On the Fast Track to Safety: Empower Survivors through the Use of A New Comprehensive Safety Planning Tool That Is Low literacy, Gender neutral, Culturally sensitive, Free, and Fast to Use

Leigh Kimberg, MD LEAP/SFDPH/UCSF

Claire McCullough, MSW La Casa de las Madres

www.leapsf.org

www.lacasadelasmadres.org 1-800-799-SAFE

A new safety plan…

- How?
  - Gathered safety plans from all over the US (DV agencies and healthcare institutions)
  - Collaborative process including healthcare providers and community-based domestic violence advocates*
- Why?
  - Healthcare providers don't know "what to do" and don't do safety planning
  - Survivors want a non-judgmental response to disclosure, personalized assistance, safety information, and options
  - Needed low-literacy, gender-neutral safety plan
  - Needed a safety plan that applies to survivors in all "stages of change" and promotes empowerment of survivors to seek changes that increase safety
  - Needed plan that includes "evidence-based" lethality factors

*funded by a grant from San Francisco Kaiser Permanente Community Benefit Grant to LEAP. Developed by LEAP in collaboration with La Casa de las Madres, and SF Kaiser medical social work department

Useful concepts for promoting "survivor-centered" safety planning

- Stages of change—model of change
- Motivational interviewing—philosophy of counseling

Stages of Change Model: A theory of change*…

"Stages of Change" are….

- Pre-contemplation (Lack of awareness):"What problem?"
- Contemplation (Ambivalence): " There may be a problem"
- Preparation: "I am getting ready to take steps to improve my safety"
- Action: "I am taking a step to improve my safety"
- Relapse Prevention/Maintenance: "I am taking steps to try to make sure I can stay as safe as possible"

NOT a linear process, especially in IPV*

USEFUL model to help providers/advocates recognize "where a victim is at", but…

*Prochaska, J.O. and DiClemente, C.C. (1984)

*Chang, J. et al Patient Education and Counseling 2006

Caveats about the 'Stages of Change' Model applied to IPV

Model developed for substance addiction and does NOT exactly apply to IPV because—

- Perpetrator is the one who is behaving in a harmful, dangerous way (not the victim).
- Perpetrator holds control and reacts to victim's safety-enhancing behavior changes with dangerous and controlling actions.

Motivational Interviewing

Definition:

"…a collaborative, person-centered form of guiding to elicit and strengthen motivation for change"

www.motivationalinterviewing.org

Miller, WR and Rollnick, S. 2009

Motivational Interviewing

- Collaboration:
  - Focus on understanding how the survivor feels about her/his relationship (acknowledging and allowing space for complexity and ambivalence)
  - Non-judgmental exploration—Affirm her/his perspective, *even if you disagree, especially if you disagree!!!*
- Evocation:
  - Drawing out survivor's motivations and ideas
- Autonomy:
  - No "one" right way to change, providing options and information but not imposing a plan

Motivational Interviewing and Safety Planning

- Goal=change but (again) perpetrator will react to any victim-initiated change so the “safety planning” process needs to include information about danger signs, lethality factors, and where to get help
- IPV—victim/survivor needs to identify the goal! (Be careful to not ASSUME the goal is leaving=>leaving often increases danger)
- Instilling hope for change without safety planning is dangerous (not in the client’s power to change the perpetrator)

Is this plan really for everyone who discloses IPV in a medical setting?

Precontemplation: Patient does NOT think that there are any problems with her/his relationship.

- A “safety plan” (for someone who truly doesn’t believe she/he is unsafe) would not fully respect patient/client perspective (risk of alienation)
- Offering a hotline number “in case you or a friend ever needs this” or LEAP’s Healthy/Unhealthy relationship checklist “to think about relationships” may be more acceptable to a pre-contemplative victim
- BUT, obviously, victims may need safety information suddenly and unexpectedly, so could offer it “I understand you don’t feel unsafe right now but would you like this just in case you or a friend ever needs it”?

