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Narratives of workers on the crisis line: Dialogic conversations about domestic violence

Elizabeth A. Curry

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One of Ours?

I observe standard security precautions by identifying myself into the intercom box before the staff assistant releases the lock with a loud buzzing sound. I automatically reach behind me to double check that the heavy door locks behind me before I walk down the hall of the shelter. As I enter the office I see Kathy, Wanda and Delores sitting around the large round mauve meeting table talking in hushed tones. I pour a cup of coffee and Kathy waves me over. She hands me a small newspaper clipping, "Did you see this?"

I scan the clipping and read the opening, "Husband shoots fleeing wife on neighbor's porch." It is a short story, just a few lines in a local crime column. I know there is so much more to the story. "Yeah, I heard it on the news and I thought of you all. It was like I could see it and almost feel the fear. Do you know her?"

Wanda cups her hands around her coffee mug, "We don't know her name yet. We're just wondering if she's one of 'ours,' either a caller or a shelter resident." The group is silent and they briefly slump over the table, almost as if their heads are bowed in prayer.

Delores breaks the silence, "In a sense they are all one of ours." She straightens her back, rolls her shoulders, pushes back from the table, takes a deep breath and as she exhales the phone rings. Delores swivels to answer the phone. When she picks up the headset she doesn't

know if it is a crisis call or routine administrative business. The advocates explain to me that while there is a specific crisis line number, people call any of the office numbers. You never know what to expect, an obscene caller, an abuser trying to find someone in the shelter, a volunteer organization that wants to make a donation or a domestic violence victim in crisis.

Introduction

This paper is my exploratory study of the interpersonal communication between domestic violence workers who answer crisis calls and the callers who seek help. I am focusing on the perception of those who answer the crisis lines. This is part of my on-going research into the meaning and experiences of the women who work against domestic violence. There are approximately 1,900 local domestic violence programs and state coalitions in every state, the District of Columbia and Puerto Rico. This paper is based on the experiences of women working in one local program, CASA. I will briefly compare the CASA advocates work on the crisis line to communication practices and theories of crisis intervention by telephone. However, my primary goal is to present their stories in a way that will allow readers to understand the workers' experiences and how they communicate those experiences. Following the workers' narratives of I will offer my reflections on the narratives and on the way the workers communicate their experiences to me. There are two levels of interpersonal communication to be considered (1) the communication between workers and callers, (2) the communication between workers and me as they describe the crisis calls. In both it is apparent that the workers use stories as their way of knowing and communicating. They hear the stories of victims and they communicate their sense of their work and relationship with callers through stories. These domestic violence workers embody Robert Coles' philosophy that stories are how we come to know our world, develop our identity and understand others. As a model of postmodern theory I see their communication as

transactive not representational because "people understand through communication not prior to it" (Soukup, 1992, p.5).

"One person investigating the experience of another can be directly aware only of his own experience of the other. He [she] cannot have direct awareness of the other's experience of the 'same' world. He cannot see through the other's eyes and cannot hear through the other's ears…. All one 'feels', 'senses', 'intuits', etc. of the other entails inference from one's own experience of the other to the other's experience of one's self" (Laing, p. 28). Without the generosity and sincerity of the CASA workers this paper would not be possible. Their insights and their stories have changed the way I understand the world. I respect their work and am intrigued by their stories as well as the language they use to communicate. One sentence can hold a whole story full of meaning; "*A woman doesn't consider a baseball bat a weapon until she's been hit by one" (*from transcript of interview with domestic violence worker*).*

