor. If you aren't comfortable handling a call, the client may detect this discomfort. It is not beneficial for either you or the caller if you don't feel comfortable and/or experienced enough to help.

## 2. Evidence of Suicide

If any mention of suicide is made, implicit or explicit, it is appropriate to call the Crisis Walk In Center (CWIC at 761-9834) or refer the caller to the appropriate Suicide Prevention Agency. Crisis workers trained in suicide prevention techniques may be more helpful to the caller than **you** can be. Use your judgment, but remember that it is all right to have limits. If you think a suicide attempt is imminent, call the police immediately. Do remember to get identifying information on the caller to convey to another counselor or the police.

### D. DO YOUR BEST, BE CONFIDENT, AND REMEMBER "FAILURE IS IMPOSSIBLE"

It is important to trust yourself, be assertive, and take control of the stressful situation. Do not allow yourself to become immobilized with fear. If you rely upon your common sense and problem solving ability, you should have no trouble. And, remember, you are NOT alone. You have the police resources, the community resources, and the resources of other counselors and agencies at your finger tips. Use these resources, and failure is impossible.(SEE APPENDIX B)



## BIBLIOGRAPHY

### Domestic Violence and Related Crisis Intervention

1. Aguilera, Donna, and Messick, Janice, Crisis Intervention - Theory and Methodology, Saint Louis, The C.V. Mosby Company, 1974, pp. 2-9.
2. Bach, George R. and Peter Wydes, 1969, The Intimate Enemy, New York; Wm. Morrow.
3. Bard, Morton and Zacker, Joseph, "The Prevention of Family Violence", Journal of Marriage and the Family, XXXIII (February, 1971), 677-82.
4. "Battered Wives", Capitol Woman, Michigan House of Representatives, Lansing, Mich., December, 1975.
5. "Battered Women", Newsweek, Feb.2, 1976, pg. 47.
6. Boudouris, James, "Homicide and the Family", Journal of Marriage and the Family, XXXIII (November, 1971), 667-82.
7. Caplan, Gerald: An approach to community mental health, New York, 1961, Grune & Stratton, Inc., p. 18.
8. Edmiston, Susan, "The Wife Beaters", Woman's Day, March, 1976, pp. 61, 110-1.
9. Faulk, M., "Men Who Assault Their Wives:", Medicine Law, XIV, No. 7 (July 1974).
10. Field, Martha H. and Field, Henry F., "Marital Violence and the Criminal Process", Social Service Review, ILVII (June 1973), pp. 221-240.
11. Flynn, John, D.S.W., et al, Spouse Assault: It's Dimensions and Characteristics in Kalamazoo County, Michigan, June, 1975, Western Michigan University.
12. Fojtik, Kathleen M., Wife Beating: How to Develop a Wife Assault Project and Task Force, Ann Arbor NOW, October, 1975.
13. Fullerton, Gail Putney, "Marital Conflict: Hostility in Intimacy", Survival in Marriage, Holt, Rinehart, and Winston, 1972.
14. Galdston, Richard, "Observations on Children Who Have Been Physically Abused and Their Parents", American Journal of Psychiatry, CXXII, No. 1 (October 1965.)
15. Gelles, Richard J. An Exploratory Study of Intra-Family Violence, Durham, New Hampshire: Unpublished Ph.d. dissertation, 1973.
16. Gelles, Richard J., "Child Abuse as Psychopathology: a Sociological Critique and Reformation", American Journal of Orthopsychiatry, XLII, #4 (July, 1973), 611-21.
17. Gelles, Richard J., The Violent Home, California: Sage Publications, 1972.
18. Goode, William J., "Force and Violence in the Family", In Steinmetz, S.K. and Straus, M.A. (eds), Violence in the Family, New York: Dodd, Mead and Co., 1974 25-44.
19. Hill, Reuben, Families Under Stress, New York: Harper and Bros., 1949.