Where to find the safety plans…

- In these languages (so far)…
  - English
  - Spanish
  - Chinese
  - Arabic
  - Mongolian
  - Thai
  - Russian
  - Korean
  - Tagolog
  - Vietnamese

LEAP

LOOK TO END ABUSE PERMANENTLY

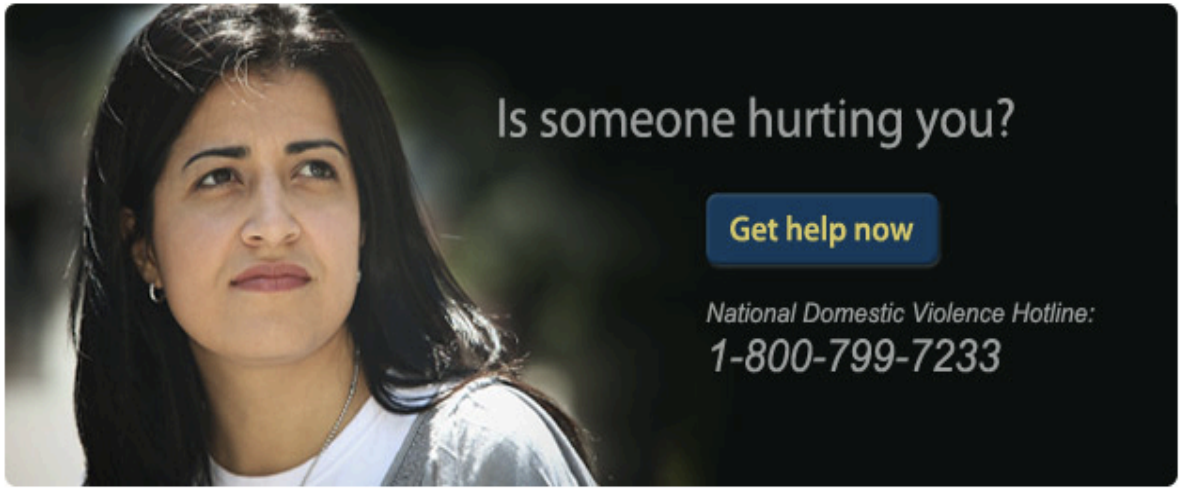
promoting healthy relationships

donate escape

↑ what is this?

Home | Get Started | Patient Ed | Provider Info | About Us

- Individual Patient
- Family Medicine Providers
- Adult Patient Providers
- Pediatric Patient Providers



LEAP Resources

- Ask the Expert/Doctor
- Healthy Relationships Checklist
- Safety Plan
- Find a Local Shelter

Google™ Custom Search

Search

- San Francisco Resources

Domestic Violence Affects Us All

IPV resulted in 1,544 deaths in 2004.
Of these deaths, 25% were males and 75% were females.

LEAP (Look to End Abuse Permanently), is an organization of healthcare providers and volunteers dedicated to ending intimate partner violence and family violence by establishing screening, treatment, and prevention programs in the health care setting.

Learn to Help Your Patient in Just 5 Minutes

Read this first: One-page screening and intervention tools

Use this safety plan with your patient

Give your patient these helpful phone numbers

Individual Patient
Family Medicine Providers
Adult Patient Providers
Pediatric Patient Providers

LEAP Resources
- Ask the Expert/Doctor
- Healthy Relationships Checklist
- **Safety Plan**
- Find a Local Shelter

Google™ Custom Search
Search

San Francisco Resources

Safety Plan

The plans below are low-literacy, gender-neutral safety plans created by LEAP for use with any person who is being victimized or threatened by another person. There are color and black and white tri-fold brochures listed first and, then, there are simpler to copy double sided plans without photographs. There is a version for use in any location that has blank fields in the areas for resource phone numbers as well as a version for San Francisco County that has phone numbers inserted.

