

# SAFETY PLANNING WITH SURVIVORS OF DV/IPV FOR MENTAL HEALTH PROVIDERS

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A SAFE PLACE FAMILY JUSTICE CENTER



# AGENDA –

## SAFETY PLANNING WITH SURVIVORS OF DV/IPV FOR MH PROVIDERS

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- Clinical considerations
- Myths about safety planning
- Safety planning for immediate/short-term safety
- Safety planning for long-term safety
- Safety when leaving
- Safety after leaving
- Safety planning with kids

# TRAUMA INFORMED EXPERIENCE

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- Take care of you
- No details of trauma experience will be shared
- Take breaks when you need to, material available online later if you need to come back to it or review
- Concurrent sensory input or keeping your hands busy can help the nervous system stay present and the brain engaged without getting flooded. Feel free to doodle or grab your fidgets 😊
- This training won't address the needs of all survivors because of time constraints, but safety planning should always be done with an **equity lens**. Impacts of oppression create barriers to safety and exacerbate impacts of trauma.

# SCREENING FOR DV/IPV/SA

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## Goals of screening:

- **NOT** necessarily disclosure
- To offer education and resources
- **Support Culture Shift – It's is not ok, is something we care about, something we talk about**

## Real outcomes of screening

- Increased likelihood of use of intervention or exiting abusive relationship
  - In one study women who talked with healthcare providers about abuse were **4 times** more likely to use an intervention and **2.6 times** more likely to exit the abusive relationship (McCloskey et al, 2006)

# TRAUMA INFORMED REPORTING AND INFORMED CONSENT

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- “It’s important for me to let you know that because I am a [professional status] I am a Mandatory Reporter. This means that if you share information with me about abuse or neglect of children under 18, adults over 65, or adults with a disability I may be required to make a report. This can include children witnessing domestic violence. **Although we know reporting laws exist to protect vulnerable populations, we also know that in situations where someone is being controlling or abusive and a report gets made, sometimes risks to safety may increase.** For this reason I will always be very clear about reporting rules so that you can make informed decisions about your safety and information.”



# NO DISCLOSURE, BUT CONCERN PRESENT

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- “If you ever want to talk more with me about this I want you to know this is a safe place to do that. Also, if you would rather talk with someone **anonymously** or who is **not a mandatory reporter** [which I am] I can connect you with an advocate [Name, Agency, is very kind and helpful, hotline you don’t even need to give your name]. We could make that call right now if you’d like.”
- “I have some **materials** here, feel free to take them with you if it is safe for you to do so. You are also welcome to take some **for someone else** who may need help or support.”

**DV is often targeted toward undermining a partner's mental health treatment and recovery**



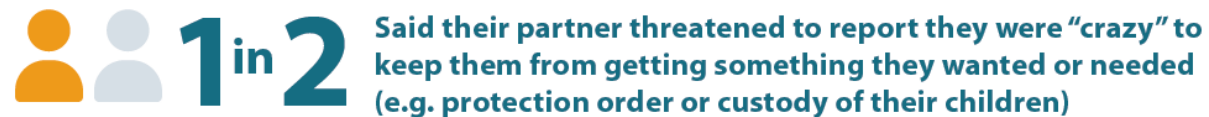
of the 2,733 National Domestic Violence Hotline callers who had sought help for feeling depressed or upset said their partners had tried to prevent or discourage them from getting help or taking prescribed medications.



Said their partner accused them of being "crazy"



Said their partner deliberately did things to make them feel like they were losing their mind



Said their partner threatened to report they were "crazy" to keep them from getting something they wanted or needed (e.g. protection order or custody of their children)

# ASKING ABOUT MENTAL HEALTH COERCION

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- “Domestic violence is much more than physical abuse. Many people say that their partners abuse them emotionally or call them ‘crazy’ or other demeaning names related to their mental health. Many people say that their abusive partners do or say things to intentionally make them feel like they might be ‘going crazy,’ interfere with their treatment or medication, or do things to undermine them with their friends and family, or with other people they might turn to for help. Have you ever experienced anything like that?”
- [http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2018/03/NCDVTMH\\_MHSUCoercionToolkit2018.pdf](http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2018/03/NCDVTMH_MHSUCoercionToolkit2018.pdf)



