

Navigating Challenging Conversations with Survivors



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Learning Objectives

- Identify different types of challenging conversations.
- Understand how trauma works and its impact on survivors.
- Confidently respond to crisis situations with empathy, de-escalation tactics, and resources.
- Know when and how to disengage with challenging contacts.
- Understand the importance of vicarious trauma on helpers.

What kind of challenges do you face when supporting contacts reaching out to your agency?

What Makes a Conversation “Challenging”?

- The contact is seeking assistance or solutions you are unable to provide and becomes upset/abusive.
- The contact is talking about things other than their Victim Assistance and/or Compensation needs and is difficult to re-direct.
- The contact is abusing your services (i.e., pranks, sex contacts, disruptive contacts).
- The contact is seeking assistance but is not experiencing issues related to Victim Assistance and/or Compensation.
- The contact is experiencing symptoms of a mental illness, traumatic brain injury, or substance use that make it challenging to move the conversation forward.
- The contact is suicidal or engaging in/talking about self-harm.

What Kind of Contact Is It?

Wheelhouse Contacts

- On-target
- Victim assistance & compensation issues
- Able to navigate conversation despite challenges

Outside-the-Wheelhouse Contacts

- On-target
- Not related to victim assistance & compensation issues

Challenging Wheelhouse Contacts

- Off-target
- Abusive to staff
- Resistant to support

What Kind of Contact Is It?

Wheelhouse Contacts

Strategies:

- Remain empathetic & nonjudgmental
- Re-direct when needed to keep on topic
- Provide with resources and/or plan of action

Outside-the-Wheelhouse Contacts

Strategies:

- Remain empathetic & clarify what their need is
- Refer them to the appropriate resources
- Respectfully end the conversation

Challenging Wheelhouse Contacts

Strategies:

- Re-direct if possible
- Inform them of boundaries re: respecting staff
- Disengagement
- Respectfully disconnect

What tools do you currently have to support you in these kinds of conversations?

Understanding Trauma Responses



What is Trauma?

A **traumatic event** is any event that is distressful, painful, and disrupts and overwhelms a person's nervous system.



Trauma is what happens in the nervous system – not the event itself.

This distinction is important.

Trauma and the Brain

- 1. Prefrontal cortex:** Responsible for rational thinking and decision-making. During a traumatic event, the prefrontal cortex is put on hold while the body's survival responses are triggered.
- 2. Hippocampus:** Responsible for memory storage. During a traumatic event, the hippocampus is focused on pumping cortisol & numbing pain instead of storing memories.
- 3. Amygdala:** Responsible for instincts ("lizard brain"). During a traumatic event, the amygdala is activated, pumping adrenaline through the body and triggering the body's survival responses.

Trauma Responses: Survival

Many people are aware of “fight or flight” but there are more survival reactions that people can have in the face of trauma.

- **Fight:** anger, irritability, hostility
- **Flight:** avoiding conflict through isolation, leaving
- **Freeze:** feeling “paralyzed” or unable to think/act, confusion, delayed responses
- **Fawn:** avoiding conflict through people pleasing, appeasing at all costs



Trauma Responses: Symptoms

Physical

- Pain
- Sleep disturbances
- Easily startled
- Increased heart rate
- Sweating
- Decreased immunity

Cognitive

- Feeling powerless
- Disorganized
- Impaired memory
- Impulsive behavior
- Scattered thinking
- Difficulty with focus

Emotional

- Fear
- Denial
- Anxiety
- Detachment
- Flashbacks
- Shame
- Depression



Key Points

- Trauma can be life-altering.
- Trauma outlasts the event(s) that cause the trauma.
- Trauma survivors experience a wide range of symptoms.
- Service systems can be re-traumatizing.

A photograph showing a man with long dreadlocks and a nose ring, wearing a tan hoodie, sitting and looking distressed with his hand to his face. A woman with her hair in braids, wearing a grey hoodie, is sitting next to him, placing her hand on his shoulder in a comforting gesture. The background includes a large green plant and a window.