Literature Review

In 1972 women's advocates in St. Paul, Minnesota started the first hotline for battered women. In the same year women's advocates and the Haven House in Pasadena, California established the first shelters for battered women. The movement against domestic violence began thirty years ago but this social problem still calls for research and reflection on the interpersonal relationships and our changing society. Such research addresses a basic relational issue with wide ranging educational, economic, and health related implications. Women's experiences with domestic violence are "influenced by and influencing of wider societal themes of patriarchy and hierarchy. They…reflect sociocultural assumptions and themes and patterns of domination" (Lempert, 1994, p.412). Statistical reports on domestic violence abound, but measurement can be problematic so the numbers are often in dispute (Blair & Yoest, 2000). I

selected two fairly conservative studies to set the stage for this paper. A review of over 500 studies by John Hopkins University's School of Public Health and the Center for Gender Equity (CHANGE) reports that one in three women have been beaten, forced into sex, or abused during their lives. The percentage of those who hide their abuse ranges from 22 percent to almost 70 percent (Heise, Ellsburg and Gottemoeller, 2000, p. 4). A study conducted by the U.S. Department of Justice surveyed a representative national sample of 8,000 women and 8,000 men. "Intimate partner violence is persuasive in U.S. society. Nearly 25 percent of surveyed women and 7.6 percent of surveyed men said they were raped or physically assaulted by a current or former spouse, cohabiting partner, or date sometime in their lifetime…. According to these estimates, approximately 1.5 million women and 834,732 men are raped and/or physically assaulted by an intimate partner annually in the United States" (p.iii). The scope of this violence against women and within intimate relationships is a story that is part of the broader social and cultural story. "Although we recoil from labeling violence between intimates as *normal*, its frequency renders the adjective disturbingly appropriate" (Wood, 2001, p.240).

The literature on many different aspects of domestic violence is prolific (Baker, 1996; Chornesky, 2000; Jones, 1994; Jones & Schecter, 1992; Loeske, 1987, 2001; Lempert, 1994, 1996, 1997; Wood 2001, Wood & Roche, 2001); however, the research on those who work with victims of family violence is very limited (Iliffe & Steed, 2000, Loeske, 1992; Priestman, 1995; Matesa, 1995). With few exceptions researchers on wife abuse have focused on what women in violent relationships *do* rather than *how* they interpret the violent actions or events" (Lempert, 1997, p. 290-91). This means we have not gotten close to women's lived experiences (Baker; Lempert 1997; Loseke). My research focuses on the domestic violence workers but since this

paper is about the workers relationship with the crisis callers, I am able to shed some light on interpretations of victims' experiences.

Crisis hotlines began in the 1960s. The literature is vast but often pertaining to very specific types of crisis counseling such as poison control (Broadhead), suicide (Fish) or child abuse (Coleman). Much of the literature was published in the mid 1970s and 1980s. This work often discusses modes of therapy, perceived stress and burnout, types of problem callers, the use and training of volunteers (Lester & Brockopp). More recent studies focus on topics such as the emotional labor involved in 911 emergency calls (Shuler & Sypher) or communication training for customer service particularly computer help-desk hot lines (Markam Shaw). .

[Note: Most recently I found citations for articles I need to obtain on interlibrary loan: Characteristics of Effective Telephone Counselling (sic) Skills (1997) by Irene Bobevski et al and Telephone Counselors' conceptualizing abilities and counseling skills (1994) both in British Journal of Guidance and Counselling (sic).]

In my literature review I found only one study specifically addressing domestic violence hotlines in depth. In 1988 Margaret Madden presented her quantitative research to the American Psychological Association Meeting concerning the impact of the attitudes of crisis workers concerning the perceived resolvability of abused women's relationships based on perceptions of situational controllability factors. My methodology and focus on workers at CASA is significantly different than Madden's approach. Since this is an exploratory study I plan to conduct another more exhaustive search of the literature but it would seem likely that the focus of this paper is unique. It is potentially an area of research that is open for further study.