Tri-fold color brochures with photos

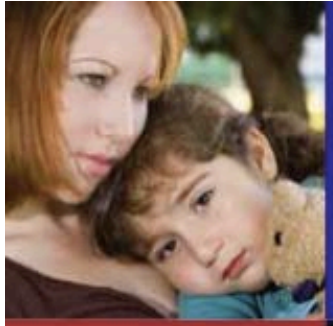
- English color tri-fold—SF County
- Spanish color tri-fold —SF County
- English color tri-fold —any location (add phone numbers)
- Spanish color tri-fold —any location (add phone numbers)
- Chinese (coming soon)

Tri-fold black and white brochures with photos

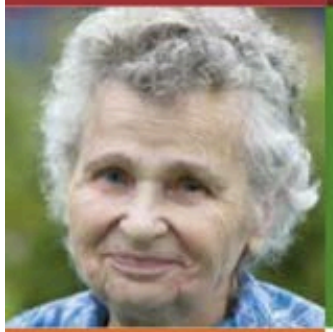
- English black and white tri-fold—SF County
- Spanish black and white tri-fold —SF County
- English black and white tri-fold —any location (add phone numbers)
- Spanish black and white tri-fold — any location (add phone numbers)
- Chinese (coming soon)

Simple, black and white, double sided plans—no photos

- English—SF county
- Spanish—SF county



You deserve to be safe and happy.

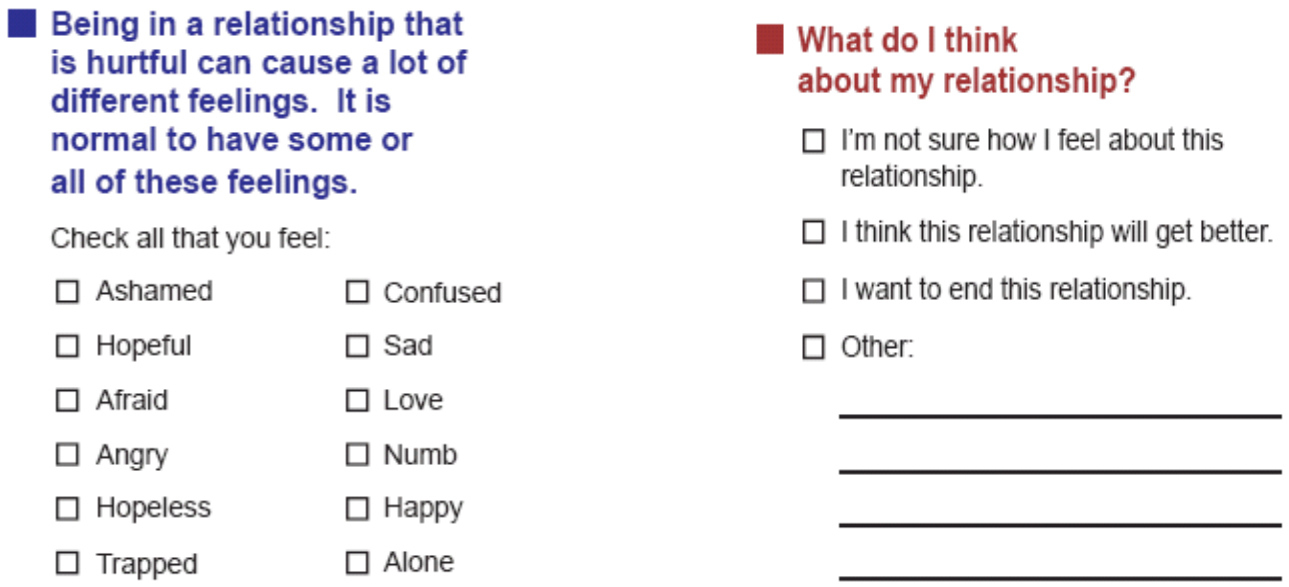


My Safety Plan

Do not take this with you unless it is safe to do so.