Responding to People in Crisis

What are some signs that a person is in an emotionally escalated state?

De-Escalation

- Stay empathetic and nonjudgmental
- Validate their feelings
- Keep your emotions in check
- Assess your approach
 - Ex: slow down pace of speech and lower tone to potentially trigger similar biological responses in the other person
- Lead with what CAN be done instead of what CAN'T be done
- Don't be afraid to end conversations when it's time for them to end
- Take time to decompress



De-Escalation Practices

Guided Breathing

Use relaxing breathing practices to help draw focus to the body and away from thoughts and emotions.

Grounding Exercises

Use sensory awareness exercises to bring attention to the present. Helpful for dissociation ("out of body experiences").

Mindful Walking

Use mindfulness exercises to bring focus to the movement of the body and the present moment.

Grounding Object

Use relaxing exercises that bring focus to a grounding object and help reconnect to the present moment.

Seated Grounded Posture

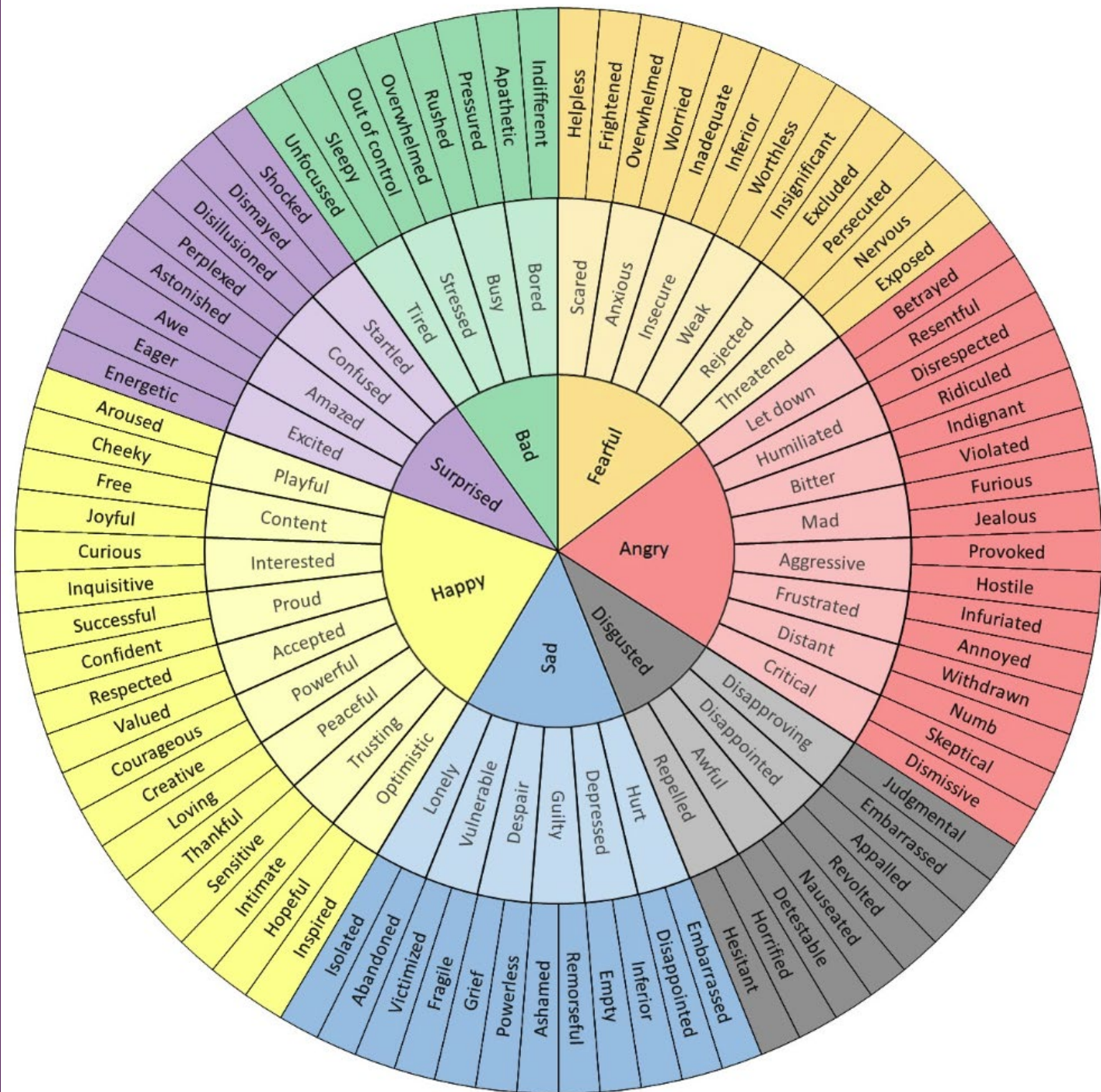
Use grounding exercises that focus on posture and the body's connection to the ground.

