DANGER ASSESSEMENT AND SAFETY PLANNING

Most of the shelters in Alberta are utilizing Dr. J. Campbell's Danger Assessment (DA) and many frontline workers have been trained in the use of the Danger Assessment. This module will provide a brief overview of the DA and focus on using the DA as a starting point to engage in safety planning with women accessing shelters.

LEARNING OBJECTIVES:

-To become familiar with the Danger Assessment and the implementation of the DA

-To become aware of the many dimensions of safety planning

DANGER ASSESSMENT

The Danger Assessment was developed by Co-investigator Dr. Campbell in consultation with women who had been abused, shelter workers, law enforcement personnel and other clinical experts in the area of domestic abuse. The initial items on the DA were developed from reviewing research studies of intimate partner homicide or serious injury.

The first part of the DA assesses the severity and frequency of abuse by having women complete **a calendar of the past year documenting incidences of abuse**. Women are asked to identify the approximate days when physical abuse has occurred and to rank the severity of the abuse on a 1-5 scale (5 being the most serve – for example - use of a weapon or wounds from a weapon). The use of the calendar is to raise the awareness of women and to reduce the denial and minimization of the abuse that they have experienced.

The second part of the DA is a **20 yes/no questionnaire** about the risk factors associated with intimate partner homicide. Individual shelters will have access to the scoring procedures as well as the scoring interpretations. The interpretations provide a useful starting point to engage in conversations with women about safety planning.

A score of 8 or below indicates a variable danger range. It is imperative to inform women that this level can change rapidly and ask them to watch for other signs of increased danger. Encourage them to believe their own inner feelings.

A score of between 8 and 13 indicates increased danger. Safety planning is absolutely imperative.

A score of between 14 and 17 indicates serve danger. Safety planning is absolutely imperative.

A score of 18 or greater indicates extreme danger. Need to discuss interpretation of the scores

PROTOCOLS FOR ADMINISTERING THE DANGER ASSESSMENT:

-STAFF MUST BE TRAINED IN THE USE OF THE DANGER ASSESSMENT PRIOR TO USING THE DANGER ASSESSMENT

-Before introducing the Danger Assessment spend time checking in with the resident – how is she managing in the shelter? how are her children adjusting?; any questions or concerns.

-Explain the purpose of the use of the Danger Assessment

-Explain the DA will assist you to support her in developing a safety plan that meets her needs

-Explain the use of the calendar – ask the woman to reflect on the past year and use the calendar to document any incidences of abuse. Spend some time explaining the different types of abuse. It is helpful to encourage women to think about special occasions and what was happening in their relationships around these times.

-Once the calendar is completed inform her that many of the questions on the DA are difficult questions and they may bring up painful emotions for her. Explain that you will spend time with her at the end of the assessment to explore the emotions and to support her to return to a more calm state. Also let her know that you will provide her with some ideas around self-soothing for use when the painful memories or emotions surface.

-Explain that it is best if she can answer each question with a yes or no response and that if there is a need for a discussion that there will be time for that at the end of the assessment.

-While asking the resident questions be aware of her body language – noting which questions may be triggering some difficult issues for her.

-When you have completed the assessment check in with the resident to see how she is doing – take some time to do some breathing or other relaxation exercises.

-Let her know that you will need a few minutes to score the assessment and invite her to sit quietly while you do so, provide her with something to read, invite her to take a break to use the washroom, check her children, etc.

-When you have scored the assessment, review the score with her and what the score indicates. Answer any questions she might have.

-If possible begin the process of developing a safety plan with her – if need be, schedule another time to complete the process.

SAFETY PLANNING

A safety plan is an individualized plan that women develop to reduce the risks they and their children face as a result of domestic violence. Safety plans include strategies to reduce the risk of physical violence and other harm caused by an abusive partner as well as strategies to maintain basic human needs such as income, housing, health care, food, child care and education for children (Davis, 1997).

Davis (1997) stresses that "(t)o be effective, safety plans must be comprehensive, meeting basic human needs and providing a life plan, not just strategies to respond to physical violence" (p. 1).

Most shelters will have copies of safety plans outlining specific actions to take depending on women's situations. For example: safety when leaving an abusive relationship, safety if living with an abusive partner,

safety at work, keeping children safe, legal responses for keeping safe, safety after leaving an abusive relationship. **These safety plans can be useful resources but they should always be used as part of a dialogue with individual women**. **The development of a safety plan is a process which involves building a partnership with each woman**. Parkes (2007) states "that survivors and anti-violence workers with extensive experience in safety planning advise that documents listing options for safety planning **SHOULD NOT** be used as checklists to be reviewed with a survivor" (p143). Written safety plans are tools used to assist you to work with women in developing individual plans.

