

# Safety Planning for Persons with Disabilities

Advocate Guide



safety first initiative

Prepared By:



safety first initiative

**Rose Brooks Center**

P.O. Box 320599  
Kansas City, MO 64321-0599  
P 816.523.5550  
[www.rosebrooks.org](http://www.rosebrooks.org)

**Metropolitan Organization to Counter Sexual Assault (MOCSA)**

3100 Broadway, Suite 400  
Kansas City, MO 64111  
P 816.931.4527  
[www.mocsa.org](http://www.mocsa.org)

**Institute for Human Development**

University of Missouri--Kansas City  
2220 Holmes, Third Floor  
Kansas City, MO 64108  
P 816.235.1770  
TTY 800.452.1185  
[www.ihd.umkc.edu](http://www.ihd.umkc.edu)

This project was supported by Grant No. 2006-FW-AX-K014 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

# Acknowledgements

The Safety First Initiative would like to acknowledge the women who served on the Safety Planning Work Group. Their input and advice as we worked together to develop this guide was invaluable. Thank you also to our collaborative partners who served as reviewers and work group members.

The support, insight, and technical assistance provided by the Office on Violence Against Women and the Vera Institute for Justice contributed greatly to the development of this guide.

## **Graphic Design**

Alligator Design + Communications  
[www.designthatsnaps.com](http://www.designthatsnaps.com)

# Work Group

---

Jill Bleything, Bridge Program Director, Rose Brooks Center

Hazeline Clay, Community Member

Lisa Fleming, Chief Operating Officer, Rose Brooks Center

Ronda Jenson, Director of Research, UMKC-Institute for Human Development

Alison Jones-Lockwood, Director of Advocacy & Outreach Services, MOCSA

Kelly Knosby, Community Member

Tina Malinowski, Community Education Specialist, Rose Brooks Center

Sarah McCoy-Harms, Project Director: Safety First Initiative, MOCSA

Megan Peterson, Advocacy & Outreach Specialist, MOCSA

Stacie Williams, Consumer Advocacy & Family Support,  
UMKC-Institute for Human Development

# Reviewers

---

Carl Calkins, Director, UMKC-Institute for Human Development

Jessica Funk, Volunteer Coordinator, MOCSA

Kim Goering, Therapist, MOCSA

Susan Jones, Director of Audit & Compliance,  
Jackson County Community Mental Health Fund

Reinhard Mabry, President & CEO, Alphapointe Association for the Blind

Susan Miller, Chief Executive Officer, Rose Brooks Center

Palle Rilinger, President & CEO, MOCSA



# Contents

---

<b>Acknowledgements</b> .....	<b>3</b>
<b>Introduction</b> .....	<b>6</b>
<b>Section 1</b> .....	<b>9</b>
Beliefs and Values	
<b>Section 2</b> .....	<b>11</b>
Dynamics of Domestic and Sexual Violence for Persons with Disabilities	
<b>Section 3</b> .....	<b>14</b>
Tips On How and When to Use a Safety Plan	
<b>Section 4</b> .....	<b>20</b>
Safety Plan Template, Resources, Glossary, References	



# Introduction

---

No one can control another person's violence. Because survivors of domestic or sexual violence do not cause abuse to happen, they can not stop the abuse. However, there are things they can do to stay safer when an abusive person puts them in danger. The act of planning for safety helps survivors think through possible dangers in a variety of situations and have a plan in mind about what to do when their physical and/or emotional safety is threatened.

A safety plan is just what it sounds like. It is a plan that you have in your head or that you have written down on paper. Some safety plans can be very simple and have just a few things in it, while others can look at many situations the person may find themselves in with an abuser.

This guide covers the core beliefs and values for helping survivors with disabilities plan for safety, tips on how and when to use a safety plan for a variety of situations experienced by a survivor, and, a safety plan template with local resources for support and safety.

## Training

It is important to understand how power and control tactics may be different for persons with disabilities. Planning for safety must address these differences. Equally important is to have training from an experienced domestic or sexual violence advocate on the use of this guide and safety plan template. If you would like to receive training or learn how to partner with a local domestic or sexual violence agency, call: Rose Brooks Center at 816-523-5550 or MOCSA at 816-931-4527.

## About the Authors

The authors of this Advocate Guide to Safety Planning are the partners in the Safety First Initiative-Kansas City Collaborative. They include the Metropolitan Organization to Counter Sexual Assault (MOCSA), an area leader in sexual assault services. MOCSA provides counseling, advocacy, intervention, education and prevention services designed to lessen the ill effects of sexual assault and violence. Rose Brooks Center, a leader in domestic violence services, provides preventive programming, supportive services, crisis intervention, and shelter for women and children. Lastly, the UMKC-Institute for Human Development, a University Center for Excellence in Developmental Disabilities, provides applied research and training, and technical assistance for people, agencies, and the community.





---

## safety first initiative

In October 2006, the Safety First Initiative was funded by the Department of Justice, Office on Violence Against Women. This Kansas City Collaborative is a partnership between a Kansas City leader in sexual assault services (the Metropolitan Organization to Counter Sexual Assault), a leader in domestic violence services (Rose Brooks Center), and a leader in disability services, the University Center for Excellence in Developmental Disabilities (Institute for Human Development). The vision of the Safety First Initiative is:

---

*“To change the mindset in the Kansas City metropolitan area resulting in a sustained collaborative response that provides culturally competent, respectful, accessible, empowerment based services to women with disabilities who are victims/survivors of violence.”*

---

The mission of the project is to enhance the capacity of service providers and improve the coordination of supports and services for women with disabilities who are victims/survivors of violence in the Kansas City, Missouri metropolitan area. The Safety First Initiative is a three-year, grant-funded project with technical assistance provided by the Vera Institute of Justice.

### Development of the Advocate Guide

In Summer 2008, the Kansas City Collaborative developed a strategic plan for guiding future work. The overarching assumption was that all Safety First activities should promote sustainable systems change with focus on changing organizational culture and fostering change in both victim services and disability services. Also, women with disabilities should be involved at all levels of work. The strategic plan focuses work in the three following areas.

1. Developing universal design policies and procedures that promote universal design and responsiveness within the collaborative partner agencies
2. Expanding safety planning processes and resources to better address the needs of survivors with disabilities
3. Developing relationships and linkages between victim service providers and disability service providers



---

This *Advocate Guide to Safety Planning* was developed as part of the second strategic plan focus area. The process of developing the Guide followed a series of steps to ensure the involvement across agencies and women with disabilities.

**Step 1:** We convened a workgroup comprised of representatives of each Collaborative agency and women with disabilities. The workgroup included 2-3 individuals from each Collaborative agency and three women with disabilities.

**Step 2:** We conducted cross training among work group members including an overview of safety planning for domestic violence, safety planning for sexual violence, the dynamics of domestic and sexual violence and the challenges and experiences of domestic and sexual violence survivors with disabilities. Interwoven throughout each meeting, the work group members identified issues of accessibility and responsiveness of victim service and disability service providers that could promote or deter survivors' plans for safety.