Methodology

This paper is based on interpretive methodology which is part of a larger project funded by a University of South Florida University-Community Initiative (UCI) Grant program, "Lived Realities and Meaning of Working Against Domestic Violence: The CASA Story of Stories." The project is designed to study those who are workers (both paid staff and unpaid volunteers). While many of the workers have experienced domestic violent in some way through friends, family or personal experience as survivor, the project is not directly addressing victims' experiences. CASA's mission is to advocate for social change by providing community education, outreach support, crisis intervention, and safe environments for survivors of domestic violence and their children. The UCI project is intended to be a social action research project in that (1) it is a highly collaborative project and (2) the narratives constructed throughout the project will be used with domestic violence centers and professional groups around the country as well as with community groups, potential funders, and others interested in the subject.

This paper is based on participant observation, interviews and field notes during fifteen months of time interacting with the staff of the shelter. I held a series of in-depth interactive interviews with three workers/advocates individually and conducted informal conversations with other staff members of CASA. Workers are diverse ethnically and in age ranging from 25-55 years of age. Their experience levels range from one year to over fifteen years. These interviews were transcribed, and I coded and interpreted the data. Confidentiality is a significant aspect of this research and my acceptance into the site. As I observed crisis calls during my visits, workers often reminded me that all the information was confidential. After months of visiting and interviewing the workers they rarely mentioned confidentiality but they trusted I would honor the agreement that I signed. During interviews where we discussed interaction with

the women involved in domestic violence our agreement was that I would write composites stories in order to protect the victims.

After attending the training for volunteers I became interested in contributing my time to answer crisis calls. Originally I hoped to research and write from a more autoethnographic vantage point but my own family crisis prevented me from making the regular time commitment required by the crisis line. I still wanted to develop an understanding about how workers handle crisis calls. So I shifted the perspective of my study to talking with staff members about their work. In his paper I explore how domestic violence workers perceive and describe interpersonal communication on the crisis line. What is it like to answer crisis calls? Is there a sense of developing a relationship? How do workers feel about their interactions?

A narrative methodology is the most appropriate for this work for many different reasons. The domestic violence movement began and continues to be an effort to give voice to something that had been kept secret. Telling the story is an integral part of this movement. In fact I found that the workers often communicate through telling stories of their experiences and those they serve. Narratives are a way that we seek to find coherence in a chaotic environment such as domestic violence. Bochner et al identified five features of narrative method:

1. It is often written in first person style.
2. It differs from traditional approaches that focus on generalization within a single case over time.
3. The text uses literary techniques.
4. Narratives often disclose hidden details of life and particularly emotional experience.
5. Relationships are presented in episodic form, dramatizing motion over time; resisting portrayal of relationships as snapshots (p. 43-44).

Perhaps the two most important features of this method are (1) privileging the words and the experiences of the participant-partners in a feminist research tradition (Gluck & Patai, Dankoski) and (2) attempting to take the reader into the experience with evocative text rather than writing

"about" the event in categories (Ellis & Bochner, 1996, 2000). The narratives in this paper are not meant to represent but to communicate. The method also reflects a dialogic relationship on several levels that I will explore in my final reflections. "In an essential relation with men [women]…one life opens to another 'so that one experiences the mystery of the other being in the mystery of one's own" (Buber, p. 6). This idea seems to describe the ultimate goal of social action research and ethnographic research where the researcher/writer and participants/partners at the site of research try to open their lives to each other (Stringer).

Communicating Crisis through Narratives

Sound of a Slap

I had a call once that blew up just as I started to ask the woman about her safety plan and her abuser. She said that she was safe because he had just gone to work. Just a few minutes later and I heard him come back. The door slammed. His voice boomed. "Bitch, who are you talking to?"

I didn't hear her response, just the sound of a slap, the phone dropping and then more slaps. I heard furniture crash, screams and crying. His anger raged and then he must have pulled the phone off the wall. That was a tough call for me. I couldn't do anything. I still remember it years later. I had to hope that she would get the chance to call again. I wanted to believe that she got another chance. Other advocates will tell you that my story isn't unusual; they all have experienced similar scenarios.

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Escape to a Phone Booth

She was hysterical. She kept saying, "I'm bleeding, I'm bleeding. There's blood everywhere, my head, my nose, oh there's blood in my eyes." She was sobbing, "My clothes are torn. My shoes are gone. Please help me!"

