



## **MCEDSV HOTLINE Warm Referral Procedure**

At MCEDSV, we have core tenants that are to be integrated into all of the work that we do. They are that we are survivor-centered, trauma-informed and intersectional in all that we do. These core tenants, when implemented create an experience that is reflective of our mission; the empowerment of all of the state's survivors of domestic and sexual violence, while simultaneously developing and promoting efforts aimed to eliminate all domestic and sexual violence within our state. In order for our vision of creating empowered and transformed individuals and communities who are committed to building a lasting legacy of equality, peace and social justice where domestic and sexual violence no longer exist, a culture of respect, dignity and equity must be present.

In providing direct services to survivors, the ability to meet a survivor where they are is critical in assuring they are able to both access and receive services in a way that they have identified. Meeting a survivor where they are is more than a general recognition of their status as a survivor. It is a recognition of the complexity of the convergence of identities that exist and the intersection of those identities and their relation to survivorship. As a hotline, it is our responsibility to assure that a survivor never feels as if we are asking them to choose an identity in order to receive services. This may be the first and only time in which a survivor reaches out for assistance in dealing with the trauma of their assault. Our response has to be one of positive regard for the survivor regardless of identity.

The level of service that we provide to a survivor, to the best of our ability will continue through the process of a warm referral. The term warm referral, is often referred to as warm handoff in the medical field with origins in customer service (Agency for Healthcare Research and Quality). We define a warm referral as a connection that is made with the permission of the survivor, to an external service provider who is able to fill a need that has been identified by the survivor. This connection is made either, over the phone, via email, or chat. The survivor is connected directly with the provider in such a way that the advocate fades in the backdrop of the transfer.



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The warm referral process requires hotline advocates to learn of the resources that are available throughout the state of Michigan; County, and Tribal as well as national resources. Each referral that is deemed a warm referral is made to an organization or agency that we have made contact with and are able to articulate the services that are offered from that resource. We have also shared with the identified resources, the services that are provided via the hotline. The services that are identified to be used in the warm referral process have been selected based on the information provided to us by the survivor.

The role of a hotline advocate is to provide a space whereby a survivor may share information fully and freely that is of a sensitive and intimate nature (Confidentiality Policy Considerations and Recommendations: A Resource Manual for Michigan Domestic and Sexual Violence Programs, 2018). It is in this space, where confidentiality resides that a survivor may be to have their needs met. In addition to the confidential space, anonymity creates an additional safeguard for survivors to share their truth. With the hotline, a survivor can share as much or as little information as they deem necessary. There is never any pressure on a survivor to share information in order for them to access and/or receive our services. The more we create a space of acceptance and unconditional positive regard, the more information that will be shared with naturally. The information that is shared by the survivor is to be safeguarded.

As an advocate utilizes the tools and resources that are at their disposal, the greater the likelihood a survivor will share additional information that will aid the advocate in finding linkages and appropriate services for the warm referral to occur. In the presence of a listener who is an empathetic survivor-centered, trauma-informed intersectional advocate, a survivor can be their authentic self. They can share the things that no one else has allowed space for. In being this type of advocate, we are holding ourselves to a standard of care that is conducive to a positive experience on a survivor's journey of healing from the assault. We are opting in to holding ourselves accountable for the level of care that we provide to those who entrust us with the most intimate and hurtful parts of their lived experience. This level of accountability, lasts until the survivor gets to the next service



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provider with a successful interaction (Sammer, 2015). To facilitate a successful interaction, the survivor must be informed and engaged in the process at every step.

No information is to be exchanged without the survivor's informed consent. Informed consent means that the survivor has been given all of the information necessary to decide if they want you to conduct a warm referral. When the hotline advocate is able to establish trust, the referral process is much more likely to be accepted and followed up on (Daniel J. Whitaker, 2007).

MCEDSV hotline advocates will utilize the following process for making a warm referral:

1. Take the time necessary on the call to establish a connection with the survivor. This includes, identification of self, use of pronouns, asking the survivor how they would like to be addressed, and providing an empathetic listening ear while validating the survivor's experience.
2. Assess for the survivors safety.
3. Take the time to reaffirm confidentiality. The survivor decides how much information they share with us. All information that is revealed related to the survivors lived is experience will inform where the referral will be made.
4. Obtain informed consent to provide a warm referral. The consent is informed if the survivor is aware of what is offered from the agency they are being referred to, what are some of the potential outcomes of sharing information with the agency, and also potential outcomes of not utilizing the agency.
  - a. If referring to a member program, share with the survivor the services offered at the member and what they can expect in service provision from the member program.
  - b. If referring to a LE agency, share with the survivor the language of law enforcement and what can be expected in service provision.



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- c. If referring for medical services that are not connected to a member program, share with the survivor the differences between SANE at a hospital and a member program.
  - d. If referring to a culturally specific program, share with the survivor the services that are provided, hours of operation, and what can be expected in service provision.
5. Inquire as to whether or not the survivor would like a follow-up done. Again, reassure confidentiality and the ability to remain anonymous. The follow-up can be in the form of us being available to receive a return call from the survivor.
6. Provide the warm referral by remaining on the line and connecting the survivor to the resource. Greet the resource and insure that this is a good time to speak with them. Resources will have been authenticated previously and can be found in the resource manual. Respect the role of the resource and insure that the survivor understands that role as well. If the survivor has chosen to not share a name with us, share with the provider the way in which the survivor has been chosen to be addressed. Our role is not to share all of the information that the survivor has shared with us, but to provide a connection to a resource that can further assist the survivor on their healing journey.

Connecting survivors directly to the referral source versus just providing a number, can be an effective way in providing survivors with the resources that are needed (Jennifer Wolff, 2017). This direct connection through the warm referral process will allow us to be a possible conduit to a survivor recognizing they are not alone, that there are resources available, and that systems are capable of working together for the betterment of the survivor.

Once consent has been received and prior to the warm referral, ask the survivor for permission to follow-up to assure that referral was successful. The following considerations are to be made:

1. Is it a safe number to call;
2. If it is safe, who does the phone belong to;



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3. If the phone does not belong to the survivor is it okay to leave a message;
4. If it's okay to leave a message, how would the survivor like us to identify ourselves;
5. Who would the survivor like for us to say we are calling for (an assumed name);
6. What time of day and/or day is best to call;
7. Share with the survivor the number that shows up on caller id; and
8. Share with the survivor the number of attempts to be made for follow-up.
9. Share with the survivor that they may call the hotline at any time as many times as they feel necessary.

Serving survivors is a privilege and we are to honor each survivor who chooses to share any amount of their story with us. We have gained the privilege of serving them due to a violence that 1 in 3 women, 1 in 6 men, and 1 in 2 Trans persons will experience in their lifetime. And that is of those that we know of through reporting. This hotline is significant part of the evolution of service provision that the coalition provides to the State of Michigan. Survivors who are contacting the hotline will be met with a recognition and a respect of their humanity and provided services that dignify their lived experience.