# PARTNERING WITH DV/SA SERVICES

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- A resource for **you** and **your clients!** Give DV crisis resources just like you give MH crisis resources
- **24 hour phone access** to confidential support [National Domestic Violence Hotline: 800-799-7233, 200+ languages <https://www.thehotline.org/> , Oregon Coalition Against Domestic and Sexual Violence OCADSV <https://www.ocadsv.org/find-help/> ]
- Groups, Advocacy, legal support, safety planning, resources, shelter and housing info
- Advocates are often mobile and may be able to come to meet your client if needed
- Connect with culturally (and linguistically) specific services to best support
- Warm Hand-off is ideal – call together, go together, help plan transportation, parking, describe building, describe process, facilitate introduction meeting

# WARM HAND OFF TO DV/SA 24 HR LINE – IF THEY CONSENT TO CALL

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- I'm really concerned for your safety and I want to make sure you know about this resource – [pick your hotline] has a 24 hr support line and they are really skilled at helping people plan for safety in situations like yours.
- I'm going to call them and give you the chance to talk to them and I will step out of the room to help protect your privacy. Just open the door when you're done and I'll come back in.
- If you don't want to talk to them you don't have to, but I want you to be able to see what it's like to use this resource so you can use it on your own in the future if you need it.
- If they want to talk to the hotline ASK your client if you can give their first name –
- If yes - Hi, My name is [Name, organization] and I'm meeting with someone who I want to connect with you confidentially so they can know about resources that might help with safety and support. Their name is [Client Name], may I put them on the phone? – hand phone to client and step out.

## WARM HAND OFF TO DV/SA 24 HR LINE – IF THEY ARE OPEN TO THE POSSIBILITY BUT DON'T WANT TO CALL THEMSELF

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- If they don't want to talk to the hotline –
- If you don't want to talk to them you don't have to, but I want you to be able to see what it's like to use this resource so you can use it on your own in the future if you need it. I'm going to put it on speaker phone and tell them I have someone in the room but I will NOT give your name or any information about you, and you don't have to say anything.
- Hi, My name is [Name, organization] and I'm meeting with someone who I want to show what it's like to call your hotline so they can feel more comfortable using it if they ever need to. Can I put the phone on speaker and ask you to describe a little bit about what kind of support and services you can offer to folks when they call?

# KEEPING COMPASSION

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Survivors may lie or hide things. They may lie to you. They may make choices that don't make sense, including using substances to manage trauma symptoms, or using violence in response to a partner's violence and controlling behavior. None of those things means they are responsible for someone else's abusive behavior towards them. Everyone deserves to be safe and live a life free of abuse.

If we don't hold space for the feelings of love and concern the survivor may have for the person who is hurting them then we risk alienating the survivor. We can re-focus on our concern for them, and reframe accountability for abusive behavior (believing in capacity to do better) as part of caring respect for a partner.

Compassion for yourself, too! Get support! Consult! It can be hard for providers to see someone stay, go back, or struggle to leave an abusive situation. Remember you are also witnessing resilience!





## AFTER A DISCLOSURE – IF YOU GET A ‘YES’

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- **Safety comes first** – ask survivor how you can support safety planning as they engage in services (appointment location, time, records, connecting to resources)
- Hierarchy of needs – what services will best meet needs at this time?  
Does something need to be addressed first before effective engagement in treatment can happen?
- How flexible can you be with services? Survivors in crisis may need to be late or ‘no-show’ more than some services typically accommodate



