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- •The presentation will begin promptly at 9 a.m. Pacific Time
- If you are experiencing technical difficulties, email brenda@nfjca.org
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(314) 627-1519 Access Code: 997-797-034 or listen on your computer speakers

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- •To send questions to the presenter during presentation:
 - Click on "Questions" in the toolbar (top right corner)
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- •There will be a Q & A session at the end of the presentation.
- The presentation will be recorded & posted on www.familyjusticecenter.org
- •Please complete the evaluation at the end of the presentation. We value your input.

Your host today:



Melissa Mack
Director of Technical Assistance
FJC Alliance





"Local Services, Global Reach"

Thank you to the US Department of Justice, Office on Violence Against Women for making this training possible!

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Webinar Recording and PowerPoint Presentation Download Reminders

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Please note that registering for today's live webinar training does not sign you up as a member of the FJC Alliance. If you wish to become a member and obtain login credentials, please visit our website at www.FamilyJusticeCenter.org and click on "Get Involved" → "Become a Member". Please allow 24 hours for your application to be reviewed. Once your membership application is approved, you will be notified via email.



Your presenters today:



Donna J. Mathews
Associate Director
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Cindy Cunningham
Director of Legal Services
Domestic Violence Intervention



Lori Aery Gonzalez
Counselor/Intern Coordinator
DVIS/Call Rape



Safety Planning: An Essential Tool

Presented by

Donna Mathews

Cindy Cunningham

Lori Gonzalez

Why Safety Plan

- Safety Planning and contact with Advocates makes a difference
- Victims in only 3.6% of the reviewed cases have had contact with a domestic violence program - Oklahoma Domestic Violence Fatality Review Board 2006 Report

Why Safety Plan

 Expectation – Domestic violence programs and Family Justice Centers are the experts – all expect us to provide these services

Why Safety Plan – cont.

- Requirement Accreditors and Certifying agencies require safety planning
- It's the Right Thing To Do Our clients' lives depend on it

Who is an Advocate?

- Advocates
- Intake Workers
- Counselors
- Chaplains
- Law Enforcement Officers
- Case Managers
- Medical Providers

Everyone who comes in contact with the client has a responsibility to be an advocate. All should Safety Plan with the client

Avon Foundation Safety Planning Video

http://www.youtube.com/watch?v=Q_IL_v_u1xs

SAFETY PLANS

From Safety Planning with Battered Women: Complex Lives/Difficult Choices,

by Jill Davies,

Eleanor Lyon,

Diane Monti-Catania.



SAFETY PLANS

A safety plan consists of:

- An assessment of Danger
- An assessment of options for improving safety
- Identification of possible resources.

SAFETY PLANS

Gathering Information

Understanding the danger a

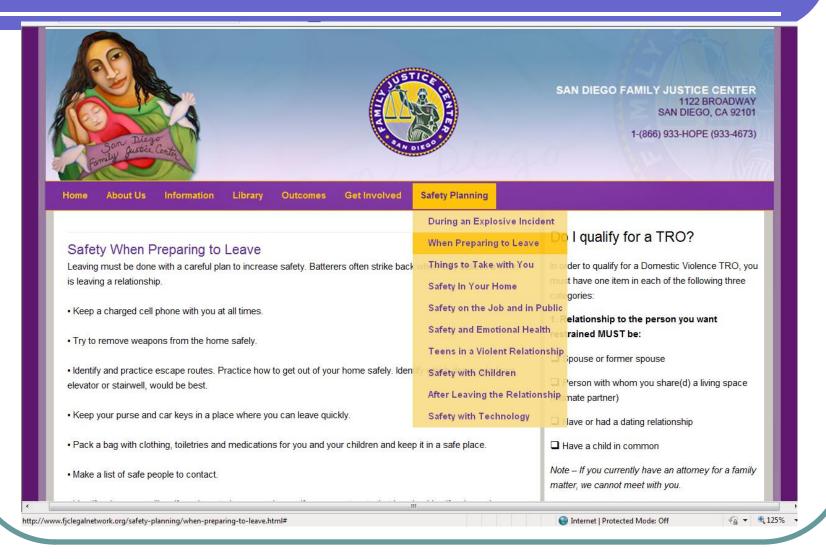
person might be facing

begins with

gathering information.