It is important to review with each woman her past and present safety plans. What she has done in the past and how did it work? What would she do differently? Work with her to strengthen her plan. Help her identify available and relevant options and resources. Help her assess each of these options and then develop and implement the safety plan.

Parkes (2007) points out the risks associated with the use of safety planning checklists used in isolation without engaging women in dialogues:

- Women may decide that the worker is the expert because they have all of the answers and as a result some women may doubt their own instincts and experiences.
- Women may decide the worker is not likely to be helpful to them because their situation does not fit the checklist.
- Women may decide that worker is not aware of the context of their lives and there not credible.
- Women may feel that that they are not being treated like unique individuals with unique experiences.

Parkes suggests keeping "the safety planning checklist in your head as you engage in conversations with a woman about safety planning. Then refer back to the checklist to see if there is anything important that you have forgotten. This creates a more flexible and relational approach, while making sure everything important is considered and addressed" (p. 144).

Parkes (2007) suggests considering the following before you start a safety assessment and safety planning session with a woman:

- Discuss the purpose of the safety assessment and see if she wishes to participate
- Clarify with each woman that her choices are important. It is her choice whether she has a safety plan or not.
- Provide emotional support during and after the safety planning process
- Explain the confidentiality of the information as well as the limits to confidentiality if not done so previously.
- Collect only the information you need to plan for the woman's safety.

Provide choices about whether the safety plan is written down. If the woman is taking her plan with her, discuss how she will keep it safe from the abusive individual.

Davis, Lyon & Monti-Catania (1998) recommend utilizing "women-defined advocacy" to assist women to develop individual safety plans. Davis et al stress that the advocate (frontline counsellor) must view herself as the resource. They state advocates (frontline counsellors) must:

- Listen
- Spend some time creating a safe place to talk

- Ask open ended questions
- Validate the woman's experiences and feelings
- Avoid jargon
- Beware of the woman's assessment of you, the frontline counsellor: does she trust you? Is she comfortable with you?
- **Identify the batterer-generated risks (**Davis, 1997). Davis stresses that physical violence is only one way that an abusive individual uses to control their partners. An abusive individual's controlling behaviour may also cause risk to the children, psychological harm and the loss of housing, health care, employment and current standard of living. A woman will face one set of "batterer-generated risks" if she remains in the relationship and a different set if she stays. Leaving a relationship does not guarantee safety. Leaving may create new risks. Questions a woman may ask are: Should I stay and risk the violence? Am I going to be able to support myself and the children? If I leave will the children be safe when they visit their father? If I leave do I risk losing my children in a custody battle?
- **Identify the life-generated risks.** What are the effects of those risks on her? How could the abusive individual use those risks to further harm her? Examples include: health concerns, poverty, discrimination. According to Davis, these risks are an important consideration in an abused woman's decision making and sometimes abusive partners will use them to gain further control. She stresses that safety plans must involve addressing these risks.

THROUGH HER EYES

Joan struggles financially. She has very little education and has had a very minimal work history. She has a number of health issues and takes a number of prescription medications. She works part time as a waitress and leaves her infant daughter with a friend while she works. Joan's partner accuses her of sleeping with the boss and increasingly becomes physically abusive. Joan wants to leave her partner and knows that she needs to keep her job. If she leaves the relationship she will face greater poverty. A safety plan will need to help Joan address not only issues related to physical safety but also look at how she is going to be able to manage financially as well as strategies for maintaining her employment. Presently she and her daughter are covered under her husband's health plan – how will she be able to address her own health issues as well as her daughter's. She also needs information and support regarding issues of child custody, access as well as child support.

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Examples of safety plans can by accessing the following websites:

Shelternet – www.shelternet.ca. Safety plan in the following languages: English, French, Spanish, Polish, Portuguese, Vietnamese, Chinese, Arabic, Farsi, Punjabi.

Rosenet www.**rosenet**-ca.org/.

Safety from Domestic Violence: A resource manual for service providers. www.calgary.ca/docgallery/bu/community/plena_resource_manual.pdf.