LEAP Safety Plan: Collaboration and Evocation…

- Allows for the complex mixture of sometimes conflicting emotions that a survivor may have



Being in a relationship that is hurtful can cause a lot of different feelings. It is normal to have some or all of these feelings.

Check all that you feel:

- ☐ Ashamed
- ☐ Confused
- ☐ Hopeful
- ☐ Sad
- ☐ Afraid
- ☐ Love
- ☐ Angry
- ☐ Numb
- ☐ Hopeless
- ☐ Happy
- ☐ Trapped
- ☐ Alone

What do I think about my relationship?

- ☐ I'm not sure how I feel about this relationship.
- ☐ I think this relationship will get better.
- ☐ I want to end this relationship.
- ☐ Other:

_____

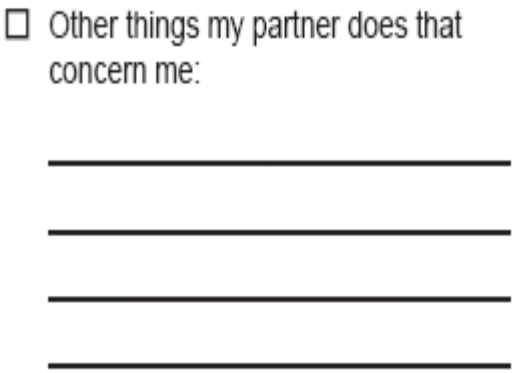
_____

_____

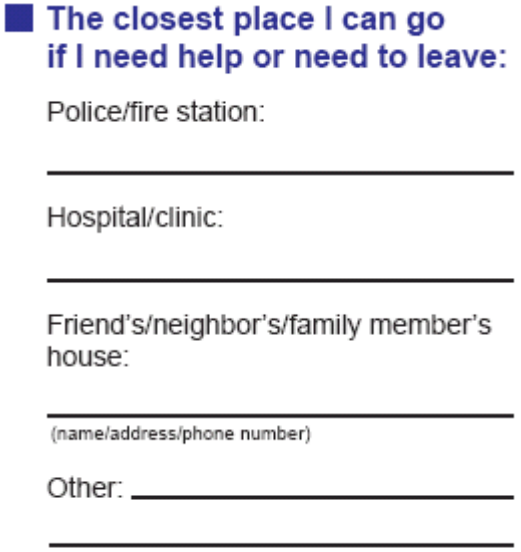
_____

LEAP Safety Plan: Autonomy

Survivor's expertise: Self-described lethality factors or danger signs



Survivor's expertise: What is a 'safe place'?



Providing Options and Information:

My Relationship and My Safety

Being in a relationship that is hurtful can cause a lot of different feelings. It is normal to have some or all of these feelings.

Check all that you feel:

- ☐ Ashamed
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- ☐ Hopeful
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- ☐ Trapped
- ☐ Alone

What do I think about my relationship?

- ☐ I'm not sure how I feel about this relationship.
- ☐ I think this relationship will get better.
- ☐ I want to end this relationship.
- ☐ Other:

_____

_____

_____

_____

Many people love their partners and also feel that their relationships put them in danger.

Does my relationship have any of these signs of danger?

- ☐ My partner has injured me badly enough that I needed medical treatment.
- ☐ My partner follows me everywhere I go.
- ☐ My partner has threatened to hurt my children.
- ☐ My partner uses alcohol or drugs.
- ☐ My partner has forced me to have sex when I didn't want to.
- ☐ My partner has threatened to kill me.
- ☐ My partner has threatened to kill himself/herself.
- ☐ My partner has a gun or can get a gun easily.
- ☐ Other things my partner does that concern me:

_____

_____

_____

_____

Safety during a fight:

Move away from:

Weapons (guns and knives)

Small and dangerous places (car, kitchen, bathroom)

Move toward a safer place such as:

Room with exit

Room with phone

Public place

If I need to call the police:

I will give them **my address** and tell them if there is a **weapon**.