Five Finger Breathing

Use breathing exercises that return awareness to the breath and body by tracing the outline of the hand.

Maintaining Empathy

- Listen actively.
- Be nonjudgmental.
- Remember the impacts of trauma and how seeking help can be re-traumatizing.
- Take your time. Take a breath.
- Validate their feelings.

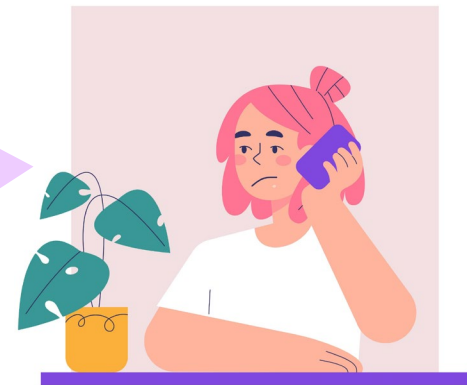


Maintaining Empathy

- "I'm hearing that this has been a really _____ experience."
- "You have very good reasons for feeling _____."
- "It's normal to feel _____ in situations like this."


What does this look like in practice?

I haven't been able to get help from anyone. It's taking so much time and I'm just so angry about everything. This whole thing is pointless.

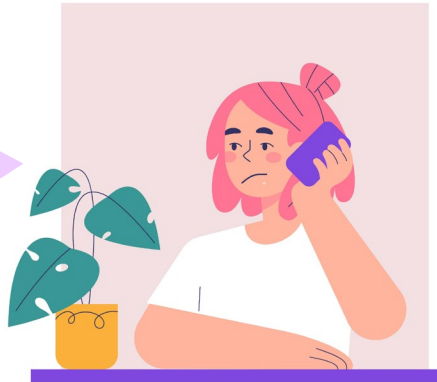


Maintaining Empathy

- "I'm hearing that this has been a really _____ experience."
- "You have very good reasons for feeling _____."
- "It's normal to feel _____ in situations like this."



I know this process can be overwhelming and that going through these steps to get help can be hard when you're already experiencing trauma.



I haven't been able to get help from anyone. It's taking so much time and I'm just so angry about everything. This whole thing is pointless.



Making Referrals

Local Resources

- Get to know what's in your area.
- Reach out to local victim support programs to learn what services they provide and how to best connect survivors with those services.
- Recognize that it often takes multiple services and referrals for survivors' needs to be met.
- Be careful not to make promises or guarantees about what kind of services they can get. Every program is different.
- If you don't know what's in your area, advocates at The Hotline can help find local resources you can provide to survivors.



National Resources: The Hotline

National Domestic Violence Hotline

Available 24/7 via phone, chat, and text

www.thehotline.org

1-800-799-SAFE (7233)

Text "START" to 88788

love is respect

Available 24/7 via phone, chat, and text

www.loveisrespect.org

1-866-331-9474

Text "LOVEIS" to 22522

All services are confidential. Hotline advocates are mandatory reporters of child abuse and elder abuse if given identifying information.

What should people expect when they reach out to The Hotline?