SAFETY PLANNING WITH WOMEN USING SUBSTANCES:

Parkes (2007) stresses the need to focus on violence issues when safety planning and then add on mental health and substance use issues when appropriate to do so. Parkes suggests that in order to effectively safety plan with women who use substances, we need to understand the context of their lives and the interrelatedness of the violence and the use of substance. She outlines the following points that illustrate the interconnectedness of violence and substance use:

- Many substance-using women who are in abusive relationships were introduced to drugs by their partners. The partners then manipulate the women's substance use to gain and maintain power and control over them.
- Many women with substance use problems began using substances that were prescribed by their doctors.
- Alcohol and drugs use by the abusive individual or by the woman, is associated with greater severity of injuries and as well as increased lethality.
- For IV drug users there may be risks associated with their partners using their drug use to abuse them by:
    - Forcing women to trade sex for drugs and/or money
    - Managing the woman's drug supply
    - Shooting up for the woman
    - Deliberately using dirty needles
- A woman may be dependent on her abuser for access to drugs and this may prevent her from leaving the relationship.
- The addiction may make it difficult for a woman to access services to support her in leaving.
- Service providers may view these women as having less credibility and this may in turn reduce the level of supports that they receive.
- The impact of a chaotic lifestyle may also create challenges for some women.
- Women in violent relationships who have substance use problems often believe that their use of a substance means the violence against them is deserved.
- Active and regular substance use makes it more difficult to leave an abusive situation or to heal from past abuse.

- For a woman experiencing violence, substance use treatment may be viewed as less important than keeping safe.

- Women who use substance may be less likely to seek assistance or contact police for fear of arrest or child welfare involvement.

- A woman may fear that she will not be believed if she talks about the abuse.

- If she is in recovery, a woman may fear relapse if she leaves to face an unknown future.

The reality is that stopping using substances does not ensure safety. At times, recovery results in more danger for women. The abusive partner may find that he is less able to control his partner when she is in recovery and he may then try new means of control and may attempt to sabotage treatment efforts. When women are under the influence of substances, they are less able to accurately assess their level of risk and their judgments may be impaired. Women may think that they have more power than they actually do and mistakenly believe that they can protect themselves during a physical incident. Women using substances will often have greater difficulties remembering a safety plan and therefore not be able to engage in actions promoting their safety.

"Critical to supporting women with substance use problems is reducing shame about having a problem, promoting understanding of substance use and its risks, as well as eliciting hope that change is possible" (Poole & Coalescing on Women and Substance Use Virtual Community, Information Sheet 3, 2007).

A THREAD FOR YOUR TAPESTRY OF INTERVENTIONS

SAFETY PLANNING WITH WOMEN WHO HAVE SUBSTANCE USE ISSUES IN ADDITION TO DOMESTIC VIOLENCE ISSUES.

Have discussions with her about her substance use and explore with her how the use impacts her and what she needs to stay as safe as possible.

It is also important to explore how her partner's use of substances has/is impacting her safety.

You might also ask her questions about the context of her use and how this impacts her safety. For example questions like "Where do you most often use?" "Who do you usually use with?" "How does this impact your safety?" You can explore with her the choices she has. "Who can you call to help you if things start to escalate?" "Is there a safer place to drink?"

It is helpful to assist women understand the connection between their use and their ability to keep themselves safe. Some women are open to look at abstaining as a means of creating more safety for themselves while others may be willing to look at safer ways to use.

You can explore with individual women what triggers their need to use. You can then help them look at other actions that they can engage in when they feel the urge to use.
If a woman is ready to work on abstaining you can refer her for treatment and ask for permission to speak to the addictions counsellor in order that the safety plan that you have developed with the woman can be shared with the addictions counsellor.

SAFETY PLANNING WITH WOMEN WHO HAVE MENTAL HEALTH ISSUES

Mental health issues such as depression, suicide attempts, self-harm, Post Traumatic Stress Disorder are common symptoms of abuse and also need to be explored as part of the safety planning process. Mental health issues are essential to explore because at times the psychological impact of abuse can result in the development of mental health problems that interfere with women's decision making. As well, pre-existing mental health issues often are intensified by abuse (Parkes, 2007).