**Step 3:** We conducted an extensive review of existing safety planning tools developed for women with disabilities and the corresponding literature to gain a better understanding of the unique dynamics experienced by women with disabilities; how technology and assisted devices can be used to support or harm women with disabilities and to identify best practice protocol for safety planning.

**Step 4:** Work group members participated in regional and national trainings related to enhancing services for women with disabilities, accessibility and how technology and assistive devices can be used to help or harm women with disabilities.

**Step 5:** As a workgroup, we compiled specific strategies for safety planning from each of the existing tools and literature, training materials, consultation from the Vera Institute of Justice, and recommendations from women with disabilities and advocates.

**Step 6:** The overarching philosophy and conceptualization of the Advocate Guide to Safety Planning was presented to a group of 12 stakeholders, representative of community agencies and organizations.

**Step 7:** Members of the stakeholders group reviewed a draft of the Advocate Guide and provided recommended revisions.

**Step 8:** Once final revisions were completed, the Safety Plan Work Group submitted the Advocate Guide to the Office on Violence Against Women for review and approval.





# 1 Beliefs & Values

---

## Empowerment

Helping survivors of domestic or sexual violence plan for safety must reflect a model of empowerment. Empowerment through advocacy is accomplished by respecting confidentiality, believing and affirming the survivor's experiences, acknowledging the injustice of the abuse, helping to assess danger, promoting access to community services, and helping plan for future safety.

Anyone seeking to help survivors of domestic or sexual violence must encourage and respect the choices the survivor makes. This philosophy is communicated by advocates to survivors through these key messages:

- You are the expert in your life;
- You have the right to make your own decisions;
- You deserve our understanding, concrete information, support and resources to make changes.

## Communication

### Be open to different ways of communicating.

Talking to an individual with a disability is, for the most part, like talking to anyone else. No one wants to be talked at, talked down to, or spend time trying to understand what is being said to them because the speaker is using language that cannot be easily understood by all. Being open to different ways of communication means taking that person's needs into consideration. It means being respectful of the person when you are talking and listening. What follows is a list of suggestions to follow in terms of communicating with people with disabilities (and with anyone).

- **People First Language:** People First Language puts the person before the disability, and it describes what a person has, not who a person is. The basic idea is to replace, e.g., "disabled people" with "people with disabilities", "deaf people" with "people who are deaf" or "individuals who are deaf", etc., thus emphasizing that they are people first (hence the concept's name) and anything else second. Further, the concept favors the use of "having" rather than "being", e.g. "she has a learning disability" instead of "she is learning-disabled".
- **Gender neutral language:** Gender neutral language may seem unnecessary to some writers or speakers, but it is another way to make sure that all language and communication is inclusive. For example, gender neutral language that does not refer specifically to "he" or "she" might be used in order that people will not think a particular service is only for women or men and does not relate to them.
- **Plain language:** Plain English is clear, straightforward expression, using only as many words as are necessary. It is language that avoids obscurity, jargon, overly large words, and complicated sentence construction. It is not baby talk, nor is it a simplified version of the English language. Writers and speakers of plain English let their audience concentrate on the message instead of being distracted by complicated language. They make sure that their audience understands the message easily.



- 
- **Use language to describe things that the survivor will be familiar with:** Most importantly, be aware that not every survivor will use the word abuser or batterer. When possible, it is helpful to refer to the person (who may be the batterer) by first name. Always remain consistent with the words you use to describe the situation, incident, or person who has perpetrated the crime. Make sure those words are understood by the survivor.
  - **Be open to different ways of communicating:** People communicate in many ways besides verbally. Such means might include: written, spoken, pictures, assistive communication technology modes of communication.
  - **Be mindful of the pace at which you speak:** There may be times when you may need to slow your pace down to give the individual time to process. There may also be times when you need to ask an individual to repeat themselves, or to slow their pace down so you may understand and that is perfectly acceptable.

## Safety is Paramount

Safety must be the fundamental guiding principle in any and all efforts to help survivors of domestic and sexual violence. The risks a survivor faces when seeking help must be taken into account. The reality is that the risk of danger is greater when survivors leave an abusive relationship. There may be serious unintended consequences for survivors if interviews are not based on safety and the survivor's assessment of the situation.

## Confidentiality and Informed Consent

All conversations with survivors must be kept confidential and be started in private to build trust and to ensure safety. Survivors of domestic and sexual violence have the right to decide their own definition of protection and safety. The decision to report abuse to adult protective services or law enforcement should be theirs to make.

However, agency policy or professional licensure may mandate staff to report disclosures about abuse. If this is the case, inform survivors of mandated reporting requirements before safety planning discussion begins and offer the help of someone who has less strict requirements around mandated reporting.

## Use What a Survivor Already Knows

A survivor probably knows more about planning for safety than you might realize. Being in a relationship with an abusive person and surviving takes a lot of skill and resourcefulness. Find out what has and has not helped the survivor in the past. Incorporate those strategies with strategies in this guide.



# 2 Dynamics

## of Domestic & Sexual Violence for Persons with Disabilities

### Definitions

There are many words to describe someone who commits domestic or sexual violence. For the purposes of this guide, the word **abuser** is used. The general definitions of domestic and sexual violence apply to the safety planning strategies.

While general definitions remain consistent with existing practice, effective response to persons with disabilities requires victim service providers to expand their definition of domestic and sexual violence. The working definition of “abuser” for this document includes spouses, partners, boyfriends, girlfriends, as well as family members, friends, acquaintances, roommates and other persons who provide care.

***Domestic violence** is a pattern of assaultive and coercive behaviors that adults or adolescents use against their current and former intimate partners. ([www.mocadsv.org](http://www.mocadsv.org))*

***Sexual assault** is any sexual act, up to and including rape, without a person’s consent. Sexual assault is an umbrella term and can include: unwanted touching/fondling, oral, anal, and/or vaginal penetration. A person who is overcome by force or fear, who is unconscious or physically powerless, who may not be capable of giving consent or who is under the influence of alcohol and/or drugs is not able to give consent to sex. Legal definitions related to sexual assault vary by jurisdiction.*

### Prevalence of Violence Against Persons with Disabilities

Research indicates that people with disabilities face increased risks for violence compared to people without disabilities.

- Women with developmental disabilities are four to ten times more likely than women without disabilities to be sexually assaulted and they are at greater risk for repeat victimization (Sobsey et al 1995).
- More than one-fourth of persons with severe mental health issues were victims of a violent crime in the past year--a rate more than 11 times that of the general population (Teplin et al).
- A study found that 53% of women with physical disabilities reported having been sexually abused (Powers 2002).
- The vast majority--97% of abusers--are known by the victim who has an intellectual disability. Of those, 32% were family members or acquaintances and 44% had a relationship with the victim/survivor specifically related to the person’s disability such as a residential care staff, a provider for transportation or personal care (Baladerian 1991).