20. Kieren, Dianne and Tallman, Irving, "Spouse Adaptability: An Assessment of Marital Competence", Journal of Marriage and the Family, XXXIV (May 1972), 247-253.
21. Levinger, George, "Physical Abuse Among Applicants for Divorce", In Steinmetz, S.K. and Straus, M.A. (eds) Violence in the Family, New York: Dodd, Mead and Co., 1974 85-8.
22. Lystad, Mary, Violence at Home, An Annotated Bibliography, 1974, U.S. Government Document, Available at U of M School of Social Work Library, Z7164.C5, L98.
23. Martin, Del, The Battered Wives of America, Glide Publications, San Francisco, 1976.
24. Micklow, Pat and Eisenberg, Sue, The Assaulted Wife: Catch 22 Revisited (A Preliminary Overview of Wife-Beating in Michigan), copyright 1974, unpublished, University of Michigan Law School.
25. McGee, Richard K., Crisis Intervention In the Community, Baltimore, London, Tokyo, University Park Press, 1974, p. 209.
26. O'Brien, John E., "Violence in Divorce Prone Families", In Steinmetz, S.K. and Straus, M.A. (eds), Violence in the Family, New York: Dodd, Mead and Co., 1974, 65-75.
27. Palmer, Stuart, The Violent Society, New Haven, Conn.: College and University Press, 1972
28. Parnas, Raymond I., "The Police Response to the Domestic Disturbance", Wisconsin Law Review, 914 (Fall), 1967, pp. 914-960.
29. Pizzezy, Erin, Scream Quietly or the Neighbors Will Hear, Penquin Books, Ltd., 1974.
30. Resnik, Mindy, Wife Beating: Counselor Training #1, Ann Arbor NOW, 1976.
31. Reynolds, Rosemary and Siegle, Else, "A Study of Casework with Sado-Masochistic Marriage Partners", Social Casework, XL, No. 10 (December 1959), 545-51.
32. Safilios-Rothchild, Constantina, 1970, "The Study of Family Power Structure: A Review 1960-1969", Journal of Marriage and Family, 32 (November), pp. 539-51.
33. Scheurell, Robert P. and Rinder, Irwin D. "Social Networks and Deviance: A Study of Lower Class Incest, Wife-Beating and Non-Support Offenders", Wisconsin Sociol - ogist, X, No. 2 and 3 (Spring-Summer 1973), 56-73.
34. Schultz, Leroy G., "The Wife Assaulter", Journal of Social Therapy, VI, No. 2, (Second Quarter 1960), 103-12.
35. Snell, John E., Rosenwald, Richard J., Robey, Ames, "The Wife Beaters Wife", Archives of General Psychiatry, In Bryant Clifton, D., and Wells, Gipson J., Deviancy and the Family, Philadelphia: F.A. Davis, 1973, 87-94.
36. Sociological Resources for the Social Studies, Divorce in the U.S. (Episodes in Soc. Inquiry Ser.) (gr 9-12), 1972, Boston, Allyn and Bacon.
37. Steinmetz, Suzanne K. and Straus, Murray A., "The Family as a Cradle of Violence", Society, (formerly Transaction), 10 Sept - Oct. 1973), pp. 50-58.
38. Steinmetz, Suzanne K. and Straus, Murray A., (eds) Violence In the Family, Toronto: Dodd, Mead and Co., 1974.

39. Tinklenberg, Hared R. and Bourne, Peter (eds), "Alcohol and Violence", Alcoholism: Progress in Research and Treatment, New York, Academic Press, 1973, 195-210.
40. Turk, James L. and Bell, Norman W., "Measuring Power in Families", Journal of Marriage and the Family, XXXIV (May 1972), 215-22.
41. Wilt, G. Marie and Bannon, James, A Comprehensive Analysis of Conflict-Motivated Homicides and Assaults, Detroit, 1972-3 (unpublished).
42. Wolfgang, Marvin E. "Husband-Wife Homicides", Journal of Social Therapy, II.No.I, (Fourth Quarter 1956), 263-71.

ADDENDUM



43. Bulcroft, Richard A. and Straus, Murray A., Validity of Husband, Wife, and Child Reports of Conjugal Violence and Power, 1975 Mimeographed paper, University of New Hampshire, Department of Sociology.
44. Clasen, Carole, A Guide for Assaulted Women, Ann Arbor NOW, 1976.
45. Nichols, Beverly B., "The Abused Wives Problem", Social Casework: January 1976.
46. Owens, David J., and Straus, Murray A., "The Social Structure of Violence in Childhood and Approval of Violence as an Adult", Aggressive Behavior, Vol.1, 1975, Alan R. Liss, Inc., pp. 193-211.
47. Warrior, Betsy, Working on Wife Abuse, Cambridge, Mass., Leghorn and Warriier, 1975.