# **Victimization by an intimate partner increases one's risk for depression, PTSD, substance use and suicidality**



**PTSD, Major depressive disorder, Self-harm**

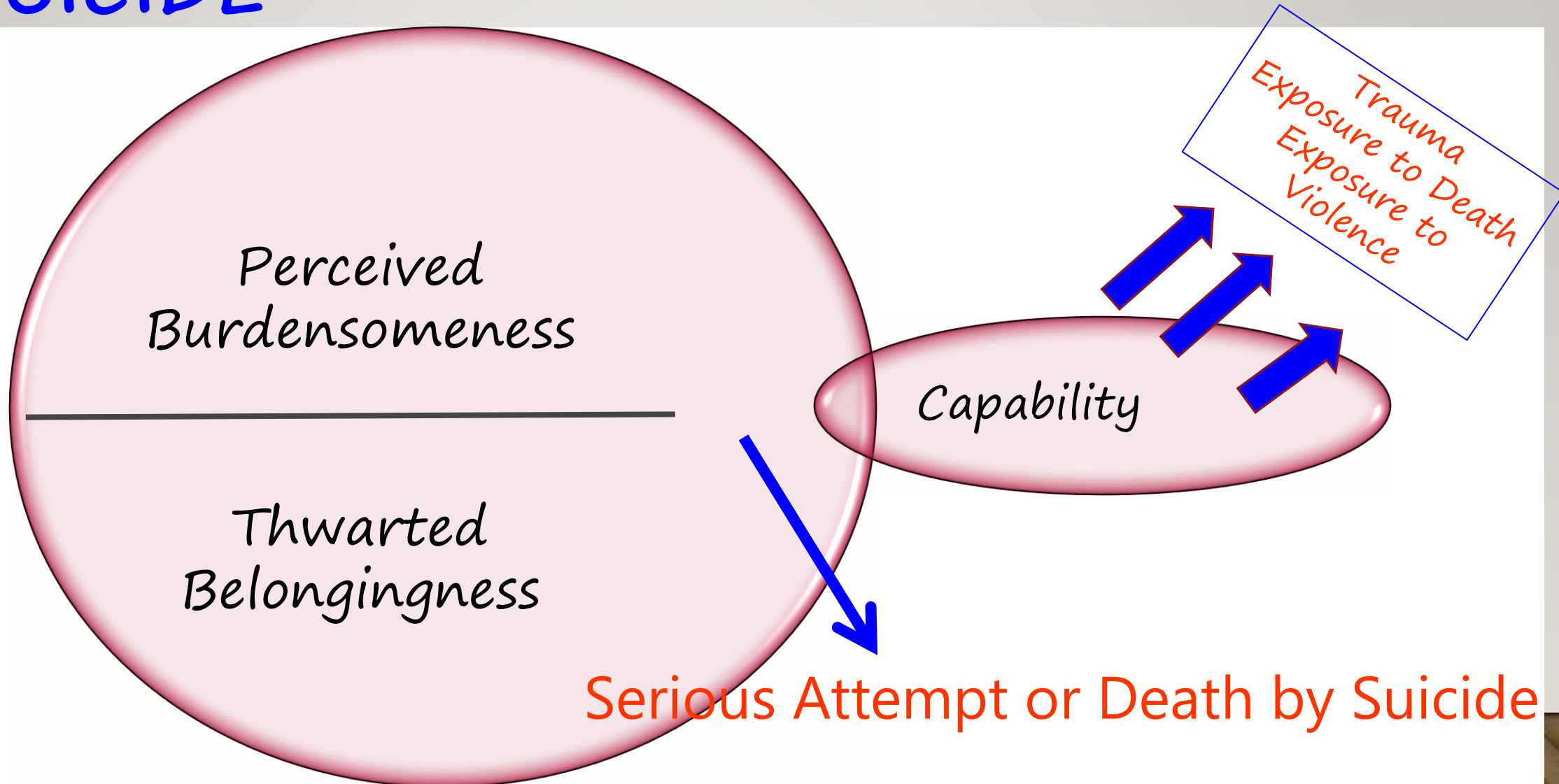


**Suicide attempts**



**Substance use disorder**

# DR. THOMAS JOINER'S "WHY PEOPLE DIE BY SUICIDE"



# MORE SUICIDE PREVENTION TRAINING IS AVAILABLE!

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- **ASIST** – Applied Suicide Intervention Skills Training
- QPR – Question, Persuade Refer (and **QPRT Question, Persuade, Refer, Treat**)
- Mental Health First Aid
- Youth Mental Health First Aid
- Older Adult Mental Health First Aid
- **CALM – Counseling on Access to Lethal Means**
- Safe Talk

Resource for **free** training:

<https://www.gettrainedtohelp.com/en/>

# SOME THINGS MAY INDICATE HIGHER DANGER WITH DV/IPV

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‘Some things may be indicators of potentially higher danger. I don’t know if any of these things are present in your situation (and you don’t have to tell me).’

- Survivor is pregnant, or has children that are not abusive partner’s
- Partner behaving abusively is unemployed and/or using substances
- Partner behaving abusively has access to lethal weapon
- Partner behaving abusively has threatened or attempted to kill survivor
- Partner behaving abusively has threatened/committed self-harm
- Partner behaving abusively has strangled survivor in the past
- Survivor believes partner behaving abusively will kill her
- Partner behaving abusively is stalking survivor



**‘What you’ve shared with me makes me feel very concerned for your safety. People in situations like these have been hurt and even killed. I would like to help you make a plan for your safety and connect you to a confidential Advocate to talk about ways to help increase safety for you’**