With my crisis training I knew how to keep my voice calm and to reassure her. I also asked her about her immediate safety. "Where are you now? Are you safe? Where is he?"

"I'm in a phone booth but I don't know where. I just ran away, I ran out the back door and kept running until I saw the phone booth." She didn't know where the abuser was but she kept repeating, "He's going to find me and he said he would kill me!" She became calmer when I told her that I would get an ambulance and I would stay on the phone with her until the paramedics found her. It was like I was there with her. When the paramedics arrived, I shared her sense of relief. I asked her if she wanted a counselor to meet her at the emergency room. She hesitated and said, "No, I'll come to the shelter later tonight." I wonder now if I should have gone to meet her anyway, because she never came to the shelter.

I know it was her decision but she was so terrified when she ran away. Maybe she went to a friend, maybe she went back home or maybe she's on the street. You can get emotional about the crisis line calls. Its emotional work if you care about the people you talk to. You have a job to do but you understand the feelings these women are experiencing. I felt good because I could be with her and get her medical care. She didn't come to the shelter so I don't know what happened. At least we were there when she needed us – and we'll be here if she needs us again.

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I Didn't Get Flowers Yet

That poster still haunts me. The poster in our office is a grim double message. There is a simple polished wooden casket with a large spray of flowers on it. The caption reads: She only got flowers once. Some women experience cycles of abuse with their partner that culminates in the "hearts and flowers stage." After a violent incident the abuser may express remorse and great love for the woman he battered. He may give her gifts and shower her with attention similar to their courtship. However, the cycle of violence often escalates until the abuser murders his victim. I talk to abused women who are surprised that I know about her abuser's remorse and changed behavior after an incident. They don't realize that it is often a pattern of continuing control. Typically the battered women also can't believe that her abuser will really kill her.

One woman called the crisis line and I talked to her for a long time. She decided to come into shelter. She had a swollen jaw and bruises on her side from being kicked. Worst of all was the huge burn on her arm from an iron. Her abuser didn't think she had worked hard enough to iron his shirts correctly. She said this was his worst outburst ever and attributed it to all his stress at work. She stayed at the shelter for about two weeks and attended the support groups each night. I thought we made a lot of progress in our discussions. Eventually she decided to return to her abuser. She said that she saw things differently after her time at the shelter but she wanted to try to make the relationship work. She promised me that she would remember her safety plan and I promised that she could always come back if she needed help.

About a month after she left the shelter she called me. She said, "I wanted to tell you that I haven't gotten my flowers yet. I'm okay." We talked for a while about her life and her relationship with her partner. The next month she called again, "I wanted to tell you that I

haven't gotten my flowers yet. I'm okay." She called me every month. Sometimes she would say that there had been some verbal or physical abuse but she wasn't ready to leave. She said she felt safe enough. After about eight months she stopped calling. I don't know why. Maybe they moved out of the area. Maybe her abuser won't let her call. Maybe she's hurt. Maybe she left him, although I doubt it. I hope she's safe. I want to call her but I know that could put her in danger. I'm waiting for her to call me again someday.

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How Could Anyone Do That?

At first it's scary but you get over the fear of answering the crisis line. It still affects you but you aren't afraid. The first time you pick up that phone and there's a women crying, or hysterically screaming, "Help me, help me!" It does affect your body, physically. Your first thought is, "What am I going to do?" During my first couple of calls I thought I was going to have a heart attack! I had all the training but I was scared to death that I wouldn't say the right thing to save the victim. I had to realize that I couldn't save the women. That's not my job. The women save themselves. They have to make their own decisions. The best I can do is support the callers, give them the information they need and empower them to make themselves safe. Affirmation is really what they need most to regain a sense of control in their own lives.

