

SECTION: Community Connections

TOPIC TITLE: Safety Planning



Importance of Topic:

Safety planning and continually assessing safety is a critical part of work with domestic violence survivors and their children. The statistics on domestic homicide are overwhelming. Although there are resources such as lethality assessments, these are no guarantee to identify every situation of high danger. Building safety assessments and safety planning into every activity with survivors can emphasize the need for them to be aware of safety options.

Statutes/Professional Standards:

- Code of Virginia Reference:
[§ 32.1-283.3. Family violence fatality review teams established; model protocol and data management; membership; authority; confidentiality, etc.](#) Family violence fatality review teams established; model protocol and data management; membership; authority; confidentiality, etc.
- [Professional Standards Reference](#): STANDARD #9: Sexual and Domestic Violence Agencies will be accessible 24/7 to the public and to first responders to provide crisis intervention services by trained advocates. Ensure 24/7 access and response to all survivors seeking assistance from advocates providing crisis intervention services, risk assessment, safety planning, information, and referrals.

Terms Used or Needed to Understand this Topic:

Safety Planning: Safety planning is a dynamic process. Safety plans change depending on the victim's individual circumstances, and include immediate, short- and long-term strategies. Victims constantly "safety plan," often without realizing it. There are numerous risks that victims face when considering whether or not to leave an abusive relationship. The ongoing process of safety planning is complex and includes: · Understanding the risks

to safety created by an abuser, · Understanding how life-generated risks affect a victim's decision-making, · Understanding the cultural norms and values of the victim, · Understanding the variety of strategies used by a victim to reduce risks, and · Understanding the role of advocates in responding to safety concerns and meeting basic human needs.

Safety plans that solely focus on getting victims to use traditional resources, such as counseling, parenting education, support groups, shelter, and/or legal options are helpful, but are limiting because: · It may not include resources that address the risks identified by the victim; · It may not validate the victim's experiences as unique; · It may cause the victim to feel the domestic violence program is not considering her/his own needs and may not return for services; and · It may not take into consideration the victim's cultural norms and values. ([Maryland Network Against Domestic Violence](#).)

Life-generated Risks: Life-generated risks are the type of risks anyone might face. The advocate must assist the victim in identifying real or perceived life-generated risks, and discuss how the abuser may manipulate these risks to hurt the victim. Life-generated risks may include, but are not limited to: Finances, Home location, Physical and mental health, Discrimination based on race, ethnicity, country of origin, limited English proficiency, gender, sexual orientation, age, ability or other form of bias, Inadequate response from major social institutions including the legal system, health system, and workplace. ([Maryland Network Against Domestic Violence](#).) The current pandemic could also be considered a life-generated risk.

Fatality Review: A fatality review is a coordinated community response among agencies that provide services related to domestic violence. It can include deaths and near-fatalities with the goal to identify gaps in services and recommend plans and actions to improve coordination and the response to domestic violence.

Did You Know?

Most intimate partner homicides are committed with firearms.

Safety plan is a verb, not a document to be completed and left in a drawer!

Racial/Social Justice Focus:

Advocates should constantly re-evaluate, expand, and update their referral base to include organizations that serve all members of the community, especially when they recognize the presence or emergence of culturally specific communities. (Maryland standards, p. 55: [Maryland Network Against Domestic Violence](#).) An estimated 51.3% of black adult female homicides are related to intimate partner violence. Between 2003-2014, 57.7% of black adult female homicide victims were murdered with the use of a firearm. In 2017, for female victim/male offender homicides, Black females had the highest rate at 2.55 per 100,000. [Domestic Violence & the Black Community](#) (NCADV). Statistics show a much higher rate of domestic homicide among Native American women ([Home Articles Statistics Domestic Violence Rampant Among Native Americans](#)). Research suggests that people with disabilities have a higher lifetime prevalence of experiencing abuse than people without disabilities ([Domestic Violence and People with Disabilities: What to Know, Why It Matters, and How to Help](#)). Safety planning and safety assessments should take into consideration factors that may be different for historically marginalized and oppressed communities.