The closest place I can go if I need help or need to leave:

Police/fire station:

_____

Hospital/clinic:

_____

Friend's/neighbor's/family member's house:

_____

(name/address/phone number)

Other: _____

_____

Providing Options and Information:

Steps to staying safe:

Keep a little **money** with me.

Keep my **cell phone charged** and with me.

Teach my children to **go to a safe place** (a friend's, neighbor's, or relative's home).

Teach my children to **call the police** when there is danger and to give their full name, address, and phone number.

Keep an **emergency bag ready** in a safe place.

Building my independence:

I can start **saving money** and store it in a safe place (like my own bank account).

I can **get help** from a counselor, an advocate, a health care provider, or legal services.

I can try to **keep in touch** with a friend or family member who I trust.

Things to put in my emergency bag:

- ☐ Medications/ prescriptions
- ☐ Phone card/change
- ☐ Extra keys
- ☐ Bank card/ credit cards
- ☐ Custody order
- ☐ Work permits
- ☐ Photos of abuser
- ☐ Address book
- ☐ Special toys
- ☐ Money
- ☐ Cell phone/charger
- ☐ Photo ID/ driver's licence
- ☐ Restraining order
- ☐ Passports/ immigration papers/green cards
- ☐ Electronic Benefit Transfer (EBT) card
- ☐ Clothes
- ☐ Toiletries and diapers
- ☐ Other:_____

If you have proof of abuse, bring it with you.

Important phone numbers:

Police	**9-1-1**
Local Domestic Violence Hotlines	
La Casa de Las Madres	**1-877-503-1850**
WOMAN, Inc.	**415-864-4722**
Local Sexual Assault Hotline	**415-647-7273**
For restraining order help call	**415-255-0165**
SF Suicide Prevention Hotline	**415-781-0500**
LGBT support (CUAV)	**415-333-HELP**
Bay Area Legal Aid	**1-800-551-5554**
National DV Hotline	**1-800-799-SAFE**
National Sexual Assault Hotline	**1-800-656-HOPE**
National Teen Abuse Hotline	**1-866-331-9474**
National Suicide Hotline	**1-800-SUICIDE**

Help after sexual assault:

If my partner or anyone else has forced me to have sex when I did not want to, I can:

Go to **SFGH Emergency Department/ Rape Treatment Center 1001 Potrero Avenue, San Francisco**

Call the **Trauma Recovery Center** between 8:00am and 5:00pm Monday through Friday: **(415) 437-3000**

Call **SF Women Against Rape's 24-hour hotline: (415) 647-7273**

LEAP
LOOK TO END ABUSE PERMANENTLY
WWW.LEAPSF.ORG

LEAP thanks San Francisco Kaiser Permanente and La Casa de las Madres for their contributions to this safety plan.

LA CASA DE LAS MADRES

A Refuge.
An Advocate.
A Strong Voice
Against Domestic
Violence.

Our Mission

The mission of La Casa de las Madres is to respond to calls for help from domestic violence victims, of all ages, 24 hours a day, 365 days a year. We give survivors the tools to transform their lives. We seek to prevent future violence by educating the community and by redefining public perceptions about domestic violence.

Business Line: 415-503-0500

24 Hour Crisis Line:

1-877-503-1850

La Casa de las Madres

24 Hour Crisis Lines –
Always answered by a trained staff or volunteer, crisis counseling, safety planning, consultation and referrals

Shelter Program – Location is confidential, housing for single adults and families, up to 8 week stay with comprehensive support services

Community Education – Workshops and presentations on a variety of topics that intersect with domestic violence

DVRT – located at SFPD, follow up with victims in the criminal justice system, provide crisis counseling, resources, accompaniment, referral…

Abuse Later In Life Program-
Assistance for victims 50 and older, individual counseling and support groups

Drop In Center –individual therapy, family therapy, support groups, crisis counseling, legal services, and more.