Most often the abuser is someone the victim knows well. Survivors with disabilities often have experienced multiple victimizations, and the abuse is longer in duration compared to survivors without disabilities.



---

## Power and Control Dynamics

There are unique power and control dynamics experienced by persons with disabilities. Abusers may target people with disabilities because they perceive them as more isolated and more easily coerced into trusting someone. Abusers may assume these survivors would not report the violence to others or may not be believed, even if this is not true. Some abusers use power and control tactics that expressly target persons with disabilities by:

- Becoming a relied-upon, or primary caregiver before the assault and then exerting power as a caregiver:
  - o Taking advantage of caregiver privilege—many persons with cognitive disabilities have been taught to comply with authority and caregivers at all times;
  - o Providing care in a way that accentuates the person’s dependency and vulnerabilities;
  - o Denying the right to privacy;
  - o Ignoring, discouraging or prohibiting the exercise of full capacities.
- “Grooming” for abuse by testing boundaries of the person over a period of time.
- Exploiting a trusting nature.
- Taking advantage of the person’s lack of sexual education or knowledge.
- Breaking or stealing adaptive equipment as a way to increase barriers to independence and daily living or ability to call for help.
- Limiting access to, tampering with, or destroying communication devices as a way to create physical or emotional isolation, prevent success in work/school; limit/prevent communication with others (especially police, counselors, advocates) and to retaliate, frighten or punish.
- Attacking before the person can sense what is coming.
- Threatening, injuring or scaring away the service animal.
- Giving drugs without person’s knowledge, forcing drugs or medication, or giving more or less than what has prescribed.
- Claiming the injuries were related somehow to the disability.
- Preventing the person from reporting any troubles through coercion, threats or force.
- Taking advantage of the lack of access to accommodations at places the person may want to seek help (police, shelters, medical facilities, etc.)
- Exploiting the fact that the person will likely not be believed by a police officer or court even if she/he does report.

Historically, the sexual rights of people with cognitive disabilities have been denied and suppressed. Until recently, forced sterilization, segregation of males/females, and policies and procedures that violate basic rights to privacy and sexual expression were commonplace. Now, with the self-advocacy movement, things are changing. People with disabilities have the same rights to information and needs as everyone else when it comes to sexuality. As an advocate, it may be important to address the issue of guilt with some survivors who have been given limited information about their bodies and sexual contact. Guilt is often amplified by misinformation from parents and others about sexuality, relationships, and/or abuse.



---

## Safety Risks and Barriers for Victims of Domestic Violence

Persons experiencing domestic and sexual violence face many challenges and safety risks whether they decide to stay, leave or return to an abusive relationship. Often, choosing to stay keeps survivors and their children safer. It is important to recognize leaving may be a long process in which the person continually considers options, challenges and safety risks.

Those unfamiliar with the dynamics of domestic violence often question why someone who is being abused does not leave. **Fear** is one of the most compelling reasons for staying.

### Reasons for staying may include:

- Threats that of being killed after leaving:
  - 3 out of 4 females murdered by their intimate partners had been stalked by the offender at least once in the year prior to the murder (McFarlane, 1999)
  - A woman's risk of being killed goes up 75% when she leaves the relationship or has left (Campbell et al., 2007)
- Past violence has taught the person that threats often result in violence
- Fear children may be harmed if abuser gets custody or visitation
- Fear of retaliation if help sought
- Fear family and friends will be hurt or killed

Along with the safety risks, survivors experience a wide range of challenges and barriers to seeking help or leaving an abusive relationship:

- Economic dependence --“I can't make it on my own”
- Loss of standard of living, income, housing, and/or personal property
- Loss of support from family and/or friends

- Religious and cultural beliefs
- Survivor's job to “keep the family together”
- Wants the relationship, not the abuse
- Thinks it's her fault and she can fix it
- Lack of resources needed to get out

## Safety Risks and Barriers for Victims of Sexual Violence

- Increased risk of future victimization
- Increased risk of PTSD, depression, suicide ideation, and substance abuse
- Impaired work functioning – possible loss of job
- Loss of housing – roommate is perpetrator and survivor must find new roommate or move
- Lack of support system- due to cultural beliefs survivors may not disclose violence

## Additional Safety Risks and Barriers for Survivors with Disabilities

- Ineffective, inappropriate response from community and institutions
- Lack of resources or accommodations for disability from service providers and shelters
- Limited access to services and support
- Fear of institutionalization
- Lack of options in the community for leaving
- Language and communication barriers
- Service providers do not believe reports of abuse



# 3 When & How to Use a Safety Plan

## Topics

- 1.....When to Use a Safety Plan
- 2.....Basic Strategies
- 3.....Assessing Needs for Accommodation and Accessibility
- 4.....Accessibility of Community Resources
- 5.....Limits of the Safety Plan
- 6.....Safety and Technology
- 7.....Assessing Danger
- 8.....Thinking It Through
- 9.....Evaluate Options





---

### 3.1: When to Use a Safety Plan

Safety plans can be used for a variety of situations:

- When a survivor feels afraid for his or her safety.
- When someone is being hurt.
- When someone is threatening a person.
- When someone is being abused.
- When someone lives, works or is in contact with a person who is abusive.
- For keeping oneself safe after ending a relationship with someone who is abusive.
- When someone is harassing/stalking a person.
- When someone has forced a person to have sex or do something sexual when they don't want to.

### 3.2: Basic Strategies

- Have a plan for calling 911 (TIP: Pre-register with the 911 call center to share disability related information that would be helpful for first responders).
- Be sure this is truly a safe/reliable option for the individual: Has he/she called 911 before? What was the experience like? What has worked in the past?
- Identify accessible options for a safe place to stay and for supportive services.
- When safe and confidential to do so, consider involving case workers, support staff, or other trusted person in the safety planning process.
- Develop creative ways to provide personal information and history in a crisis. Identify someone who has information about the survivor's personal history and abuse chronology. Make sure this person is willing to help the survivor in a crisis.

- An advocate can strategize to securely lock up medications or limit the weekly or daily amounts of medication the person has. Encourage and facilitate frequent contact between the person and providers who can monitor medicines and can understand the person's safety planning needs.
- Think through possible barriers if attempting to leave and determine options for overcoming these barriers (transportation, communication, etc).
- The use of hearing privilege, how does it impact survivors with hearing impairment or Deaf survivors?
- Advise ways the survivor can use technology to his/her advantage; how an abuser can use technology against the survivor; lack of confidentiality and safety risks when using e-mail, text messaging, cell phones, etc.

### 3.3: Assessing Needs for Accommodation and Accessibility

It may not be apparent that the survivor has a disability. Rather than asking directly whether someone has a disability or not, it is better to frame questions in terms of accommodations. Examples include:

- Do you have any physical health, mental health or medical needs that you would like us to know about? If yes, what kinds of accommodations do you need?
- Do you need help with reading, writing or other communication?