# SAFETY PLANNING - MYTHS

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- Shelter and housing are the most requested and LEAST available resources
- Shelters are often full, rarely allow pets, and often require residents be substance-free, which can be barrier for someone struggling with addiction
- Not all situations can get a Restraining Order (act of violence or explicit threat in last 180 days)
- A Restraining Order does NOT always make things safer (partner may respond with escalation)
- It's extremely difficult and a long process to get increased safety or accountability through the legal system, including for parents

**Sometimes staying is the safest option**





# THINK HARM REDUCTION (VS.ABSTINENCE)

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- Respecting **self-determination** is fundamental when working with survivors. The partner behaving abusively may be taking away a lot of their choices, eroding the trust they feel in themselves.
- **Survivors are experts at safety planning!** They have likely already been engaging in ongoing safety planning. You can help build on those strengths.
- They may have to continue to see the person even if they don't want to – e.g. if they have class together or work together, live together or in the same community, have children together

**What could help make you safer in your situation?**



# SAFETY PLANNING – THINK HARM REDUCTION

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- Safety Planning is not about planning an escape, it's about increasing options that could lead to greater safety in any situation
- **Danger increases significantly when leaving or after leaving** (Remember it's about power and control. When abusive partner feels they are losing power and control they may 'up the ante' to try to get it back)
  - Sometimes it may be safer to stay. Leaving may take a long time, a lot of planning, all the stars to align in all the right ways – on average survivors leave 7-9 times before successfully escaping an abusive relationship.



# BEST PRACTICES WITH SURVIVORS - THINGS TO CONSIDER

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- “safety, confidentiality, coercive control, parenting, custody, legal issues, immigration, social support, and economic independence, all of which influence how a survivor is affected by the abuse, her ability to participate in treatment, and her response to treatment” (Warshaw, Sullivan & Rivera, 2013). [http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2013/03/NCDVTMH\\_EBPLitReview2013.pdf](http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2013/03/NCDVTMH_EBPLitReview2013.pdf)
- Safety plan around community violence and barriers related to oppression – racism, sexism, heterosexism, transphobia, xenophobia, ageism, ableism - systems and structural barriers can impact risks and barriers to increasing safety

# BEST PRACTICES WITH SURVIVORS - THINGS TO CONSIDER

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- with ongoing IPV, safety issues include treatment-related issues such as:
  - whether abusive partner is undermining the survivor's mental health, access to treatment, or efforts to achieve recovery;
  - isolating the survivor from sources of support;
  - and/or threatening to use a survivor's participation in treatment to undermine credibility and jeopardize ability to retain custody of children

(Warshaw, Sullivan & Rivera, 2013)



# SHORT-TERM/IMMEDIATE SAFETY PLANNING

HELP THEM MAKE A LIST WITH NUMBERS HANDY (BUT ASK IF SAFE TO KEEP)

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- **Who** can you call? Can someone be available to come pick you up? Or to come stay with you so you will not be alone? Who do you call for action? For support?
  - Family, friend, neighbor, Sponsor, Coworker. Plan how you will contact, silent text? Code word?
- **Where** can you go? For a night or two, even for the day
  - Day time and nighttime options – family or friend's house, hotel, police station, all-night diner, library, park car at church or Walmart parking lot with cameras
  - Safest room in the home is one with 2+ exits. Avoid kitchen, garage, bathroom, car with person behaving abusively
- What can you **pack ahead of time**? Keep a bag in the car, at a neighbor's, nearby family or friend's place, or at work
  - Make a list of necessities, irreplaceable or likely targeted items, extra medications, mobility devices, copies of important documents, back up phone?

<https://www.thehotline.org/plan-for-safety/create-a-safety-plan/>



# SAFETY PLAN AROUND EVENTS

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- Court dates, filing or serving of court paperwork (Protective Orders e.g.)
- Visitation changes, and exchanges
- Anniversary dates
- Expected contact or re-emergence of contact
- Mandatory reports, abuse reports, police reports
- Major life changes that may impact power/control dynamics – pregnancy, major illness, moving, job loss

# ACCESS TO LETHAL MEANS

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- If any suicidality present (for survivor or partner behaving abusively), counsel on access to lethal means – CALM training is a good resource
- Gun safes, gun locks, hiding firearms, moving firearms, give to a friend or family member to hold, turn in to law enforcement if in possession illegally, store ammunition separately
- Protective Orders may include option to request firearms dispossession. If survivor knows the location of guns, officers may remove when serving order
- If survivor chooses firearm for their own protection, encourage same safety measures and safety training – any weapon can be used against survivor and increase risk