- Compassionate and non-judgmental support.
- Highly-skilled advocates who receive over 100 hours of training in supporting survivors of IPV and people wanting to learn more about healthy relationships.
- Advocates will ask about needs and experiences to learn more about the survivor's situation and how to support them.
- Collaborative safety planning: brainstorming strategies to address specific tactics and obstacles the survivor is experiencing.
- Nationwide referrals: The Hotline can provide referrals to over 5,000 sources of help in the U.S. and its territories. Phone advocates can directly connect callers with providers in The Hotline directory.
- We utilize Language Line services to support over 200 languages over the phone, and chat and text is available in English and Spanish.

National Resources: Other Organizations

StrongHearts Native Helpline: For AI/AN Survivors

1-844-7NATIVE (762-8483) • www.strongheartshelpline.org

ADWAS: National Deaf Domestic Violence Hotline

Video phone 855-812-1001 • www.adwas.org

RAINN: National Sexual Assault Hotline

1-800-656-HOPE (4673) • www.rainn.org

ChildHelp: National Child Abuse Hotline

1-800-422-4453 • www.childhelp.org

Suicide Prevention Lifeline

1-800-273-8255 • www.suicidepreventionlifeline.org

The Trevor Project: For LGBTQIA+ Youth

1-866-488-7386 • www.thetrevorproject.org

The Trans Lifeline

1-877-565-8860 • www.translifeline.org





Disengaging Conversations

How do you know when it's time for a conversation to end?

Strategies for Disengagement

1. Summarize key points.

“We’ve talked about our eligibility requirements and also some resources that may be able to support you.”

Strategies for Disengagement

1. Summarize key points.
- 2. Acknowledge steps made.**

“I know it took a lot of effort to go through this process, especially given what you’ve been going through.”

Strategies for Disengagement

1. Summarize key points.
2. Acknowledge steps made.
- 3. Encourage a plan of action.**

“I encourage you to look into those resources we talked about and to follow up with us if your situation changes.”

Strategies for Disengagement

1. Summarize key points.
2. Acknowledge steps made.
3. Encourage a plan of action.
- 4. If they are upset, validate their feelings.**

“I hear that you’re frustrated, and I can understand that you weren’t able to get the answer you hoped for.”

Strategies for Disengagement

1. Summarize key points.
2. Acknowledge steps made.
3. Encourage a plan of action.
4. If they are upset, validate their feelings.
- 5. Clearly and directly state you are ending the conversation.**

“I am going to wrap up our conversation now/I’ll be disconnecting. Goodbye.”



Helpers and Vicarious Trauma

Dealing with Vicarious Trauma

- Helpers are often ignored in conversations about IPV and trauma, despite the fact that vicarious trauma is a common (and in many cases inevitable) result of supporting someone living with trauma.
- Just like we talk to survivors about self-care, wellness, and building resilience, we need to have these conversations with helpers too.
- Ask yourself:
 - What signs do I recognize in myself when I'm triggered/upset/stressed/etc.?
 - What signs do my friends/family/loved ones recognize in me when I'm triggered/upset/stressed/etc.?
 - What signs do I recognize in myself when I feel like I'm flourishing?
 - What helps me in times of stress?
 - Who can I turn to for support when I need it?
 - What are some small acts of self-care I can engage in?

Remember, self-care is not a cure-all for chronic and systemic issues like racism, poverty, transphobia, etc. You cannot resolve a lifetime of oppression and discrimination with a bubble bath.

Takeaways

- Conversations with survivors can be challenging for many reasons and it's important to be thoughtful about how to navigate those conversations, including when and how to disengage from them.
- Survivors of traumatic events often have lasting effects of trauma that can impact every area of their lives.
- Seeking help and engaging in service systems can be re-traumatizing for survivors, and helpers in those positions need to be patient, empathetic, and nonjudgmental.
- You don't have to be the experts - leave that to us!
- Self-care is crucial to addressing and mitigating the effects of vicarious trauma.



Thank You!

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