Affirmative responses may guide the advocate to use a safety plan created for persons with disabilities.



---

### 3.4: Accessibility of Community Resources

A key element of safety planning is promoting survivor access to community resources. It is important to become familiar with community agencies serving persons with disabilities to increase awareness of available resources and eligibility guidelines. Knowing in advance which agencies fulfill requirements for accessibility and accommodations will ensure that survivors with disabilities receive equal services. Accessibility goes beyond physical access. Consider how accessible and what accommodation is made as related to:

- Documents
- Communication
- Transportation
- Service animals
- Personal care attendants
- Medical care
- Flexibility in adjusting rules to accommodate survivor

### 3.5: Limits of the Safety Plan

No one has control over another person's violence. A safety plan can help a survivor think ahead about what to do when facing danger. There is no right or wrong way to plan for safety. A safety plan does not need to be written down, although some survivors may choose to have a written plan. Because abusers change their control tactics, a safety plan should be reviewed on a regular basis to make changes as needed. Most safety plans include other people or agencies. While all confidentiality policies and laws still apply, with informed consent, the survivor may want to include a trusted friend, family member, or agency staff in the planning process. Talk through the benefits and drawbacks of sharing the plan with others:

- Will there be a conflict of interest if the person knows and/or has a relationship with both the survivor and the person who is being abusive?
- Are they mandated to report abuse to protective services or the police? If so, does the survivor want this to happen?
- Will the person try to persuade the survivor to do something that could escalate the abuse? (Insisting a protection order be filed, ending the relationship, leaving the home, going to shelter, reporting to Adult Protective Services or law enforcement, etc.)





---

## 3.6: Safety and Technology

With ever-changing technology, advocates need to stay informed about ways technology can be harmful or helpful for survivors. The Safety Net program of the National Network to End Domestic Violence provides up to date information and guidance on technology safety, including the following information:

Many survivors with or without disabilities use some type of assistive technology in their daily lives. Knowing that these devices provide the survivor with independence and linkages to the community, abusers may limit the survivor's access to, tamper with, disable, or destroy devices specifically as a tool to:

- Create physical and/or emotional isolation
- Prevent success in work or school, create increased barriers to independence and daily living
- Limit or prevent communication with others (especially police, advocates, counselors, etc)
- Retaliate, frighten or punish

Assistive technology devices are:

- Any device, equipment item, product, or service used to increase, maintain, or improve accessibility
- Technologies that decrease or remove systemic barriers
- Devices that enable someone to better control his/her environment via touch screens, headgear, voice, and switches
- Devices to support accessibility, autonomy, and self determination

**Examples of assistive technology:** remote controls, TTY machines, screen readers, communication boards, global positioning devices, emergency alert buttons, video phones, talking clocks, key chain voice recorders to help with memory

When planning for safety, ask questions about the types of assistive technology a survivor uses and how to safeguard these devices. Recommended steps for planning safe use of assistive technology recommended by Safety Net:

1. Take steps to increase safer use of technology in your own agency.
2. Make your organization and website accessible.
3. Talk to survivors about safer use of technology.
4. Help survivors test the assistive technology that is included in safety plan.
5. Work with Assistive Technology Centers to increase knowledge of how to use assistive technology and about loan options available to survivors.

**In Missouri contact:**

Missouri Assistive Technology  
Voice: (800) 647-8557 (in-state only)  
or (816) 373-5193  
TTY: (800) 647-8558 (in-state only)  
or (816) 373-9315  
FAX: (816) 373-9314



---

### 3.7: Assessing Danger

Research tells us that while we cannot predict what is going to happen in an abusive relationship, there are some factors that indicate higher levels of danger for violence escalating or getting killed. Help survivors understand their level of danger using these strategies:

- Have the survivor use a calendar to increase awareness around the patterns/severity of abuse. Conclusions made by survivors on their own are more persuasive.
- Use the power and control wheel to assist survivors in naming tactics. Power and control wheels specific to persons with disabilities exist (see resources section).
- Use a Danger Assessment tool to measure danger. The assessment identifies power and control tactics present in high danger and lethal situations:
  - o Stalking
  - o Partner is violently jealous (“If I can’t have you, no one can”)
  - o A gun is present in the house
  - o Increase in frequency and severity of violence in the last year
  - o Abuser controls survivor’s activities
  - o Abuser has threatened to kill
  - o Survivor believes abuser could kill
  - o Abuser tried to choke survivor – if so, victim should be medically checked
  - o Abuser is violent outside of house
  - o Abuser is drunk everyday
  - o Abuser forced victim to have sex
  - o Abuser threatened/attempted suicide
  - o Abuser beat survivor during pregnancy

### 3.8: Thinking it Through - Help Survivor Define Safety and Plan Ahead

A survivor does not want to wait for an emergency to ask for help. It is a good idea for a survivor and advocate to talk through options and situations before there is an emergency. Determine ahead of time who can help, the safe and accessible places to stay, financial resources, medical and personal care needs and items needed for daily living.

Before starting a safety plan, there are several questions an advocate can ask to gain information from the survivor to help safety plan.

- Describe what safety looks and feels like for you. Where/when do you not feel safe? (This will help advocate to decide which sections of safety plan to use).
- What are your safety worries right now? What are your safety worries for the future?
- What is your biggest concern/worry about your safety and well being (and the safety and well being of your children)?
- Do you have a safe place to stay?
- Who are the people that support you? Is it your family, caregiver, friend, co-workers.
- What have you already done to plan for your safety?
- What has not worked to stay safe? How has your abuser hurt you when you when you tried to stay safe in the past?
- Where has your abuser tried to scare, threaten or hurt you? Home, work, school, in public, children’s visitation, etc?



- 
- In the past, how has your abuser tracked your whereabouts and plans to leave? (public records, phone, computer or other technology, family or friends, caregivers or social service agencies, medical records). What is your greatest concern about going to a shelter or other safe place?
    - o Threats from abuser if survivor has tried to leave in the past
    - o Barriers to leaving created by abuser
    - o Physical accessibility of the shelter or other safe place
    - o Personal care assistance- will the shelter allow me to have my personal care attendant, will they help me get a new personal care attendant, who will help me with my daily activities, etc?
  - What is your greatest concern about going to shelter or other safe place?

### 3.9: Evaluate Options

Only the survivor can judge who it's safe to tell about the abuse and who to ask for help. Sometimes, people who don't have good information about domestic or sexual violence respond to those who have been abused in ways that aren't helpful, even when they mean well. On the other hand, a survivor might feel comfortable asking for help from someone they know. It's his/her decision. The important thing is for the survivor to identify all the people who might be willing and able to help. Making a list of their phone numbers and attaching it the safety plan or other secure place will provide easy reference.