## APPENDICES

- A. A Guide to Wife Assault Resources
- B. Community Resource List
- C. Project Organizational Chart
- D. Client Activity Flow Chart
- E. Crisis Call Flow Chart
- F. On-Call Counselor Guide
- G. Initial Intake Form
- H. Interaction Form
- I. Initial Client Contact Form & File

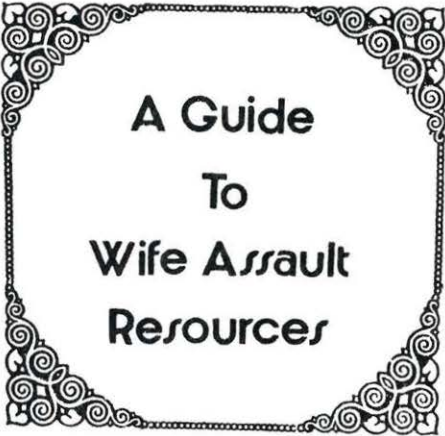


"WIFE ASSAULT IS AGAINST THE LAW"

WHAT TO DO IF YOU HAVE BEEN BEATEN



Wife assault is considered to be the single most unreported crime in the country. 35% of all assaultive crime complaints filed in Washtenaw County in 1974 were filed by victims of domestic violence. Wife assault affects women of all ages, races and economic levels. Some experts believe that half of all married women will be affected by spouse inflicted violence during their married lives.

Women usually suffer in silence. The law is complicated and until recently society believed that husbands had the right to beat their wives. In addition, economic dependency and parental responsibilities often make it difficult for a woman to escape. The next morning there are usually apologies and promises to cease the violence. Yet, typically the assaults are repeated. 58% of all victims have been beaten in the past. The problem won't disappear by itself. Break the vicious cycle of domestic violence. Act NOW.



**A Guide  
To  
Wife Assault  
Resources**

Prepared by the  
WASHTENAW COUNTY DOMESTIC VIOLENCE COUNCIL  
Concerned Citizens and Community Agencies

For more information call 995-5444

## ALTERNATIVES TO DOMESTIC VIOLENCE

Victims of domestic violence can choose among various alternatives depending on their particular situations.

1. If you need immediate help:
  - a. Call the police.
  - b. Run to a neighbor.
  - c. Lock yourself in a place away from the assailant.
2. If you have been physically hurt, call or go to the emergency room or the nearest hospital.
3. If you need someone to talk to or to go to your home, call a crisis intervention or counseling center.
4. If you have been beaten and want to take legal action:
  - a. Call Legal Aid or Lawyers Referral Service.
  - b. Call the Prosecuting Attorney.
5. You can continue to live with the person. This action, however, might lead to future beatings, again and again.

On the next page is a list of just some of the places you can call if you need help. These agencies are equipped with competent professional and paraprofessional staff who can help you with your problems, or refer you to the appropriate agency that can. Many of these agencies and other ones you can locate under "Social Services" in the Yellow Pages are free or charge or on a sliding scale. The information that these agencies receive is kept completely confidential according to Federal laws.

## SERVICES

### POLICE

Ann Arbor Police  
Ypsilanti Police  
Washtenaw County Sheriff Dept.  
Michigan State Police  
Ypsilanti  
Brighton  
Jackson  
Eastern Michigan University Police  
(for Eastern Michigan University only)

### PHONE

994-2911  
483-2311  
971-8400  
482-1211  
227-1051  
782-9443  
481-1849

### HOSPITALS (Emergency Rooms)

University of Michigan Hospital  
Beyer Hospital  
St. Joseph Mercy Hospital  
Packard Community Clinic  
Chelsea Medical Clinic

764-5012  
485-1033  
662-6200  
971-1073  
475-1311

### CRISIS INTERVENTION AND COUNSELING

#### MOBILE UNITS:

SOS Crisis Center  
\*Ypsilanti Area Community Services  
\*Crisis Walk In Clinic  
Drug Help  
National Organization for Women -  
Spouse Assault Project

485-3222  
485-0440  
761-9834  
761-4357  
995-5444

#### 24 HOUR PHONE:

SOS Crisis Center  
\*Ypsilanti Area Community Services  
\*Crisis Walk In Center  
Drug Help  
National Organization for Women -  
Spouse Assault Project  
Catholic Social Services

485-3222  
485-0440  
761-9834  
761-4357  
995-5444  
662-4534

### LEGAL SERVICES

Legal Aid  
Main Branch  
University of Michigan Branch  
Lawyers Referral Services

665-6181  
763-9920  
1-800-292-7850

Prosecuting Attorney

994-2380

\* Part of Washtenaw County Community Mental Health Center

## RESOURCES

APPENDIX B

POLICE/LAW ENFORCEMENT:

--EMERGENCY--Ann Arbor Police Dept., Em. Assistance 994-2911  
 Ann Arbor Police Department  
   Chief, Walter Krashey -- 994-2848  
   Duty Command Officer -- 994-2875  
   Detective Bureau -- 994-2880  
 --EMU (Eastern Michigan University) Police -- 434-2568  
 --Michigan State Police (Ypsilanti Post) -- 482-1211  
 --Sheriff's Dept., Washtenaw County (Postill, Sheriff) -- 971-8400  
 --County Jail, Washtenaw County (Frank Donley) --994-2569  
 --Ypsilanti Police Department (Lt. Newton) -- 483-2311  
 --University of Michigan Hospital, Security Office -- 764-4244