AVAILABLE SAFETY PLANS



There are three key aspects to gathering information:

Approach each person as a unique individual.

Each person has different issues, realities, information and options.

2) Listen Effectively.

- create a safe place to talk
- start with her concerns, questions, let her tell her story
- communicate simply and effectively by using open ended questions
 - How can I help you?
 - What are you worried about?
 - What do you want to have happen?

2) Listen Effectively (continued).

 Validate what she is saying and show respect for her life, experiences, differences and perspective.

- You are doing a good job of handling this situation.
- I admire your strength.
- What you are trying to do is really hard and you have done a lot already.

3) Understand that a woman's perspective will change.

- As her life situation changes, the safety plan will have to be revised to meet these needs.
- A safety plan is part of an ongoing process to see risks, plan responses, try certain strategies, reevaluate, rethink and try again.

As a part of this ongoing process, work with the client to:

- Identify available and relevant options and resources.
- Analyze these options with the client.
- Develop and implement the refined safety plan.

Enhanced Advocacy

- Provide enhanced advocacy when needed, and in all cases of lifethreatening violence.
- Enhanced advocacy is not a different kind of advocacy; it simply acknowledges that there are circumstances in which advocates must "do more." Enhanced advocacy with safety plans means:

Enhanced Advocacy

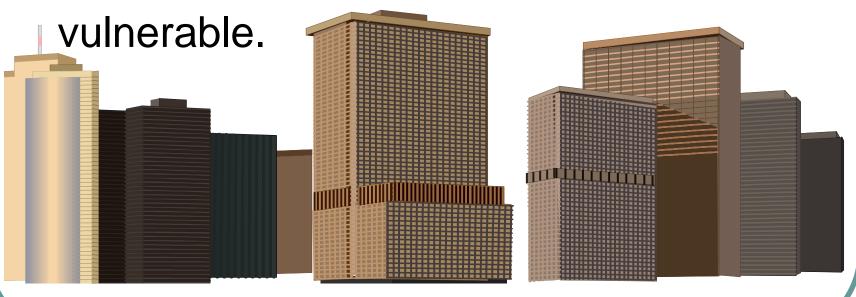
- Taking more time with the client.
- Having more frequent contact with her, if it is safe to do so.
- Making follow-up phone calls or contacts, if it is safe to do so.
- Developing and immediately implementing protection strategies.
- Expediting processes to get resources or responses for the woman.
- Making contacts for referrals directly to ensure a strong, quick connection to another agency's help.
- Developing safety plans with children.

So what does all of this mean in regard to safety planning?

It means that it is necessary to explore with the client their life in relation to both physical and emotional safety issues.



For Example, think about all of the places that our clients go or events that our clients attend that could leave them





Consider for a moment the number of systems that our clients come into contact with everyday that could be distressing.

All of these things we have identified are potentially hazardous to our clients' wellbeing. But how do we safety plan around these things?

To begin with, help the client identify when they may be in physical danger or feel emotionally unsafe. Sometimes they can easily identify potential dangers but not always. By helping clients identify these safety issues, you are modeling skills to live a safe life in the future.

Then ask...



- 1. What would help you feel safer both physically and emotionally?
- 2. What have you done in the past to stay safe?

Our clients have managed to survive their situation prior to their coming into our office both physically and emotionally. Use the skills that they have already honed to create a safety plan.

We have talked about general safety planning and security issues. We have talked about physical and emotional safety. Now it is time to switch thinking about this issue.

An old African proverb states that "it takes a village to raise a child."

This means that our children are not insulated from the community as a whole. They come into contact with many people in their lives and all of those people shape the children into who they will become.

If so, does this mean that it takes a whole community to assure the safety of those touched by violence???



Often times we look at safety planning as a solo event. But we can be more powerful and effective if we view it as a team sport.





Case Study--Elizabeth

A woman comes into your office as a walk-in crisis. She reports being married to her husband for about five years. She reports that her husband was very volatile at the start of their relationship (ie strangulation, held her at gun point etc) but the physical violence has actually decreased over the last couple of months.