A woman might call and just say, "I need to talk to somebody." The women don't always know what they want when they call. Some of them want nothing more than for someone to listen to them. You may be on the phone thirty minutes to an hour just listening to somebody. And the caller might say she doesn't want shelter or counseling, but she just wants to talk. As you gain experience on the crisis line, you develop a routine. I always take notes while I'm listening because there is a screening process for services if the woman decides to seek shelter.

Or she might need a referral to another service agency. Every woman is unique but you begin to recognize similarities among some types of calls. I have found that a lot of victims of domestic violence don't understand what it is they're living through. And they will call to find out if they're being abused. They don't always know. I'll never forget this woman said to me, "Oh, I'm not battered like those other women, he just pulls my hair and kicks me." She seemed to think that she had to have blood and stitches, and broken bones in order to be battered. Some women don't think violent forcible sex is rape if the man is your husband. Some women are surprised that being mentally battered can be considered abuse.

The callers want to tell you their story. I respond by giving them some kind of validation. We talk about power and control issues -- that's what domestic violence is all about. The callers say things like, "I never thought of it but that's it, he tells me everything to do. He won't even let me see my mother." I can go through the power and control wheel without ever telling the caller that we're doing a power and control wheel. Some of the women are actually locked in their homes. Abusers will do things like putting tape across the doors so they know if the woman has gone out. They check the phone bills. They call to see if she's talking on the phone to anybody. Some abusers actually unplug the phone and take it with them when they leave the house. So the woman may have almost no communication with the outside world. The isolation can get to them. They have no one to talk to so they need the voice on the end of the phone. They're reaching out.

We have people that call frequently but they're not ready to leave their abuser. We focus on safety planning because our goal is to keep women alive. A call could mean life and death for the woman. And that's why the first thing I ask is, "Are you safe to talk?"

"Yes, I am. He's in the bedroom. He's passed out."

"Well what if he wakes up? Can you leave and go to a safe home?" Can you go to a neighbor's place or a pay phone to call us back?"

I try to get an address and a phone number if they're willing to share that with me, so that should he come in and start badly hurting her, you could say to her, "Do you want me to call 911?" Very often the answer is, "No."

"No, He said that he would break my legs if the police ever come or if he has to go to court." Different abusers use different threats but the effect is the same.

You can't call the police because it could put the victim in an even more deadly situation. Most women will ask when they first call. "Are you going to tell anybody?" Domestic violence has so much shame and secrecy involved for lots of reasons.

I always assure them it's confidential. I go right into my little spiel, "This is confidential, we are not going to send the police to your house, we are not going to cause him to lose his job, we have to have this for statistical purposes. We are not going to come out to your house and do anything." You can tell when some women make up an address as they go along because they don't trust you. And that's a very common trait among victims is that they often don't trust others. They are often very guarded. They have learned to be watchful. Why should they trust this voice on the end of a telephone?

Women are afraid to leave. "I don't have a car, I don't have a job and I've got three kids. What would I do? He said that I'd never make it on my own."

We talk about the lethality of the abuser. How dangerous is he? I've heard a woman say, "But he didn't cut me." In her mind she's alive and he didn't cut her. And many times victims say, "He threatens to kill me all the time. But he wouldn't go that far, he wouldn't really cut me, or shoot me or whatever." It is hard enough for them to believe that he's abusing them.

Many women can't really believe that somebody they loved or loved them would really kill them. Yet the statistics tell a different story.

When you're doing the safety planning with callers they tell you the different things he has done, how he's done it, what their cycle might be. For some women the cycle is twice a year they get abused. Some women it's once a month. Some of them it's every single day. We discuss whether he has weapons and what might become a weapon. A woman doesn't consider a baseball bat a weapon until she's been hit by one. We talk about which rooms in your house are safer than others. Don't run to the kitchen when he's after you. A woman will often do that because that's the most familiar room for her but the kitchen knives can become a brutal weapon. In the bathroom a woman can be trapped and her head can be banged on the tub or the basin. Those are not safe places. If a woman wants to leave I'll help her plan to do it safely. She might tell me "I've leaving when he comes home. I'm going to tell him I'm leaving and I'm packing my suitcase now."