LEGAL/JUDICIAL:

Washtenaw Cty:  
   Circuit Court 1 --Judge Ager (Betty Ripple) 994-2551  
   Circuit Court 2 --Judge Campbell (Mary Pfaus) 994-2552  
   Circuit Court 3 --Judge Seake (Kathy Hall) 994-2553  
   Circuit Court 4 --Judge Conlin (Ann Douvitasas) 994-2554  
 District/Court Services (June Meckes) 994-2523  
   14th District Ct. 1 -- Judge Fink (Fanny or Linda) 971-6050  
   14th District Ct. 2 -- Judge Shea (Lois Howell) 483-1117  
   14th District Ct. 3 -- Judge Arkison (Mrs. Baylan) 475-8606  
   14th District Ct. 4 -- Judge Bronson (Judy Watkins) 971-6050  
   15th District Ct. 1 -- Judge Elden (Judy Watkins) 994-2757  
   15th District Ct. 2 -- Judge Thomassen (Elaine Feldkamp) 994-2759  
   15th District Ct. 3 -- Judge Alexander (Cheryl Coe) 994-2660  
   Criminal Division (Pearlene Sullivan) 994-2747  
 Legal Aid Society, Ann Arbor (Adriane Decker) 665-6181  
   Ypsilanti 481-7500  
 Friend of the Court: Attorney (Laurence Nolan) 994-2466  
   Marriage Counselor (Don Haller) 994-2473  
 Prosecuting Attorney, Office of Jerry Farmer (Asst.) 994-2380  
 Public Defender, Office of Dan Banbury 994-2444  
 Mental Health Commitment:  
   Court Services, Washtenaw Cty Community Mental Health  
   (John Strotkamp) 761-9830  
 Attorneys (sympathetic and cheap)  
   Emergency: divorce, night calls, etc. 761-1566  
   (Goldstein, Melber, Rogow, Schwartz)  
   Jeremy Rose 994-6100

MEDICAL SERVICES:

EMERGENCY:  
   Ambulance 994-4111  
   769-6226  
   Anti-Rape Effort 994-2896  
   (Jody Bisbee) 994-2901  
 Emergency Rooms--Hospitals:  
   University 764-5102  
   St. Joseph's (Charlotte Beagle/Debbie Dayton) 665-4141, x. 414  
   Beyer (Ms. Margaret Haddock) 485-1000  
   Chelsea 475-1311  
 General:  
   Gynecology Clinic, U of M Hospital Outpatient 764-4155  
   Child Abuse Team (SCAN) U. Hospital 763-3201  
   University Hospital, Outpatient Psyc. (Jay Callahan) 764-5190  
   St. Joseph's, Outpatient 665-4141

RESOURCES

page 2

HOUSING:

NON HOUSING COORDINATOR:

EMERGENCY:

Normal Street House (Biff Rosalik)	484-1040
Allen Tourist Home	662-2763
Huron View Lodge	761-3800
Ann Arbor "Y"	663-0636
Ozone House	769-6540
Salvation Army: Ypsilanti	482-2700
Detroit	256-2026
Oakland	334-2407

SOCIAL SERVICES (Financial, emotional, etc.) (R=Resources: MH=Mental Health)

General:

(R) Washtenaw County DSS	994-1880
(R) Ypsilanti DSS	994-1820
(R/MH) Catholic Social Services	(Carol Jenkins) 481-1000
(R) Ypsilanti Area Community Services	(Karen Bison) 481-1024
(MH/R) Washtenaw County Community Mental Health Center	(John Hayes) 662-4534
(MH/R) Wayne County Community Services	(Sheila Baylor) 485-0440
(MH) Child and Family Services, Washtenaw County	(Lucy Howard) 761-9830
(R) Community Services Agency (CSA/OEO)	833-0622
Normal Street House	(Diane Farber) 971-6520
Ypsilanti State Hospital	(Bob Brown) 662-3172
(R) Salvation Army: Ypsilanti	(Biff Rosalik) 484-1040
Detroit	434-3400
Oakland	482-2700
	256-2026
	334-2407

EMERGENCY: (drugs, alcohol, etc.)

