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

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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

*fundied 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...

*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
  - Tagalog
  - Vietnamese
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
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

☐ Other things my partner does that concern me:

________________________________________
________________________________________
________________________________________
________________________________________

Survivor’s expertise: What is a ‘safe place’?

■ 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:

### 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
- [ ] Confused
- [ ] Hopeful
- [ ] Sad
- [ ] Afraid
- [ ] Love
- [ ] Angry
- [ ] Numb
- [ ] Hopeless
- [ ] Happy
- [ ] Trapped
- [ ] Alone

**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/drivener’s licence
- Restraining order
- Passports/immigration papers/green cards
- Electronic Benefit Transfer (EBT) card
- Clothes
- Toiletries and diapers
- Other: __________

### Important phone numbers:

<table>
<thead>
<tr>
<th>Phone Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>911</td>
<td>Police</td>
</tr>
<tr>
<td>1-877-503-1850</td>
<td>WOMAN, Inc.</td>
</tr>
<tr>
<td>415-884-4722</td>
<td></td>
</tr>
<tr>
<td>415-647-7273</td>
<td>Local Sexual Assault Hotline</td>
</tr>
<tr>
<td>415-255-0165</td>
<td>For restraining order help call</td>
</tr>
<tr>
<td>415-781-3500</td>
<td>SF Suicide Prevention Hotline</td>
</tr>
<tr>
<td>415-333-HELP</td>
<td>LGBT support (CUAV)</td>
</tr>
<tr>
<td>1-800-551-5554</td>
<td>Bay Area Legal Aid</td>
</tr>
<tr>
<td>1-800-799-SAFE</td>
<td>National DV Hotline</td>
</tr>
<tr>
<td>1-800-658-HOPE</td>
<td>National Sexual Assault Hotline</td>
</tr>
<tr>
<td>1-866-331-9474</td>
<td>National Teen Abuse Hotline</td>
</tr>
<tr>
<td>1-800-SUICIDE</td>
<td>National Suicide Hotline</td>
</tr>
</tbody>
</table>

### 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

My Safety Plan developed by LEAP 2020
May be used unaltered without permission as long as you credit
LEAP (Look to End Abuse Permanently), O/C Marin Hall Health Center, 1301 Piero St, San Francisco, CA 94115 www.leap sf.org
LEAP thanks San Francisco Kaiser Permanente and La Casa de las Madres for their contributions to this safety plan.
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

<table>
<thead>
<tr>
<th>24 Hour Crisis Lines –</th>
<th>Drop In Center –</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always answered by a trained staff or volunteer, crisis counseling, safety planning, consultation and referrals</td>
<td>individual therapy, family therapy, support groups, crisis counseling, legal services, and more.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Shelter Program –</th>
<th>Teen Program –</th>
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</thead>
<tbody>
<tr>
<td>Location is confidential, housing for single adults and families, up to 8 week stay with comprehensive support services</td>
<td>All services tailored to people under the age of 24, individual counseling and support groups</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community Education –</th>
<th>Safe Housing Program –</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workshops and presentations on a variety of topics that intersect with domestic violence</td>
<td>Education and training provided for property management and housing staff, and education and support groups for tenants.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DVRT –</th>
<th>Legal Services Program –</th>
</tr>
</thead>
<tbody>
<tr>
<td>located at SFPD, follow up with victims in the criminal justice system, provide crisis counseling, resources, accompaniment, referral…</td>
<td>Assistance with civil restraining orders, pro bono attorney panel, court preparation and accompaniment</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Abuse Later In Life Program –</th>
<th>Permanent Supportive Housing Services –</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistance for victims 50 and older, individual counseling and support groups</td>
<td>on-site case management at two women-only SROs</td>
</tr>
</tbody>
</table>
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/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 Lancet 2011;378: 1788-95 (Randomized controlled trial to improve IPV response in clinics resulted in increased referrals to advocates).


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).

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)


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...


Stages of Change Model:


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.


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).


Safety Planning:


Safety Planning Computerized Tools:


Lethality and IPV:


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