# 4 Safety Plan Template

## GETTING STARTED

Safety Planning is a very individualized process. It requires that the advocate who is supporting the individual take the time to ask questions and talk through a variety of scenarios to ensure the most effective safety plan. The following template provides suggestions for areas in which an individual may need support or assistance to keep him/her safe. It is not intended that every section will be addressed while creating a safety plan or even that every item within a given section will be considered. However, for every section within this template please read through the **Questions and Considerations** as they may provide you with ideas that can help you creatively problem solve the unique circumstances an individual may encounter while trying to maintain their own safety.

### An example of how to get the conversation started:

*“Sometimes it is helpful to talk about ways that you can try to stay safer in your life. This list goes over some things to think about. You know your life and safety the best so you may want to talk about other areas, too. Is this something you would like to do? We can start with a few questions...”*

Questions to Ask	Considerations as the Advocate	Notes
<ul style="list-style-type: none"> <li>• <b>What makes you feel safe?</b></li> <li>• <b>What or who makes you feel unsafe?</b></li> <li>• <b>What is the name of the person who hurts or abuses you?</b></li> <li>• <b>When does this abuse most often occur?</b></li> <li>• <b>What concerns you the most about the abuse?</b></li> <li>• <b>What are the things that make it most difficult for you to keep yourself safe?</b></li> </ul>	<ul style="list-style-type: none"> <li>• Identifying what makes the individual feel safe can be a good way to start the dialogue. It might bring to mind a place/person the individual can get help.</li> <li>• Many names can be used for someone who abuses another person. Try to refer to that person by their name.</li> <li>• Determining when and where the abuse occurs can help understand the ways in which safety needs to be addressed.</li> <li>• Determining what barriers are present is helpful. Maybe he/she has mobility challenges or the abuser provides PCA services giving them easier access.</li> </ul>	



## SAFETY DURING A VIOLENT INCIDENT

Keeping safe may not always be possible. However there are some things that you can discuss with an individual to help him/her be as safe as possible. It may be helpful to discuss the abuser’s behavior in order to recognize warning signs that an abuse might occur. It will also be important that you creatively problem solve on how to call for help especially if mobility and communication devices are used.

Questions to Ask	Considerations as the Advocate	Notes
<ul style="list-style-type: none"> <li>• <b>Do you know when the abuse is going to happen?</b></li> <li>• <b>How can you tell your abuser is getting angry?</b></li> <li>• <b>What happens when you are scared he/she will get violent?</b></li> <li>• <b>Where does the abuse usually happen?</b></li> <li>• <b>Have you ever had to protect yourself from a violent incident? How did that look?</b></li> <li>• <b>Where are the exits in your home? (could also be work)</b></li> <li>• <b>Are there kitchen knives, guns or other things that can be used to hurt you in your house? If so where are they?</b></li> <li>• <b>Who could you ask to help you?</b></li> <li>• <b>How would you let that person know you needed help?</b></li> </ul>	<ul style="list-style-type: none"> <li>• Sometimes individuals don’t always pick up on the social cues that let them know someone is getting angry. If this is the case it will be important for you to help him/her understand what warning signs might be that his/her abuser is getting angry.</li> <li>• Tell the individual to trust his/her instincts about safety.</li> <li>• Talk to the individual about the layout of their home as well as other surroundings where the abuse occurs. Where are the exits and open areas?</li> <li>• If there are weapons in the home this information will be useful if you are helping to also fill out an order of protection.</li> <li>• Talk about his/her network of support. Who are their friends, neighbors or co-workers? How can those individuals help to get to a safe place?</li> <li>• Consider an individual’s dependence on mobility aides and communication devices. What are some solutions if they are taken away?</li> </ul>	

Considerations as the Advocate	Notes
<ul style="list-style-type: none"> <li>• <b>Tip:</b> A phone can be tucked in a pocket or the side a wheelchair, walker or scooter. The ringer can be off or on vibrate so the abuser does not become aware of the telephone. 911 &amp; other safety numbers can be programmed into speed dial for easier use.</li> <li>• If the survivor has difficulty with verbal communication, suggest a cordless telephone where a call to 911 can be traced and assistance will normally be sent regardless of verbal communication. Consider a medical alert device, which can be worn at all times without suspicion, and used to call for help.</li> <li>• Flashing lights and vibrating pagers can be connected to a motion detector, alarm system, door bell, etc. to improve safety. For example, a “baby crying” monitor alarm makes a light flash when it hears loud noises</li> <li>• For an individual who is non-verbal using a pre-recorded message on a tape recorder that is kept by the phone could be used when he/she calls 911.</li> </ul>	

### Checklist

- I will stay away from the kitchen and bathroom areas and other closed spaces
- I will get out of my house or place of work by \_\_\_\_\_
- I will try and calm things down by \_\_\_\_\_
- I will inform \_\_\_\_\_ if there are guns, knives or other weapons in my home.
- I will keep a cell phone with me
- The person I can call if I need help is \_\_\_\_\_
- I will contact them by \_\_\_\_\_
- I can keep a cordless, cellular phone or pager with me at all times, if possible I will have someone pre-record a message giving name, address, and other pertinent information for me to use with a tape recorder next to phone if I need to call for help.
- I will pre-arrange with cell phone company to make sure your location can be traced in case you make 911 call and not able to give location.
- I will pre-register with the 911 call center to have disability related information that would be helpful for first responders.

## SAFETY AT HOME

When an individual does not feel safe in his/her own home it is important that this section be addressed carefully. Be creative when addressing the individuals personal circumstances to provide them with the tools necessary to feel more at ease in his/her own home. Assist them to consider all possible resources that may be available including neighbors, friends, service organizations, etc.

Questions to Ask	Considerations as the Advocate	Notes
<ul style="list-style-type: none"> <li>• <b>Do you live with the person that is abusing you? Does the abuse happen at home?</b></li> <li><b>IF ABUSER IS IN HOME:</b></li> <li>• <b>Do you ever feel unsafe at home with the abuser?</b></li> <li>• <b>Is there someone who might hear what is happening like a next door neighbor?</b></li> <li>• <b>Do you have children? If yes, do you have a plan with them so they can stay safe?</b></li> <li>• <b>Does your abuser care for you in any way? (i.e. take you to the bathroom, bathe you, etc.)</b></li> <li><b>IF LIVING IN A GROUP SETTING:</b></li> <li>• <b>Where does the abuse usually occur? Are others around?</b></li> <li>• <b>Who are the people who live with you that you trust?</b></li> <li>• <b>Who are the staff you trust?</b></li> <li>• <b>Who can you talk to about the abuse?</b></li> <li>• <b>What worries do you have if you talk about the abuse?</b></li> </ul>	<ul style="list-style-type: none"> <li>• Talk about ways in which the individual can get help from a neighbor, friend, police etc. This may mean programming 911 into his/her home phone. It can also mean that he/she may need to come up with a code word to use with a neighbor to alert them that he/she needs help. (The code word could also be used with children to signify they need to go to a safe place).</li> <li>• If the abuser also meets care needs of the individual, especially activities of daily living, consider the means the abuser may have access to the individual. He/she may have access to many aspects of the individual's personal life (address book, financial information, cell phone, e-mail account, etc.)</li> <li>• In a group setting there may be other options and considerations to think about when creating the safety plan. Who are the people that he/she trusts and why might they be fearful to talk? The setting where he/she lives and his/her guardianship status will most definitely factor into the safety planning.</li> </ul>	