Teen Program – All services tailored to people under the age of 24, individual counseling and support groups

Safe Housing Program – Education and training provided for property management and housing staff, and education and support groups for tenants.

Legal Services Program – Assistance with civil restraining orders, pro bono attorney panel, court preparation and accompaniment

Permanent Supportive Housing Services – on-site case management at two women-only SROs

Safety Planning

- During 18 month span (7.10-12.11):
  - Across all programs, 72% of clients at entry had no safety plan
  - In Emergency Shelter program, 95% of clients felt they were in immediate danger or were unsure about their immediate safety
  - Across all programs, 66% of clients felt they were in immediate danger or were unsure about their immediate safety

LA CASA DE LAS MADRES

A Refuge.
An Advocate.
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Against Domestic
Violence.

La Casa de las Madres/LEAP
Safety Planning 'Take home points'

- Stages of change/MI theories do not perfectly fit the dynamic of IPV---but do encourage providers and advocates to "meet survivors where they are at" and promote empowerment
- Safety plan is a guide for a conversation
- Safety planning is about building a safe relationship! (Need to LISTEN)
- Planning for safety = Taking control
- LET GO of provider/advocate chosen "end point" and embrace survivor's concept of "what feels safe?"
- Safety is always changing, revisit safety at every meeting
- Collaborate with your local domestic violence provider!

Leigh Kimberg, MD
Claire McCullough, MSW
March 2012

LEAP (Look to End Abuse Permanently) www.leapsf.org
La Casa de las Madres www.lacasa.org

Selected Annotated Bibliography for session: On the Fast Track to Safety: Empower Survivors through the Use of A New Comprehensive Safety Planning Tool That Is Low literacy, Gender neutral, Culturally sensitive, Free, and Fast to Use*

*There are many other relevant references not included here! This is just a sample of references related to this talk.

Current Healthcare providers responses to IPV: Beyond screening

Feder, G. et al. "Identification and Referral to Improve Safety (IRIS) of women experiencing domestic violence with a primary care training and support programme: a cluster randomized controlled trial" in Lancent 2011;378: 1788-95 *(Randomized controlled trial to improve IPV response in clinics resulted in increased referrals to advocates).*

Glowa, P. et al. "What happens after we identify Intimate Partner Violence? The Family Physician's Perspective" in Fam Med 2003; 35(10): 730-6. *(42% told pt to "leave")*

Groth, B. et al. "Domestic violence: level of training, knowledge base and practice among Milwaukee physicians" in Wisconsin Medical Journal 2001: 100(1): 24-28, 36. *(Almost ¼ tell patients to not return to partner and less than ¼ do safety planning)*

Mccaw, B. et al. "Beyond screening for domestic violence: a systems model approach in a managed care setting" in Am J Prev Med. 2001 Oct;21(3):170-6. *(Systems change model resulted in 2x increase in referrals to on-site counselor).*

McCloskey LA, Lichter E, Williams C, Gerber M, Wittenberg E, Ganz M: Assessing intimate partner violence in health care settings leads to women's receipt of interventions and improved health. *Public Health Reports* 2006, 121(4):435-444 *(Discussing IPV with a healthcare provider was associated with an increased likelihood of utilizing safety interventions. Utilization of safety interventions was associated with increased likelihood of leaving an abusive relationship. Leaving relationship was associated with improved health).*

Muelleman RL, Feighny KM. Effects of an emergency department–based advocacy program for battered women on community resource utilization. Ann Emerg Med. 1999; 11:62–6. *(ED-based advocacy for IPV resulted in increased use of shelters and shelter-based counseling but not repeat ED visits for IPV).*

Rhodes, K. et al. "Intimate Partner Violence Identification and Response: Time for change in strategy" in JGIM March 15, 2011, *(IPV victims with police involvement—out of IPV victims who went to ED, only 27% were identified as IPV victims. When IPV was identified only 33% of these victims had basic safety planning documented in ED record)*