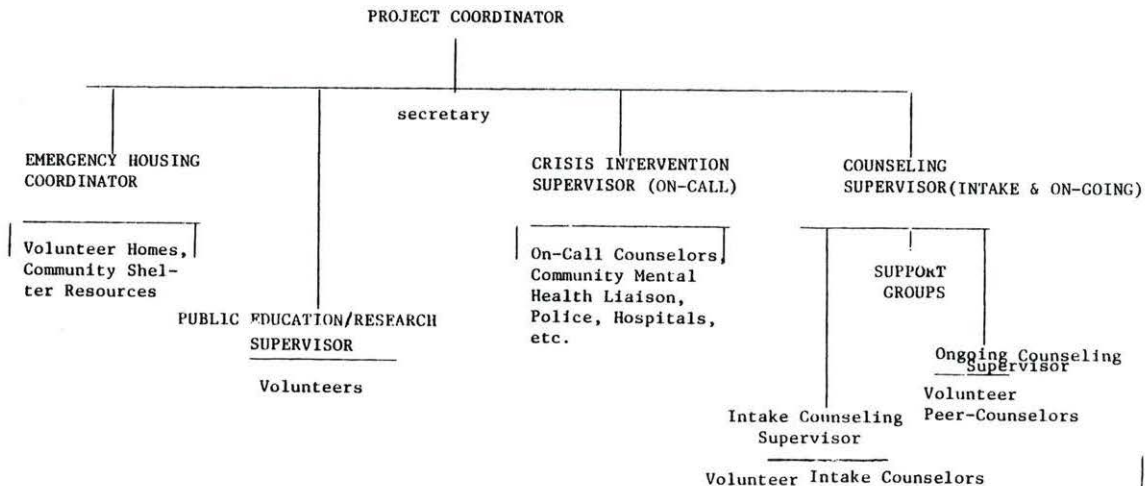
(MH) Drug Help	761-HELP
(MH) SOS Ypsilanti	485-3222
(MH) Crisis Walk In Center	(Delores Woods) 761-9834
(MH) Women's Crisis Center	(Pita Jamison) 994-9100
(R/MH) Ozone House	(Chuck Krugman) 769-6540

NON OFFICES:

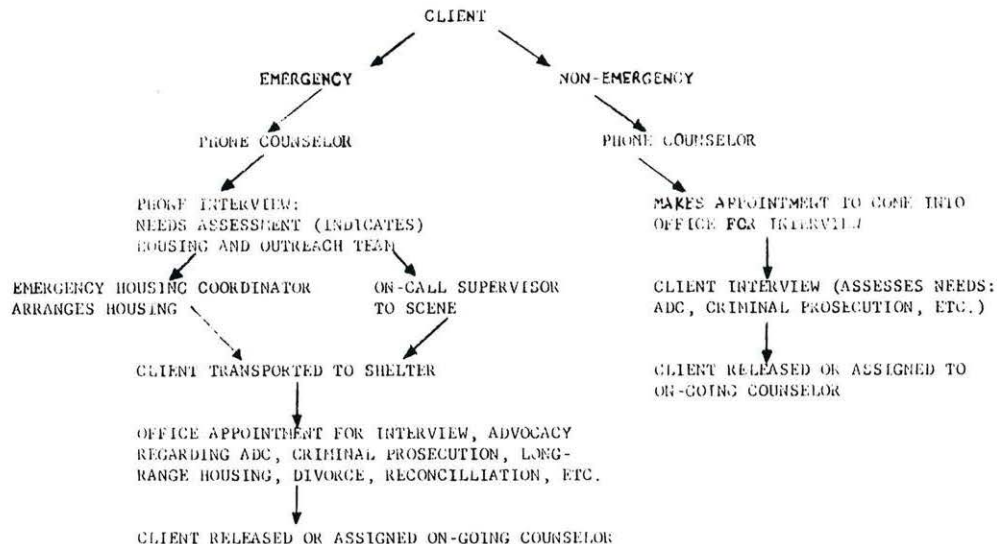
Oakland County	654-5796
Detroit, Wayne County	961-2777
Wife Assault Project	644-6933