---

## Checklist

- I can tell \_\_\_\_\_ about the abuse and request they call the police if they hear noises coming from my house.
- I will program emergency numbers into my phone.
- I will use \_\_\_\_\_ as a code word with my friends, staff, children, so they will call for help.
- If I have to leave my home, I will go to \_\_\_\_\_.
- I will get to a safe location by \_\_\_\_\_. (identify means of transportation)

### If \_\_\_\_\_ and I are not living together:

- I can have the locks changed on my doors and windows or ask my landlord to change locks.
- I can have wooden doors replaced with metal ones.
- I can install security systems, including additional locks, window bars, poles to wedge against doors, etc.
- I can buy rope ladders to be used for escape from second-floor windows.
- I can install smoke detectors and put fire extinguishers on each floor in my home.
- I can have \_\_\_\_\_ check in on me every \_\_\_\_\_.
- I can \_\_\_\_\_ to increase my mobility.
- I can keep a communication device near me at all times.
- I can provide my onsite property manager, the people I live with, and/or trusted neighbors with a picture of my partner and ask them to notify the police if they see him near my home.

### If I live in a group home:

- The staff I trust to talk to about this is \_\_\_\_\_.
- I can stay in open areas when the abuser is working or around.
- I can lock my door at night.





## SAFETY WHEN LEAVING

Preparing to leave for anyone can be a challenging ordeal. It is no different for an individual with a disability. However, barriers to accessible transportation as well as accessible structures can make it more challenging for an individual with a disability to leave an unsafe situation. He/She may have fewer options for safety simply because of already existing accessibility issues with community options.

Questions to Ask	Considerations as the Advocate	Notes
<ul style="list-style-type: none"> <li>• <b>Are you thinking about leaving? Are you afraid of what might happen if you leave?</b></li> <li>• <b>Have you thought about how to stay safe when you leave?</b></li> <li>• <b>Where do you think you could go? How will you get there?</b></li> <li>• <b>Do you have a personal care attendant? If yes, what do they do for you and how often?</b></li> <li>• <b>Do you use a wheelchair, walker, communication aids? Do you know types/amount of medication you take and why?</b></li> <li>• <b>Who are the people that you trust that could help you leave?</b></li> <li>• <b>How would you get to your money? Is your abuser your Social Security Payee?</b></li> </ul>	<ul style="list-style-type: none"> <li>• Accessible transportation can be very complex, untimely, and inconvenient, so planning is important.</li> <li>• Personal care and adaptive equipment needs are critical. How will needs be met if he/she leaves? What are the absolute musts to have with or waiting for him/her upon leaving?</li> <li>• Medications are important to everyone. Keep in mind that sometimes individuals may not know the medications they take or why they take them. In leaving, it's important to be able to articulate his/her medications, why they need them &amp; where prescriptions can be filled.</li> <li>• If he/she has difficulty talking openly at home it may be important to create a code word for use with family or friends that may help them to leave.</li> </ul>	

**TIP:** Federal law requires shelters to provide accommodations for persons with disabilities, but not every shelter has taken these steps. Some questions to ask to determine accessibility include:

- Are entrances, bedrooms, kitchen, bathrooms, accessible to all persons?
- Can a personal assistant/caregiver accompany stay with me at the shelter?
- Will I be able to bring a service animal to the shelter?
- Must someone seeking shelter to be dropped off at an alternate location?
- Can agency staff communicate with me through communication devices and/or interpreters?

**Checklist-** I have made the following arrangements for support I will require when I leave and go to a safe place:

- My preferred means of transportation is \_\_\_\_\_.
- Accessibility for a mobility device like a wheel chair, scooter, etc
- Accommodations for my personal care attendant
- Communication devices or interpreters to communicate with me.
- Accommodation for my service animal
- I have a back-up plan for getting my medications if I have to leave without them.
- The person (people) I trust to help me leave are \_\_\_\_\_
- I have a safe place I can go. It is \_\_\_\_\_
- I will get to my safe place by \_\_\_\_\_
- If I am going to a domestic violence shelter, I will inform the shelter about the accommodations I need. The number to the shelter is \_\_\_\_\_
- If my payee is my abuser and I am my own guardian I will contact the Social Security Administration to change my payee. I will not do this until I am sure that I am ready to leave. The number is 1-800-772-1213 and TTY 1-800-325-0778.
- I will leave extra money, clothes, keys, or other important items with \_\_\_\_\_ so I can leave quickly.
- I can increase my independence by opening a bank account and getting credit cards in my own name, or by taking classes or getting job skills.
- I can rehearse my escape plan and, if appropriate, practice it with my children.
- If it's not safe to talk openly, I will use \_\_\_\_\_ as the code word or signal to my children that we are leaving or to my family or friends that we are coming.

**If I am preparing to leave, it may be helpful to have the following items stored together or at a safe place. If it is not safe to do this, almost all of these items are replaceable.**

**Important Documents:**

- My personalized safety plan (if written down)
- Driver's License, State I.D
- My and my children's birth certificates
- My and my children's Social Security cards
- Social security award letter/payee information
- Divorce and custody papers
- School and vaccination records
- Order of Protection
- Car registration and Insurance papers
- Public assistance ID/Medicaid cards
- Passports, green cards, work permits
- Lease, rental agreement or house deed

**Financial:**

- Money, checkbook, debit/credit cards
- Car, mortgage or other bill payment book

**Medical:**

- Medication, medical information/supplies
- Contact info of medical/support personnel
- Instructions for use of technical equipment
- Spare batteries and back-up assistive devices or information on how to get replaced
- Contact list of medical providers, home health care providers, personal care attendants

**Other Items:**

- Clothing for self and children
- Keys for house, car, work
- Adaptive equipment (communication devices, hearing aids, eye glasses, wheelchair, walker)
- Supplies for service animals
- Children's toys, security blankets, etc.
- Sentimental items, photos



## SAFETY AT WORK or SCHOOL

Depending on the individual's circumstances it may be necessary to talk about his/her safety outside of home. Even if abuse has only occurred at home it may occur elsewhere and should be considered.