The major problem as Elizabeth reports it is an increase in emotional abuse. She reports relentless degrading and demeaning abuse by her husband. She reports that she is done "putting up with his sh@*!" She reports feeling intense anger and has had a couple of violent episodes herself. She reports needing help getting out of home before someone is hurt.

As a solo event, it is important to safety plan around her husbands past violent behavior as well as her increasing anger because her own violence could exacerbate the situation. So anger management as a safety tool needed to be addressed. All of the normal safety issues were addressed (i.e. safety at home, away from home etc.)

Those in the community that could be of assistance were brought in. Elizabeth utilized friends that she could call on when she was becoming angry as well as setting up a code word to be used in the event that the police needed to be called.

She also knew where she wanted to go in order to get away from her abuser so the DV agencies in that area were contacted and resources for the move were used.

What other concerns did you have in regard to this case?

What other kind of things would you include on a safety plan?

Crystal



Case Study--Crystal

Crystal came in as a walk-in crisis due to a sexual assault. She reports being gang raped on her college campus by two men in her class.

During the session, she reports on an extremely abusive relationship with her husband of fifteen years (i.e. torturous behavior, threats to kill etc.).

During her time in counseling, Crystal has determined that she wants to leave her abuser. We have been making plans for her to leave in a safe manner and have managed to get her in touch with local resources. However, two months after she first presents to counseling she discovers that she is pregnant because of the rape.

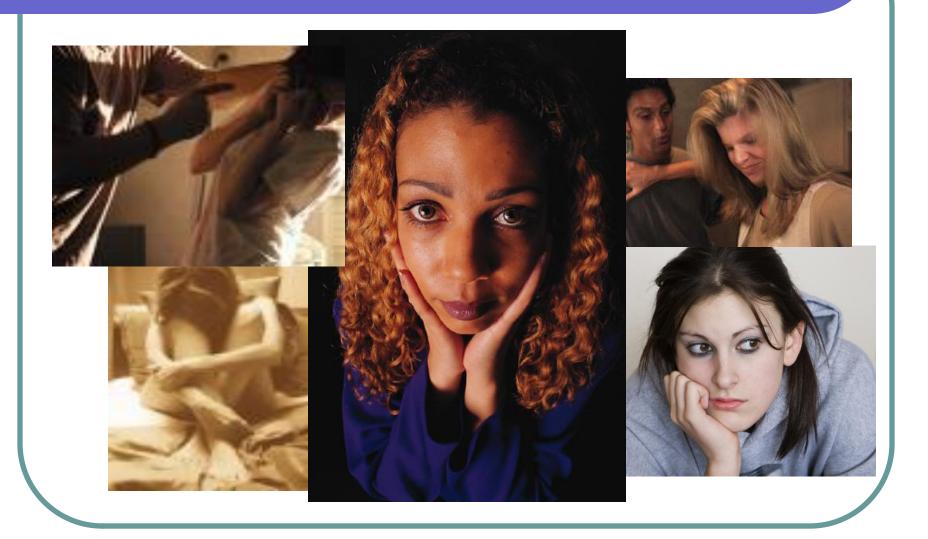
We had been safety planning with Crystal all along. She had created a pass word to use in the event that she needed us to call the police. She had reached out to friends and included them in on her safety plan. Plus all of the other normally seen safety planning conducted one-on-one with a client.

In this case, we contacted a OB-GYN who has worked with us before and she was able to give us some input. Crystal needed medical care but was afraid to use her own doctor so we had our OB-GYN see her and bill it under a normal exam. Crystal was able to cover up her pregnancy until after she left her abuser.

What other concerns did you have in regard to this case?

What other kind of things would you include on a safety plan?

Kelly



Case Study—Kelly

Kelly is a 22 year old female who came in after leaving her abuser. She was in the process of divorcing her husband but also was having to testify against him due to domestic violence charges.