NOW DOMESTIC VIOLENCE PROJECT ORGANIZATIONAL CHART

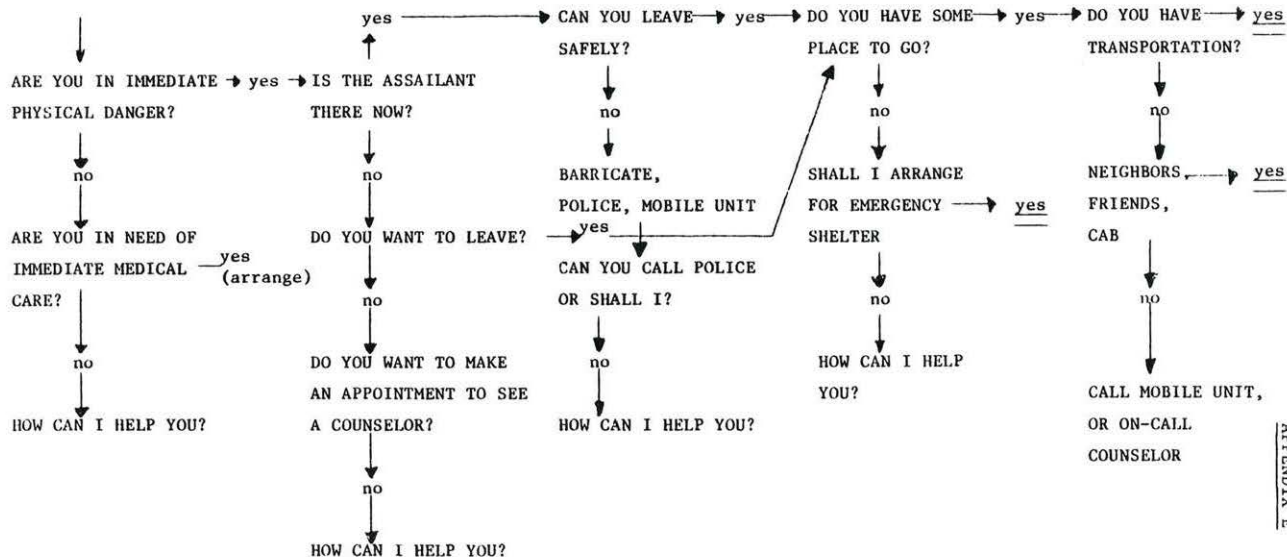


NON DOMESTIC VIOLENCE CLIENT ACTIVITY FLOW CHART



FLOW CHART FOR DOMESTIC VIOLENCE CRISIS CALL

WHAT IS THE PROBLEM?



APPENDIX F

FOR ON-CALL COUNSELORS

As an on-call counselor, you are committing yourself to staying home one evening a week and answering the NOW Domestic Violence phone. The calls will be transferred to your home from 5pm to 9am the next morning. Please be sure to cover the phone at all times, unless you must leave early in the morning for work.

Preparation before calls are switched over to your home:

- 1) Paper and pencil.
- 2) List of counselors' phone numbers.
- 3) List of important phone numbers, e.g. police, ambulance, hospitals and mobile units.
- 4) On-call Supervisor, Call beeper # 668-5023, or Supervisor's home phone.

When the NOW office calls to inform you that you have the phone, check to see if there are any expected calls with which you must deal. During the evening, you may get no calls or you may get several.

If the call is not a Domestic Violence victim, you should refer her to the appropriate social service agency.

For financial aid, she should call DSS, CSS, Salvation Army, etc.

If the caller is presently a client with an assigned counselor, tell the caller you will contact her counselor to get intouch with her.

Calls in which the situation is not an emergency:

- I. Inform caller of services NOW offers
  - a) Emergency housing (5 day maximum)
  - b) Support counseling (to assist in resolving the situation and establishing new life styles if desired.)
  - c) Liason with police, court, and social service agencies
  - d) Emergency crisis intervention 24 hours a day
- II. Set up appointment for intake interview--  
Monday-Friday, 9am-2pm
- III. Get the following data for card file
  - a) Name
  - b) Date
  - c) Address, phone numbers
  - d) Children, their ages
  - e) age of client
  - f) time of call
  - g) marital status
  - h) assailant's name and relationship
  - i) Employment information
- IV. Call information to NOW office the next morning. This data is needed as soon as possible.

Calls which are an emergency

- I. Get name, address, phone number, assailant's name and relationship
- II. Any children
- III. Any weapon involved
- IV. Assess danger
  - a) Find out when last assault took place
  - b) Is the assailant in the home
  - c) Check if there are sufficient locks to keep assailant out
  - d) Are there ground floor windows that he could break into
  - e) Is he expected soon

If caller is in physical danger--assailant absent

- I. Encourage woman to leave the home
- II. Check out transportation and place for victim to go (friends,

relatives, Emergency Housing, etc.)

III. Encourage woman to file complaint with police, if appropriate.

If caller is injured

- I. Assess need for medical assistance (nature of injuries, etc.).
- II. If ambulance is called in, the victim must pay. See if she or a friend can drive to the hospital emergency room. As a last resort, call mobile unit or counselor to transport.
- III. If the caller is injured and in immediate danger, call the police.