Questions to Ask	Considerations as the Advocate	Notes
<ul style="list-style-type: none"> <li>• <b>Do you work or go to school?</b></li> <li>• <b>Does your abuser know where you work or go to school?</b></li> <li>• <b>Are you worried the abuser might go to where you work or go to school?</b></li> <li>• <b>Is there someone at work/school that you can trust to talk to about your abuser?</b></li> <li>• <b>Is there someone you can leave work/school with so you aren't by yourself?</b></li> <li>• <b>Are there any times during work/school where you are alone and your abuser could find you?</b></li> </ul>	<ul style="list-style-type: none"> <li>• Find out as much detail as possible about the individual's work to understand if and when they are vulnerable. Assist in problem solving who can help them if their abuser comes to his/her place of work/school.</li> <li>• Consider whether asking his/her boss for a different work schedule would be helpful so that the individuals work routine is varied and less predictable.</li> <li>• Help him/her figure out ways to enter and exit his/her work safely. Using public transportation to go to/from work can make them more vulnerable, especially if there is distance between the bus stop and home.</li> </ul>	

### Checklist

- I can inform my boss, the security supervisor, job coach, and/or co-worker about my situation.
- I will talk with my supervisor or school administrator about changing schedule or location.
- I can ask that someone screen my calls and visitors at work.
- When leaving work, I can \_\_\_\_\_.
- If there's trouble when traveling to and from work, I can \_\_\_\_\_.
- Be aware of security in the workplace. I will work with the facilities manager and other employees that everyone knows what to do in case of danger.
- If possible, I will work with my boss to vary my work schedule.

## SAFETY IN PUBLIC or IF BEING STALKED

Staying safe while in public is sometimes seen as less of a priority due to the likely presence of other people, however, stalking and being abused in public does occur. It may be important to talk about what stalking is and provide some examples of what that behavior might look like.

Questions to Ask	Considerations as the Advocate	Notes
<ul style="list-style-type: none"> <li>• Does he/she want to know where you are at all times?</li> <li>• If you ever feel unsafe in public, what would you do?</li> <li>• Does your abuser follow you into public places like the grocery store, church, etc.?</li> </ul>	<ul style="list-style-type: none"> <li>• Remind the individual to trust their instincts: if they are fearful, threatened or being followed to take precautions.</li> <li>• Talk about the individuals routine and offer ways to vary it. Consider ways to keep their comings and goings private. This can be difficult in group settings with roommates or staff who may not keep that type of information confidential.</li> </ul>	

### Checklist

- If I feel like someone may hurt me, I will find a safe place for myself like a police station, the home of a friend, a shelter, a sexual violence service agency, local churches or other public areas.
- I can write down \_\_\_\_\_'s actions and keep it in a safe place. This may include taking photos of things they have broken of mine, saving messages, keeping letters/notes that say bad and mean things, keeping a calendar of when I notice that \_\_\_\_\_ is following/stalking me.
- I can change my patterns—avoid stores, restaurants, banks, doctor's appointments, and other places where my he/she might find me. If I have a driver I need to inform him/her ahead of time.
- I can tell \_\_\_\_\_ and about the situation and provide them with a photo or tell them what my abuser looks like and any possible cars/trucks he/she may drive. I can ask them to call the police if they believe my children or I are in danger.
- When I am out of the house, I will try not to travel alone and will try to stay in public areas.
- I can add another phone line or email address. That way \_\_\_\_\_ will not know I have changed my number/email. I will give the new number/email only to people I want to have it. I will let calls/emails to the old contact go straight to voicemail. I will either delete the stalker's messages or use them as evidence in court.
- I will call my cell phone provider to see if my phone is Global Positioning System (GPS) equipped. If it is turned on I will ask the provider to turn the GPS off so \_\_\_\_\_ cannot find me that way.



## SAFETY WITH AN ORDER OF PROTECTION

Having an Order of Protection does not guarantee safety. Sometimes it can provide a false sense of security. If the person you are working with has one or is considering one be sure to go through this section.

Questions to Ask	Considerations as the Advocate	Notes
<ul style="list-style-type: none"> <li>• <b>Do you have an Order of Protection or are you thinking about getting one?</b></li> <li>• <b>Do you think his/her violence will/would increase once he/she is served with the Order?</b></li> <li>• <b>Have you told anyone that you have the Order?</b></li> <li>• <b>Do you know what you would do if he/she does not obey the order?</b></li> </ul>	<ul style="list-style-type: none"> <li>• It is extremely important that if the individual gets an Order of Protection that they keep it with them at all times. It is a good idea to keep a copy of it somewhere safe. (Where they could get copy if something happened to the original.)</li> <li>• Just because they have the Order of Protection doesn't mean much unless it is enforced. This can take time when it is violated. So do not rely on the Order of Protection as a means of keeping someone safe.</li> <li>• If he/she visits friends/family in another town, must he/she have the OOP on him/her or does it need to be registered with the local law enforcement agency?</li> </ul>	

### Checklist

- I will keep my protection order \_\_\_\_\_ . (Try to keep it with me).
- I will give copies of my protection order to the local police or sheriff and to departments in towns where I visit friends and family.
- I will give copies to \_\_\_\_\_ (employer, pastor, friend, school, child care center, etc.). If I need to, I can get another copy from the court.
- If my partner violates the order, I can call the police and report a violation, contact my attorney, call my domestic violence program advocate, and/or tell the court about the violation.
- I can call a domestic violence or sexual violence program if I have questions about how to enforce an order or if I have problems getting it enforced. The number is \_\_\_\_\_ .

---

## SAFETY AND CHILDREN

If the individual you are working with has children this section should be reviewed to make sure that the safety plan also includes the childrens' needs for safety.

Questions to Ask	Notes
<ul style="list-style-type: none"><li>• <b>Do you have children?</b></li> <li>• <b>What are there ages?</b></li> <li>• <b>Are they present when the abuse occurs?</b></li> <li>• <b>Do they know what to do when the abuse is occurring?</b> OR</li><li>• <b>What do they do when the abuse is taking place?</b></li> <li>• <b>Have you talked with your children and agreed on a safety plan for them?</b></li></ul>	

### Checklist

- I can teach my children what to do in case of danger.
- I can teach my children how to make a call to a safe person if they are concerned about safety.
- I can teach my children how to use the telephone or autodial option to contact the police and fire departments and how to contact a safe neighbor for help. I will make sure they know our address.
- I can tell my family/friends who have permission to pick up my children and make sure caretakers know how to recognize those people.
- I will give the people who take care of my children copies of custody and protection orders, as well as emergency numbers.



## SAFETY AND COMPUTERS, PHONES AND COMMUNICATION

Advances in technology allow us to communicate instantly and gain access to a world of knowledge at the touch of a button. Sometimes abusers can use technology to their advantage. People who rely on technology as a means of increasing their access to a wide range of social and physical supports can be left with little or no support if their technology is mishandled or purposefully taken away.