Scenario 1: At the Safe Shelter House, volunteers answer the hotline in the evenings. They have a separate alcove where 1 or 2 volunteers answer the phone. The Shelter Manager is walking by and observes a volunteer responding to a call. From her observation, it doesn't appear that the volunteer did any sort of assessment for safety. The Shelter Manager asks the volunteer about the call. The volunteer says that the caller did not sound like she was in danger. The caller did mention that she was disabled due to a congenital hand issue, that her only income was disability, and that she was dependent on her husband for his income. She had told the hotline volunteer that she had been married for 10 years and that her husband had never hit her but that he was controlling and emotionally abusive.

- Should the volunteer have done a safety assessment?
- Does the caller's disability have any impact on the need for a safety assessment and/or safety planning?
- What about the caller's financial dependence on her husband?
- If there are children in the home, does that make a difference?
- How should the Shelter Manager handle this situation?

Scenario 2: Tandra is a legal refugee who has resettled in the United States. She lives in an area which is predominantly made up of refugees. Culturally, she has been raised to believe that men are the head of the household and that they make all the decisions. Her father, who lives nearby, arranged her marriage to her husband. After being assaulted by her husband, Tandra goes to a local medical clinic for care. Although she won't acknowledge that her husband is the one who hurt her, the nurse at the clinic suspects this and does a danger/lethality assessment. After talking with Tandra and with her consent, the nurse connects Tandra to a DV advocate from the local DVP.

- How should the advocate approach this situation?
- What does the advocate need to consider when developing a safety plan with Tandra?
- Are there any community resources for the husband, resources that might hold him accountable for his behavior?
- If there are children in the home, does that make a difference with safety planning?
- Is there a community-based organization that might be a good partner to help with Tandra's safety?

Trauma-informed Focus:

Victim-defined advocacy is an approach that results in comprehensive plans to make victims safer. Victim perspectives and priorities determine the strategies, objectives, and direction of those victim-defined safety plans. The essential role of advocacy is to offer information, analysis, and resources – to work in partnership with victims to strengthen their plans. In addition to the work with individual victims and their families, this framework also calls for broader advocacy to improve systemic responses and increase safety options for all victims ([NRC DV Victim Defined Advocacy Beyond Leaving-Oct2019.pdf \(vawnet.org\)](#)).

Promising Practices:

Overview of General Characteristics:

- Build in assessments for safety, both physical and emotional, with interactions with survivors. Make this a common practice so that staff assess automatically.
- Program staff consider sexual violence and emotional control as well as history of physical violence when assessing for danger level.
- Build in data safety. Consider whether your data would be safe in case of disaster.

Examples:

- The **Fairfax County Department of Family Services Domestic and Sexual Violence Services (DSVS)** offers compassionate and comprehensive programs for women, men, teens and children who have been affected by domestic and sexual violence, stalking and human trafficking. With the pandemic stay-at-home orders, the staff of DSVS were incredibly concerned about people in unsafe environments and that this would exacerbate already stressful situations. In response, they created one-page safety guides for survivors and family members/friends, another focused on working with kids, and one for those who use violence. The one for victims/survivors was translated into 6 languages. These guides were published through Facebook, various local and regional listservs and the County Supervisor Community Newsletters. The staff also created videos in various languages used in their community which were posted on Facebook. They used WhatsApp groups as well as Next Door to reach specific communities. They also put together a media toolkit found here [Domestic and Sexual Violence Services - Community Engagement Toolkit | Family Services \(fairfaxcounty.gov\)](#). A Safe At Home Flyer (Assistance from a Distance) was developed and translated into several languages. This flyer addressed DV/SV, mental health and substance use concerns, and basic needs concerns. It was distributed through various food distribution sites, local bodegas/grocery stores, listservs and other local networks.

The work for this was led by the DSVS Countywide Coordination team with support from the Communications team for graphics and layout. This effort received positive

feedback, for example the Farsi/Dari video for survivors had over 7,000 views on Facebook!

Website examples:

- Women’s Resource Center of the New River Valley: <https://www.wrcnrv.org/>, theme of “Incite Safety.” The WRCNRV also greets all callers (office line included) with the question of “Are you safe?”
- Project Horizon, <http://projecthorizon.org/internetsafetyinfo.php>, section on internet safety.

Program Focus:

- Is a safety assessment reinforced as part of every significant interaction (for example: hotline calls, one-on-one meetings, support groups) with survivors?
- Do staff know how to conduct a survivor-centered safety plan, taking into account individual circumstances, race, disability, and cultural considerations?
- Does your website have a safe exit button option?
- Does your staff know how to educate survivors on internet safety?