If the caller is physical danger - Assailant Present

- I. See if she can get out of the house.
- II. If she cannot leave:
  - a) Call Police to take report and provide protection briefly until mobile unit, counselor or friend comes to escort victim to safety.
  - b) Alert her of protective measures, such as locking and barricading inside doors, yelling for neighbor, or escaping through a window.

During an emergency you must remain calm. If you have to call any agencies or police, TALK SLOWLY, STATE FACTS CLEARLY. You must be under control to be most helpful.

EMERGENCY HOUSING

If all other avenues are closed and you assess that caller needs emergency housing, you must contact the on-call supervisor, who will authorize or deny emergency housing to victim after asking key questions. You may give your opinion, but the final decision will not come until the victim has had an in-person intake interview. The on-call supervisor will set up this interview, but you should arrange for the police to be there for protection if the counselor has to pick up the caller at her home, and the caller is still in danger. You should arrange that they meet at a neutral place other than her home, if possible. If the on-call supervisor gives you any differing instructions, follow them to the letter.

## INTAKE FORM

APPENDIX G

(All information shall remain confidential - Revised 9/1/76)

1. Name \_\_\_\_\_ 2. Today's date \_\_\_\_\_
2. Height \_\_\_\_\_ 4. Weight \_\_\_\_\_ 5. Race \_\_\_\_\_ 6. Age \_\_\_\_\_
7. Marital Status \_\_\_\_\_ (If unmarried but living with assailant, please indicate this) \_\_\_\_\_
8. Any former marriages? \_\_\_\_\_
9. If divorced, does ex-husband have legal visitation rights?
10. How long have you lived with this man?
11. Do you have any children? \_\_\_\_\_ How many? \_\_\_\_\_ Ages?  
Names:
12. Is the assailant the father? \_\_\_\_\_
13. Amount of formal education: \_\_\_\_\_
14. Occupation \_\_\_\_\_ Are you employed? \_\_\_\_\_  
Income (if employed) \_\_\_\_\_
15. Have you ever been in counseling? \_\_\_\_\_ Inpatient or Outpatient?
16. Was there physical violence between your parents?
17. Were your parents divorced?
18. Were you beaten as a child?
19. Drug or alcohol problems?

## II. DATA REGARDING ASSAILANT

1. Name \_\_\_\_\_ 2. Age \_\_\_\_\_ 3. Race \_\_\_\_\_
4. Weight \_\_\_\_\_ 5. Relationship to victim \_\_\_\_\_
6. Height \_\_\_\_\_ 7. Amount of formal education \_\_\_\_\_
8. Occupation \_\_\_\_\_ Is he employed? \_\_\_\_\_
9. Income (if employed) \_\_\_\_\_
10. Ever been in counseling? \_\_\_\_\_ Inpatient or Outpatient?
11. Was there physical violence between his parents?
12. Military service? \_\_\_\_\_ 13. Criminal record? \_\_\_\_\_
14. Any history of sexual and/or physical abuse of children? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
15. History of his use of violence in this relationship: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
16. History of alcohol or drug usage preceding violent incidents: \_\_\_\_\_  
\_\_\_\_\_

INTAKE FORM PAGE 2

III. Violent Incidents

1. Brief description of incident: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. How long did the assault last?
3. Description of injuries: \_\_\_\_\_  
 \_\_\_\_\_
4. Did you receive medical attention? \_\_\_\_\_
5. Was a weapon involved? \_\_\_\_\_ If yes, describe \_\_\_\_\_
6. Were alcohol or drugs involved?
7. Factors responsible for causing assault:
 

a) argument over money	e) jealousy
b) his temper	f) sex
c) pregnancy	g) household care
d) children	h) other (Specify) _____
8. Did you provoke the attack physically or verbally?
9. Did you escalate the assault after it started?
10. Did you try to defend yourself physically?  
 If yes, what effect did this have on the intensity of the attack:
 

a) increased	b) decreased	c) no effect
--------------	--------------	--------------
11. What did you do after the assault?
 

a) called police	e) called relative
b) got medical care	f) called women's group
c) called friend	g) called pastor
d) called social service agency	h) other (Specify) _____
12. If you called the police, did they come:
13. If you called the police, what was their response?
 

__ concerned and helpful	__ concerned but not helpful
__ hostile, rude or blaming	__ more concerned with own safety
__ provided protection	__ referred to other agency
__ not helpful at all (specify why)	
14. Did you request that assailant be arrested?
15. Did you sign a complaint against the assailant?  
 If no, do you intend to do so?
16. Are you planning to separate from assailant?
17. If married, do you plan to divorce assailant?