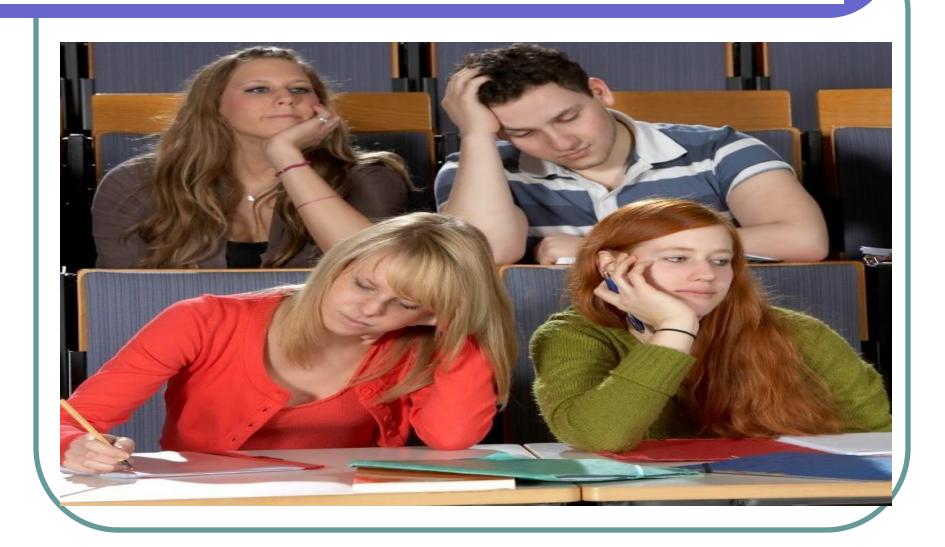
Kelly was intensely afraid of her perpetrator. He was physically violent but was also graphic in his threats (he threatened to kill her as she was walking into the courthouse by gunning her down with a crossbow).

We did all of the normal safety planning with her (ie safety at home, away from home etc). We also discussed physical and emotional safety in the court system.

On Kelly's case we brought in a number of people who could help ensure her safety. We brought in the Sheriff's Department to arrange for escorts to and from the courthouse. We arranged for a safer place for the client to stay at while awaiting trial.

What other concerns did you have in regard to this case?

What other kind of things would you include on a safety plan?



It is easy for safety planning to become a chore or routine that is to be done with every person who comes through out door. It is also easy to use the generated safety plans as a crutch. However, a good safety plan is individualized and can take some creativity to complete.

Remember that domestic violence is a community problem. If you are willing to staff cases and ask others in your agency and outside of your agency, you will be able to provide a more comprehensive safety plan.

Contact Information

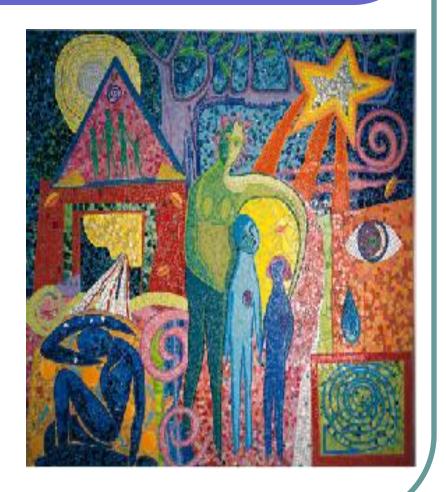
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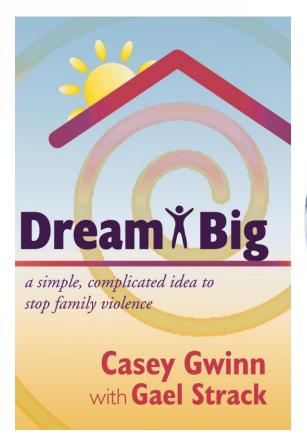
Domestic Violence Intervention Services, Inc. www.dvis.org



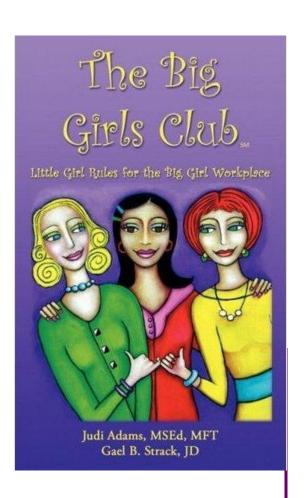
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