I help her consider the danger. Safety planning is critical in the process of trying to escape. The danger of being seriously hurt or killed is so much greater when a woman tries to leave or if her abuser suspects she's planning to leave. I ask, "Does he work? "Can you wait until the kids get out of school?" She may decide to come to shelter or we may never hear from this woman again. She may give you her name or choose not to give her name. She might say she's coming to the shelter and she never shows up. You may never know what happened to her. It can be emotionally draining even after years of experience. You hear their story and you get off the phone and you think, 'I hope she comes to shelter. I think he might kill her, and we won't know what happens.'

I've had crisis calls so intense that I've had to walk out of the office and go sit on the porch because it's so bad. I hear about the methods of torture and what is done to someone I'll think, 'Oh my God, now I've heard it all.' The next week or next month, someone calls with another story and I think 'Oh my God, now I've really heard it all. It's amazing to me how the human mind works to come up with so many different ways to torture another human being. I wonder 'Why did they think of that? How could anybody do that? Why did they think of that? How could anybody do that to another human being?' That is hard to take. We have lots of different coping strategies some that are healthier than others. Some of us smoke; most of us eat. We joke about the chocolate and the candy. We'll describe the day as a two- bags-of-chocolate day." We use food as a comfort. It's always around. We've even tried spells of not bringing food into the office, and then you'll see people with little bags of goodies in their desk. Even the people who are the health food types, they reach for their nut bars. It seems like something you have to do. We are very conscious of ways we try to cope with the intensity of our work. We attend seminars on compassion fatigue and VT (vicarious traumatization). There are times when someone will finish a call and say, "I need you to listen to me, I need to process this." Then we will close the door and everybody who is working at the time, we will gather around the meeting table. That's where the team concept makes a difference. You can also go to your supervisor and say, "I really need to talk about this one."

Occasionally things happen or you're told over the phone about something that goes against your very beliefs and values. It is not something you would ever choose to do. But we know that our job is to support the women who have experienced abuse in the decisions they make. If we tried to use our power to control their decisions, we would be abusing these women once again. These women survive the physical and mental abuse of their loved one, the abuse by

the medical establishment, as well as law enforcement and the court system. We try to let these women know that we see them as survivors not as victims.

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What is Success?

There are measures we use for our funders and grants to meet specific requirements. But there are different ways that we see success each day and that's hard to measure. Success is when we help a woman with her safety planning. We are successful if we help one woman be safe, even for just one more day. It's about people not just statistics. Success is when we help a woman gain confidence. We affirm her and tell her she is strong enough to make her own decisions. We don't just tell her that, we act like with think she is capable of handling her own life. Maybe success is when we give her courage to continue her struggle whether that's coming to the shelter, leaving her abuser or going back to her abuser for whatever reason.

Success is being sure that abused women are not totally isolated. The abuse and the abuser can isolate woman from friends and family. Sometimes the friends, family or coworkers just can't understand the woman's plight and they pull away from the woman. Success is having someone to answer the crisis line 24 hours a day, someone who understands the issues of domestic violence and can relate to the women who call.

Reflections

There are two parts to this section of final reflections (1) observations of similarities in general crisis call literature and (2) thoughts about interpersonal communication.

Many of the basic theories or assumptions of crisis intervention and social behavior crisis counseling according Gene Brockopp are evident in the narratives of the CASA worker.

1. There is no concept of mental illness or classification of people into abstractions of illness or health.

2. It views people in terms of their ability to cope, their strengths and their potentials and their problem solving abilities.
3. It emphasizes healthy aspects, not the pathological or sick aspects of the personality.
4. It uses the environment, the social structure of the individual and the community, not just the dynamics of the individual personality for determining disposition.
5. It assumes that patients will make the right response if given information in a setting in which they can use the information and that the person's behavior will tend to move toward desirable ends or outcomes. (p. 95).