Ask survivor what might feel **safe/effective to do vs. risk of retaliation**

Strangulation also indicates much higher lethality risk (blood clot after the fact, damage to brain and organs). Additional training may be available

# LONG TERM SAFETY PLANNING – HELP WITH BUILDING INDEPENDENCE

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- Bank account or savings, money kept with a trusted friend/family
- Build/repair credit, expungements, evictions
- Legal consultation, Protective Order (RO, SO, EPPDAPA)
- Strategy for independent housing, keeping location confidential
- Employment, skills for self-sufficiency
- Increase supports, plan for medical care and insurance coverage, mental health care, DV Advocacy, community supports, groups, friends, crisis lines – **reduce isolation, reduce dependence, and increase help**

# SAFETY WHEN LEAVING

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- Plans B, C, and D – (remember it may take multiple times)
- May need to plan to leave when partner is gone, keep it secret
- Move belongings all at once or over time?
- Skills for Containment, regulating nervous system = (<https://powerandcontrolfilm.com/> Nadine)
- Who can help or be present? Law enforcement serving RO or notify to drive by?
- Where to go, confidential or other safe location
- May have to leave pets or even kids behind. Incredibly difficult decisions.

# SAFETY AFTER LEAVING — DANGER DOES NOT END WITH THE RELATIONSHIP. SAFETY PLANNING MAY BE NECESSARY INDEFINITELY

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- Confidential location? (plan with fam/friends/kids to keep it confidential. Address Confidentiality Program?)
- Cameras, locks, alarms, get creative with the resources you have (in Oregon parents may be able to access TADVS funds from DHS)
- Lock down or limit social media, geo tags and location tracking, pics of where you are, ask friends and family not to post, unfriend or block mutual contacts <https://www.techsafety.org/resources-survivors>
- Vary travel routes to known locations, someone to walk with into and out of work, school, gym, etc.
- Notify neighbor or landlord with photo to recognize ex partner, help watch for vehicle
- Have a plan for if you encounter ex partner in public or if they show up before it happens, plan for different locations, grocery store, work, driving, school, home – ask survivor what they would want to do
- Court processes? Plan ahead for support and safety, legal resources, Advocate to accompany
- Contact or no contact? Ways to limit contact – sometimes maintaining some contact is safer, keep older number and/or get new?
- If they choose to go back, no shame. Just keep encouraging safety planning. Help notice tactics, patterns. Express concerns when present and support self-determination where you can.



# SAFETY PLANNING WITH KIDS

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- 5 safe people
- 5 safe places
- Hiding places and exits in the home
- Talk to kids about staying out of fights or arguments
- Teach kids to call 911 and talk about when to call
- Signal or code word to let them know to start the safety plan, go to neighbor's, call family member or friend, which room in home is safest and where/when to hide
- Provide school w/ copy of Protective Order, custody order or clarify safe contacts to pick up kids





**While exposure to DV can impact children's physical, psychological, and emotional well-being, research consistently shows that attachment to the non-abusive primary caregiver is what is most protective of children's resilience and development.**

# RESOURCES

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- **National Domestic Violence Hotline:** 800-799-7233, 200+ languages, interactive Safety Planning Tool - <https://www.thehotline.org/>
- **Oregon Coalition Against Domestic and Sexual Violence OCADSV** <https://www.ocadsv.org/find-help/>
- **The National Center for Domestic Violence, Trauma & Mental Health**
  - <http://www.nationalcenterdvtraumamh.org/trainingta/resources-for-mental-health-and-substance-use-treatment-and-recovery-support-providers/>
- **Futures Without Violence – Trauma Informed Reporting**  
[http://www.futureswithoutviolence.org/userfiles/file/HealthCare/Trauma\\_Informed\\_Reporting.pdf](http://www.futureswithoutviolence.org/userfiles/file/HealthCare/Trauma_Informed_Reporting.pdf)
- **Love is Respect** <https://www.loveisrespect.org/>
- **International Society for the Study of Trauma and Dissociation** <https://www.isst-d.org/>
- **Trauma Informed Oregon** <https://traumainformedoregon.org/>
- **NNEDV National Network to End Domestic Violence - Technology Safety** <https://www.techsafety.org/resources-survivors>
- **Get Trained to Help free Suicide prevention training – CALM, QPRT, ASIST** - <https://www.gettrainedtohelp.com/en/>

# CONTACT INFO:

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