Client voice:

Documenting Our Work Evidence

- “The staff were very helpful w/ resources like safety planning for my, my [children] I can now be safer w/ my child”
- “Very helpful in preparing safety plan and learning legalities of protective codes, custody, divorce, etc.”
- “I have learned to have my kids on a routine throughout the day, handling my income better with saving and to be able to plan a safety plan for us.”

COVID-19 Focus:

The pandemic has the potential to increase danger for survivors and add complications for safety. Many families are facing job loss and financial challenges. Most school systems are doing virtual school which can increase stress for families and add challenges for parents who may have to go to work and even for those who are working at home. There may be increased substance use and abuse. Fear about getting the virus may discourage people from going to a shelter or seeking medical care if needed. It may be more challenging for a survivor to call a hotline or use a computer to locate resources because the batterer may be home all the time. The pandemic may be used as a way to control the survivor, as in the survivor needs to stay during this challenging time and/or as a way to cause fear about leaving.

During COVID-19:

- If a survivor is interested in coming to a shelter, how does your staff talk about safety in regards to COVID?
- Can you offer other housing options besides coming to a shelter?
- What other community resources can you find that might help a survivor, for example, with food, rent and utilities?
- How is contact tracing being done in your community? Does this potentially pose a risk for a shelter resident?
- If staff are holding virtual appointments with clients, how are they making sure the client is safe to hold these sessions?
- If staff are working remotely, how do you make sure that client data is safe?
- How do you make sure that the community is aware that you are still providing services and that you are still available to help? Are there additional ways that you might need to use to reach underserved communities?
- Does the pandemic cause a higher need for safety assessment and safety planning?

COVID-19 Example:

- Avalon in Williamsburg heard anecdotal reports from clients about situations they were in and how the pandemic was exacerbating their IPV issues. Staff were also attending workshops about service provision during the pandemic and heard that other agencies were noticing similar trends. They made the decision to develop quarantine safety planning information. Staff developed short video clips giving physical and emotional safety planning tips. They also pulled information from national websites to share. These were posted on all of their social media sites (Facebook, Instagram, and Twitter). While it can be difficult to measure the impact of these sources, especially since sharing or posting a comment can be dangerous, the Community Engagement Coordinator received feedback about interest in the posts.

Additional Resources + Links:

Videos:

- [The Role of an Advocate in Safety Planning](#), (1:33) webinar from 2019 by Utah Domestic Violence Coalition
- [Enhanced Safety Planning for Immigrant Survivors of Domestic and Sexual Violence](#): two webinars from 2017 by Casa de Esperanza (Part 1: 1:30:51, Part 2: 1:31:22)
- [Power and control tactics specific to trans people](#): (1:22:06) This 2013 webinar from FORGE guides participants through detailed trans-specific power and control tactics both used against transgender and non-binary individuals, as well as those that trans people use against their partners(s).

Publications:

- [DOMESTIC VIOLENCE](#): from the National Network to End Domestic Violence, stats related to domestic violence, including homicide.
- [Victim-Defined Advocacy Beyond Leaving](#): a publication from the National Resource Center on Domestic Violence. Examines how advocates can encourage safer planning with survivors, including options beyond leaving. The publication includes graphics which may be helpful to the visual learner.

- [Maryland Network Against Domestic Violence](#): High-Danger Safety Planning Model Guidelines, Maryland Network Against Domestic Violence standards, pages 53-60.
- [Finding Safety and Support](#): Finding Safety and Support is a generic brochure designed to be used or adapted by local programs, state DV/SA coalitions, educators, allied professionals, and the general public to raise awareness of helping resources for victims experiencing domestic violence. It includes safety planning information, is written in gender-neutral language, and is available in English and Spanish.
- [Domestic Violence in Virginia](#): statistics specific to Virginia.
- [Domestic Violence Fatality Review – Medical Examiner](#): Information about the Virginia Department of Health Fatality Review Teams.
- [Safety Planning Tool - FORGE](#): This 2103 16-page trans-specific safety planning tool covers: basic facts about intimate partner violence; safety planning; groundwork; staying safe at home; emergency safety bag; financial planning; safe havens; safety in your new place; safety on the job and in public; orders of protection; protecting children and pets; and emotional support.