In addition the CASA narratives also outline the basic model of therapeutic communication skills. These are described as contiguous and overlapping steps for crisis counseling.

1. make initial evaluation of severity;
2. develop trusting relationship with the caller;
3. assist caller in identifying the problem;
4. assess and help mobilize callers strengths and resources;
5. assist caller in developing plan of action (Brockopp, p. 100-102).

The CASA narratives describe each of these techniques but I think that identifying the problem is particularly critical. Through conversation the CASA workers help callers begin to understand domestic and create alternative stories. Julia Wood's research cites narratives of domestic violence from women who have not experienced crisis intervention and her stories share similarities with the callers CASA cited, callers who don't understand what they are experiencing or who use cultural narratives to explain the situation. In identifying the problem through crisis intervention the crisis line workers help callers explore new narratives. What I find most significant is that none of the workers I interviewed chose to communicate their work to me in this format. It is obvious they have received the training and understand the process. They mentioned routines and training; however, this was not the context of their descriptions of communication with callers.

The CASA workers definitely communicate a sense of professionalism but primarily they describe crisis line work in terms of relationships with callers that are embodied, emotional experiences. The workers seem to express a dialogic view of the interpersonal communication

with callers. "In human life together, it is the fact that man sets man at a distance and makes him independent that enables him to enter into relation, as an individual self, with those like himself. Through this 'interhuman' relation men confirm each other, becoming a self with each other" (Buber, p. 11). The advocates or counselors at CASA seek to affirm the abused women they counsel. These abused women have been in very controlling abusive situations. They often have been isolated from others and repeatedly told how inferior they are. This treatment destroys an abused woman's sense of self. The CASA counselors believe that their role is to help women gain confidence they need to make their own decisions. The advocates do not make decisions for the women who seek shelter. In the embodiment of such a philosophy – that these women are capable of coping and changing — the counselors affirm themselves and those they counsel. It is also significant that several but not all the counselors have previously experienced abuse in some way with family or friends. I think the women who call and the women who answer the crisis line have moments when they become self with each other, dialogic moments.

Dialogic confirmation accepts a person but "may also wrestle *with* him against himself" (Buber, p. 19). "I discover in you what you are meant to become" (p. 20). Buber's idea that you can help a person in their struggle against himself/herself is pertinent to CASA. "Confirmation does not mean that I take his [her] appearance at this moment as being the person I want to confirm. I must take the other person in his dynamic existence, in his specific potentiality" (p. 29). The workers at CASA are concerned for the safety of the women and children they serve. Theirs is a helping or counseling role. However, they accept and confirm the victim's right to make her own decisions. Sometimes it might take years before the abused woman leaves her abuser. The counselor's listen and inform, but allow space for a victim to make her own choices. It is a respect for one's own 'rightness.' Rightness in the sense that you let the person recognize

the "right" for herself and to believe that "through one's influence take seed and grow in the form of suited individuation" (p. 59).

"The essence of dialogue according to Bakhtin is simultaneous differentiation from and fusion with another" (Montgomery & Baxter, p.2). The stories of crisis calls show the dialectic between empowerment and intervention, loss and hope and perhaps the distinction between being a victim or becoming seen as a potential survivor. The crisis workers and callers struggle with contradictions. "Dialectical knowledge gains significance by being put to use. By offering stories that show struggles of ordinary people coping with contingencies of relationship life, dialectical research can help people put themselves in the place of others…Ideally dialectical research authenticates the novelty, creativity, and complexity of human relationships" (Bochner, Ellis, Tillman-Healy, p. 47). That is what I have tried to communicate in this paper. I haven't experienced the crisis line relationship but I have listened to the stories of the workers who tried to place me in that experience. So I offer you my perceptions of this because "if we agree that you do not experience my experience, we agree that we rely on our communication to give us our clues as to how or what we are thinking, feeling, imagining, dreaming, and so forth" (Laing, p. 27).

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