Thompson RS et al. " Identification and management of domestic violence: a randomized trial" in Am J Prev Med 2000, 19(4):253-263. *(Report that approximately 62-67% of cases had 'good to excellent' management documented—but don't describe what this means)*

Survivor's wishes about healthcare providers' approaches:**

** There are many well-done qualitative studies eliciting survivor's wishes about healthcare provider approaches. Studies up to 2006 are summarized in the following meta-analysis…

Feder, G. et al. "Women Exposed to Intimate Partner Violence Expectations and Experiences When They Encounter Health Care Professionals: A Meta-analysis of Qualitative Studies" in Arch Intern Med 2006; 166: 22-37. *(A study summarizing and drawing conclusions from all the qualitative IPV survivor studies up until 2006).*

Stages of Change Model:

Prochaska, J. O. and DiClemente, C. C. (1984). *The Transtheoretical Approach: crossing traditional boundaries of therapy*. Homewood, Illinois: Dow/Jones Irwin.

Motivational Interviewing;

See www.motivationalinterviewing.org

Miller, WR and Rose, GS. "Toward a Theory of Motivational Interviewing" in Am Psychol. 2009 September ; 64(6): 527–537.

Miller, WR and Rollnick, S. "Ten Things that Motivational Interviewing Is Not" in Behavioural and Cognitive Psychotherapy, 2009, 37, 129–140

Discussion of Stages of Change/Other models of change/Propose new model and technique:

Chang, J. et al. "Understanding behavior change for women experiencing intimate partner violence: Mapping the ups and downs using the stages of change" in Patient Education and Counseling 2006, 62; 330-339. *(20 IPV victims don't follow stages of change sequentially often due to external threats and abusive actions of partner that trigger a "turning point". Use a "change-mapping" process that might be helpful in counseling victims of IPV).*

Cluss, P. et al. "THE PROCESS OF CHANGE FOR VICTIMS OF INTIMATE PARTNER VIOLENCE: Support for a Psychosocial Readiness Model" in Women's Health Issues 16 (2006) 262–274 *(Discusses Stages of Change model and IPV and proposes new model)*

Zink, T. et al. “Medical Management of Intimate Partner Violence Considering the Stages of Change: Precontemplation and Contemplation in Ann Fam Med 2004; 2: 231-239. *(Qualitative study of 32 mothers in IPV shelters or support groups)*

Safety Planning:

Campbell, JC and Glass, N. “Safety Planning, Danger, and Lethality Assessment” in Intimate Partner Violence: A Health-Based Perspective, edited by Connie Mitchell, MD. Oxford University Press, 2009.

Safety Planning Computerized Tools:

Glass, N. et al. “Computerized aid improves safety decision process for survivors of intimate partner violence” in J Interpers Violence. 2010 Nov;25(11):1947-64.

Rhodes KV et al. “Better health while you wait: a controlled trial of a computer-based intervention for screening and health promotion in the emergency department” in Ann Emerg Med. March 2001; 37:284-291.

Lethality and IPV:

Campbell, JC et al. “The danger assessment: validation of a lethality risk assessment instrument for intimate partner femicide” in J Interpers Violence; 2009 Apr;24(4):653-74.

Current mismatch between provider actions and needs of survivors

- Healthcare providers:
  - Don’t do safety planning or refer for it even when IPV is disclosed (33% of identified IPV victims in ED were offered safety planning)*
  - Often tell victims “to leave” even when this would escalate danger and decrease safety
  - Often counsel and advise without eliciting victim’s viewpoint or particular concerns
- Survivors**:
  - Want a non-judgmental, compassionate response to disclosure
  - Want acknowledgement for the complexity of their emotions and situation
  - Want to understand their options
  - Want validation and encouragement
  - Want safety planning (with emphasis on survivor taking control)

*Rhodes, K. et al JGIM 3/15/11
**Feder, G. et al