IV. KINDS OF ASSISTANCE NEEDED FROM PROJECT

1. Emergency Housing \_\_\_\_\_
2. Legal Advice \_\_\_\_\_
3. Support/counseling \_\_\_\_\_
4. Financial assistance \_\_\_\_\_
5. Need no further follow-up \_\_\_\_\_

INTERACTION FORM

Name of Client \_\_\_\_\_ Date \_\_\_\_\_  
 Name of Worker \_\_\_\_\_ Time Interaction Initiated \_\_\_\_\_  
 Time Interaction Ended \_\_\_\_\_

Type of Interaction

Phone Call \_\_\_\_\_ Initiated by - Client \_\_\_\_\_ Worker \_\_\_\_\_  
 Face to Face \_\_\_\_\_ Walk-In \_\_\_\_\_ Appointment \_\_\_\_\_

Nature of the Interaction

What areas were dealt with during the interaction:

Legal \_\_\_\_\_ Financial \_\_\_\_\_ Employment \_\_\_\_\_  
 Housing \_\_\_\_\_ Child Care \_\_\_\_\_ Transportation \_\_\_\_\_  
 Counseling \_\_\_\_\_ Crisis Support \_\_\_\_\_ Referral to: \_\_\_\_\_  
 Other \_\_\_\_\_ ( Specify ) \_\_\_\_\_

Follow Up

What plans were made to follow up?

Appointment set \_\_\_\_\_ Follow-up phone call planned \_\_\_\_\_  
 Referral Made \_\_\_\_\_ No Follow-up Plans \_\_\_\_\_ Why? \_\_\_\_\_

PLACE NOTES ON BACK OF INTERACTION FORM

INTERACTION FORM

Name of Client \_\_\_\_\_ Date \_\_\_\_\_  
 Name of Worker \_\_\_\_\_ Time Interaction Initiated \_\_\_\_\_  
 Time Interaction Ended \_\_\_\_\_

Type of Interaction

Phone Call \_\_\_\_\_ Initiated by - Client \_\_\_\_\_ Worker \_\_\_\_\_  
 Face to Face \_\_\_\_\_ Walk-In \_\_\_\_\_ Appointment \_\_\_\_\_

Nature of the Interaction

What areas were dealt with during the interaction:

Legal \_\_\_\_\_ Financial \_\_\_\_\_ Employment \_\_\_\_\_  
 Housing \_\_\_\_\_ Child Care \_\_\_\_\_ Transportation \_\_\_\_\_  
 Counseling \_\_\_\_\_ Crisis Support \_\_\_\_\_ Referral to: \_\_\_\_\_  
 Other \_\_\_\_\_ ( Specify ) \_\_\_\_\_

Follow Up

What plans were made to follow up?

Appointment set \_\_\_\_\_ Follow-up phone call planned \_\_\_\_\_  
 Referral Made \_\_\_\_\_ No Follow-up Plans \_\_\_\_\_ Why? \_\_\_\_\_

PLACE NOTES ON BACK OF INTERACTION FORM



APPENDIX I

INITIAL CLIENT CONTACT FORM - NOW DOMESTIC VIOLENCE PROJECT, INC. - 1976

Name of Client?	FILE NUMBER?
Address of Client?	Name of Counselor?
Phone of Client?	Date & Time?
Marital Status?	Referred by?
Employed? Where?	
Children? How many? Ages?	

Is it an emergency? Kind? What is needed response?	Housing? Transportation?
	Criminal Prosecution?
Name of Assailant?	Police protection?
Address?	Child Care?
Phone?	Permanent Housing?
Police report?	Support?
Hospital?	Other?
Relationship to Victim?	

General Notes...

\_\_\_\_\_  
Signature of Counselor

(The above-listed information is placed on a 4"x 6" file card and placed in file.)

(The 4" x 6" file box is the alphabetical file.)

\_\_\_\_\_  
ALL OTHER CLIENT INFORMATION IS KEPT IN THE 8½" x 11" FILE FOLDERS NUMERICALLY.

ALL NUMERICAL FILES SHOULD INCLUDE...

- (1.) Initial Intake Form (Appendix G)
- (2.) Release of Liability Form (Signed by Client)
- (3.) Release of Information Form (Signed by Client)
- (4.) Counselor's Notes
- (5.) Interaction Forms (Appendix H)
- (6.) Copies of Divorce Papers, Marriage Licenses, and other important papers.
- (7.) Other counselor/client information.

For additional copies write:  
Domestic Violence Project, Inc.  
202 East Huron St., Suite #101  
Ann Arbor, Michigan 48104  
(313) 995-5460