**Model Operating Procedures and Sample Forms for Helplines:**

**CALL HANDLING PROCEDURE FOR GENDER-BASED VIOLENCE HELPLINES**

**Purpose**

This document outlines standard operating procedures for handling calls on the GBV helpline. These procedures ensure consistent, professional, and trauma-informed response to all callers while maintaining staff safety and service quality.

**1. Call Initiation**

1.1 Answer Protocol

When answering calls, helpline staff must:

* Answer within three rings
* Use the standard greeting: "[Organization Name] Helpline, how may I help you?"
* Speak clearly and calmly
* Note the time of call initiation
* Activate call recording system (where applicable)

1.2 Initial Assessment

During the first moments of the call:

* Listen for immediate safety concerns
* Assess if caller is in immediate danger
* Determine if emergency services are needed
* Note if caller is distressed or in crisis
* Identify any language barriers or interpretation needs

**2. Safety Assessment**

2.1 Immediate Danger Protocol

If caller indicates immediate danger:

* Confirm their current location
* Determine if they can speak freely
* Establish if others are present
* Identify immediate risks
* Plan immediate safety steps
* Contact emergency services if needed/consented

2.2 Safety Questions

Essential safety information to gather:

* Current location
* Presence of perpetrator
* Access to safe exit
* Immediate medical needs
* Presence of weapons
* Safety of any children present

**3. Call Management**

3.1 Active Listening

Demonstrate active listening through:

* Using supportive statements
* Allowing silences when appropriate
* Reflecting caller's feelings
* Avoiding interruptions
* Providing verbal acknowledgment
* Using appropriate tone and pace

3.2 Information Gathering

Collect essential information:

* Nature of violence/abuse
* Timeline of events
* Previous help-seeking attempts
* Available support systems
* Immediate needs
* Barriers to safety

**4. Crisis Intervention**

4.1 De-escalation Techniques

When caller is highly distressed:

* Use calm, steady voice
* Focus on immediate present
* Offer grounding exercises
* Provide reassurance
* Use simple, clear language
* Take measured pace

4.2 Suicide Risk Assessment

If suicide risk is indicated:

* Assess current thoughts
* Determine if there is a plan
* Identify access to means
* Evaluate support systems
* Assess previous attempts
* Create immediate safety plan

**5. Support and Information**

5.1 Information Provision

Provide clear information about:

* Available services
* Legal rights
* Safety planning options
* Support resources
* Referral processes
* Follow-up options

5.2 Safety Planning

Assist in developing:

* Immediate safety strategies
* Emergency contacts list
* Document gathering plan
* Safe accommodation options
* Children's safety measures
* Emergency exit plan

**6. Referral Process**

6.1 Referral Protocol

When making referrals:

* Confirm service appropriateness
* Check service availability
* Explain referral process
* Obtain consent for referral
* Provide contact information
* Document referral details

For immediate referrals:

* Inform caller of transfer
* Contact receiving service
* Share relevant information
* Remain on line until transfer complete
* Confirm successful transfer
* Document outcome

**7. Call Documentation**

7.1 Required Information

Document the following:

* Date and time of call
* Duration of call
* Type of violence reported
* Actions taken
* Referrals made
* Follow-up required
* Risk assessment outcomes
* Safety planning details

7.2 Quality Standards

Ensure documentation is:

* Objective and factual
* Clear and concise
* Time-stamped
* Free from personal judgment
* Properly secured
* Regularly reviewed

**8. Call Conclusion**

8.1 Ending Protocol

Before ending calls:

* Summarize actions taken
* Confirm next steps
* Provide emergency contacts
* Assess current safety
* Offer follow-up options
* Close call appropriately

8.2 Follow-up Planning

If follow-up is arranged:

* Schedule specific time
* Confirm safe contact method
* Document follow-up plan
* Set reminder in system
* Assign to appropriate staff
* Record consent for contact

**9. Special Circumstances**

9.1 Silent Calls

For silent calls:

* Maintain line connection
* Provide reassurance
* Explain available support
* Suggest alternative communication methods
* Monitor for background sounds
* Follow safety protocol

9.2 Third Party Calls

When receiving calls from third parties:

* Explain service limitations
* Provide appropriate information
* Maintain survivor focus
* Offer referral options
* Document relationship to survivor
* Maintain confidentiality

**10. Staff Support**

10.1 Debriefing

After difficult calls:

* Document emotional impact
* Seek supervisor support
* Take necessary breaks
* Access counseling if needed
* Review call handling
* Identify learning points

10.2 Quality Assurance

Regular review of:

* Call handling techniques
* Documentation quality
* Referral appropriateness
* Safety assessment skills
* Crisis intervention effectiveness
* Support needs

**Emergency Contacts**

Insert contact information for:

1. **Emergency Services**
2. **Police Department**
3. **Medical Services**
4. **Partner Organizations**
5. **Supervisory Staff**
6. **Technical Support]**

**Review Schedule**

This document should be reviewed:

* Quarterly for updates
* After serious incidents
* When procedures change
* Upon staff feedback
* For quality improvement
* As needed for best practice

Last Updated: [Insert Date]

Next Review: [Insert Date]