Parkes explains that an abusive individual may attempt to use a woman's mental health to exploit her in the following ways:

- Humiliate her by telling others of her mental health diagnosis
- Minimize or deny abuse by telling the woman that she is imagining it
- Threaten to have her institutionalized if she reports abuse
- Prevent a woman from getting help for her symptoms
- Keep medications from her, give her too much medication, demand that she take medication
- Take advantage of the changes in her symptoms and moods; for example- encouraging negative emotions or suicidal thoughts
- Threaten to take her children and tell child welfare about her illness
- Give incorrect information to medical or psychiatric professionals that could result in an incorrect diagnosis and/or the prescribing of incorrect medication.
- Convince her that she will never be in another relationship because of her mental health difficulties
- Claim that she is an unfit mother because of her mental health issues
- Minimize her credibility to others

All of the above are important implications to consider when working with women with mental health issues.

A THREAD FOR YOUR TAPESTRY OF INTERVENTIONS

ADDITIONAL TIPS FOR SAFETY PLANNING WITH WOMEN WHO HAVE SUBSTANCE ABUSE AND/OR MENTAL HEALTH ISSUES

Parkes cites the work of the Victoria Women's Sexual Assault Center and the work of Najavits (2002) in suggesting the following ways of helping women to keep safe and prevent relapse either into substance use or experiencing mental health symptoms:

-Help women to recognize the warning signs of building distress; assist women to know their triggers for using as well as things that trigger trauma responses

-Work with women to begin to detach from unsafe people and move towards connecting to safe, supportive people and safe activities.

-Teach women strategies to help with self-soothing as well as tools to manage stress

-Help women identify key safe people who may be available in times of distress; teach women techniques for staying in the present and focused on the here and now.

-Helping women develop strategies for containment and achieving internal safety is paramount in managing intense feelings. Parkes suggests that "creating a sense of safety and containment involves three components" including: developing a container, developing a safe place or natural state of calmness and grounding techniques (p. 154).

-It is also helpful to list emergency contact numbers for mental health resources and encourage women to keep these numbers in a safe, easily accessible location. It is also important to help women to identify action plans that will maintain their safety if they are unable to connect with supportive individuals.

Safety planning is a complex, dynamic process. It is essential that safety planning is completed in collaboration with women encouraging them to critically look at their situations and to assess what they need to do in order to keep themselves safer.

SAFETY CONSIDERATIONS WHEN A WOMAN IS IN A PSYCHOTIC STATE

Parkes (2007) outlines some signs that may indicate that a woman may be experiencing a psychotic state:

- Withdrawal and loss of interest in the external world
- Loss of energy and motivation
- Problems with memory and concentration
- Deteriorating ability to manage work, study or family life
- Lack of attention to personal hygiene
- Confused speech or difficulty communicating
- Lack of emotional response or inappropriate emotions
- General suspiciousness
- Sleep or appetite disturbances
- Unusual behaviours

Parkes stresses that any of these behaviours may also be due to experiencing intimate partner violence. She states that psychosis is usually only diagnosed if individuals experience distress in addition to hearing voices

or experiences the voices telling them to do things they would not normally do. Parkes says that for anyone experiencing voices or hallucinations, they are very real to them. It is important to check out how the woman herself perceives the voices she is hearing. According to Parkes, listening to the woman in a nonjudgmental, empathetic manner is extremely important. She also provides the following suggestions when working with women who are hearing voices:

A THREAD FOR YOUR TAPESTRY OF INTERVENTIONS

SAFETY WITH WOMEN WHO ARE HEARING VOICES

Avoid either confirming or denying a woman's experiences – focus on accepting the experience as real for her.

Normalize and validate her experiences whenever possible – "That must feel very scary. How are you managing to cope?" "You appear to be under a lot of stress. No wonder you are feeling overwhelmed."

Find out what the voices mean to her. "What role are they playing in her life at this time?" Provide opportunities for women to talk and reflect on their experiences in a calm, supportive and non-judgmental atmosphere.

Acknowledge the resulting emotions – even though it may not be possible to explore what the experiences mean to her. Is she sad, angry, disappointed, scared? There may be a connection between her history, her current situation and the voices or delusions.

Help the woman to develop strategies to reduce her fear and to increase her coping strategies and her ability to problem solve. By helping her focus on practical details you may be able to assist the woman by bringing her back to the present. Invite her to focus on practical details that will increase the probability that she will be safe.

Help the woman to focus on her basic needs. Ask her about her medications, eating, and supports.

If she is connected to a mental health therapist encourage her to make an appointment. If she does not have mental health support, check to see if she is willing to be referred to see someone.

If possible develop relationships with mental health resources in the community that can provide support to you in your work as well as be willing to see women accessing the shelter who may be experiencing psychosis or delusional behaviours.

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