Questions to Ask	Considerations as the Advocate	Notes
<ul style="list-style-type: none"> <li>• <b>Do you use any assistive technologies (communication devices, wireless home monitoring, etc.)?</b></li> <li>• <b>Does your abuser have access to your devices or equipment?</b></li> <li>• <b>Does he/she have access to your email, computer, or phone?</b></li> <li>• <b>Have your devices/computer ever been tampered with?</b></li> <li>• <b>Has he/she ever tried to abuse or harass you through email or phone?</b></li> </ul>	<ul style="list-style-type: none"> <li>• Determine the different types of devices and communication strategies he/she uses.</li> <li>• Understand the ways in which an abuser may limit his/her access to, tamper with, disable or destroy communication devices as ways to: create physical or emotional isolation; prevent success in work or school; create increased barriers to independence and daily living; limit or prevent communication with others (especially police, counselors, advocates, family, etc.; retaliate, frighten or punish)</li> <li>• Advocates should not print out and save TTY conversations with survivors unless they have explicit permission.</li> </ul>	

### Checklist

- I can ask someone familiar with technology or violence about how \_\_\_\_\_ may monitor me.
- I will use a computer that my partner doesn't have access to when I look for help, a new place to live, etc. I will use a computer at this location: \_\_\_\_\_.
- If I use a computer he/she has access to, I will use the Clear History button.
- I can ask my friends/family to limit who they give my e-mail address to and to use the Bcc: option when including me on e-mail.
- When making/receiving private calls, I will not use a cell phone I share with my partner because he/she may have access to track my whereabouts. A local shelter may have a cell phone I can use.
- I will ask the court systems, post office and other government agencies how they protect or publish my records and request that they seal or restrict access to my files to help protect my safety.

## SAFETY AND MY FEELINGS

Acknowledging that an individual who has been abused or sexually assaulted will live daily with a variety of feelings is extremely important to the well being of the individual. These may range from anger to depression and everything in between.

Questions to Ask	Considerations as the Advocate	Notes
<ul style="list-style-type: none"> <li>• <b>Do you sometimes feel alone or scared?</b></li> <li>• <b>When you think about the abuse what can you do?</b></li> <li>• <b>Do you have friends or a counselor you can talk to?</b></li> <li>• <b>Would you be interested in talking to others who have had a similar experience? Do you know that there are services for people who have been sexually assaulted/abused?</b></li> </ul>	<ul style="list-style-type: none"> <li>• It can be helpful to talk about what to do when he/she is scared <i>even after</i> the abuser is out of his/her life. When his/her safety is no longer threatened, things like fear, doubt, even depression and isolation can still be present. Talking about feelings, acknowledging them, identifying safe people to talk with, and ways for him/her to feel safe is important.</li> </ul>	

### Checklist

- If I am feeling afraid I will call \_\_\_\_\_ or I will sleep in a different room or other safe place.
- If I have left \_\_\_\_\_ and am considering returning, I will call or spend time with \_\_\_\_\_ before I make a decision.
- If I can't return to my home, I will go to \_\_\_\_\_.
- I will check with my landlord to see if there are options for moving to another location.
- If I am having memories of the abuse I can \_\_\_\_\_.
- If I am feeling down, lonely or confused, I can call \_\_\_\_\_ or the domestic violence/sexual violence hotline \_\_\_\_\_.
- If I am not feeling emotionally well while driving or performing other activities that require my full attention, I will stop and call a safe person or \_\_\_\_\_.
- I can attend support groups, workshops or classes at the local domestic/sexual violence program or \_\_\_\_\_ so I can build a support system, learn skills or get information.
- If I am going to drink or use drugs, I will do it in a place where people are committed to my safety.
- If I know I will be in a situation where my abuser is present I will \_\_\_\_\_.





## IN CLOSING

After completing the safety planning process with an individual you should end your conversation by reviewing your conversation and the key aspects of the plan. Make sure that the individual you are working with can state his/her plan and assist them in making a decision as to whether or not they will take a copy of their plan or not.

Questions to Ask	Considerations as the Advocate	Notes
<ul style="list-style-type: none"> <li>• <b>Do you feel like we covered everything?</b></li> <li>• <b>Do you feel like you have your plan in your memory or will you need a copy of it?</b></li> <li>• <b>If you need a written copy, are you sure it will be safe from your abuser finding it?</b></li> <li>• <b>When can we follow up together?</b></li> <li>• <b>Is there anything else I can do to help?</b></li> </ul>	<ul style="list-style-type: none"> <li>• This is the time for you to review the key points of the plan.</li> <li>• If you have things you are to do for the individual clearly state what you will follow up on as well as what he/she will do.</li> <li>• You may consider verbally creating a scenario or two so that the individual can tell you what they plan to do in that situation.</li> </ul>	

## Emergency Contact Info

*Arrangements for personal care attendant*

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

*Arrangements for medical care*

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_



# Resources: National

---

## **ADA**

**Information and Technical Assistance on Americans with Disabilities Act**

<http://www.ada.gov>

## **Communicating with and about People with Disabilities**

**U.S. Department of Labor-Office of Disability Employment Policy**

<http://www.dol.gov/odep/pubs/fact/comucate.htm>

## **People First Language**

**People First Language-Kathy Snow**

<http://www.disabilityisnatural.com/peoplefirstlanguage.htm>

## **Power and Control Wheels for Survivors with Disabilities and Deaf Survivors**

**Compiled by National Center on Domestic and Sexual Violence**

[www.ncdsv.org/publications\\_wheel.html](http://www.ncdsv.org/publications_wheel.html)

## **SAMHSA's National Center for Trauma Informed Care**

<http://mentalhealth.samhsa.gov/nctic>

## **Trauma Informed Services and Care**

**Community Connections--Maxine Harris, Ph.D.**

[www.communityconnectionsdc.org](http://www.communityconnectionsdc.org)

## **Universal Design/Inclusive Environments**

**Institute for Human Centered Design**

<http://www.adaptenv.org>

## **Violence against Women with Disabilities**

**Vera Institute of Justice, Accessing Safety Initiative**

<http://www.accessingsafety.org>

## **For information on funding for these issues:**

**Office on Violence Against Women**

Education, Training and Enhanced Services to End Violence Against and Abuse of Women with Disabilities Grant Program

<http://www.ovw.usdoj.gov>



# Resources: Local

---

## **Developmental Disability Support Services:**

### **Developmental Disability Services of Jackson County--EITAS**

<http://www.eitas.org>

Phone: 816.363.2000

## **Disability Information:**

### **Institute for Human Development—UMKC**

<http://www.ihd.umkc.edu>

Phone: 816.235.1770

TTY: 800.452.1185

## **Domestic Violence:**

### **Rose Brooks Center**

<http://www.rosebrooks.org>

24-hr Crisis Line: 816.861.6100

## **Sexual Violence:**

### **Metropolitan Organization to Counter Sexual Assault (MOCSA)**

<http://www.mocsa.org>

24-hr Crisis Line: 816.531.0233

## **Vision Rehabilitation Services:**

### **Alphapointe Association for the Blind**

<http://www.alphapointe.org>

Phone: 816.421.5848



# Glossary

---

**Accessible:** Easy to get into or use safely by a person with a disability. For example: a building with no steps at the entrance or a ramp is accessible to a person who uses a wheelchair.

**Accommodation:** Modifications or adjustments to a program, services or physical environment that make it easier for a person with a disability to participate in the same manner as other people.

**Advocacy:** Working to make things better for another person.

**Assistive Technology:** Is a generic term for the adaptive, assistive and rehabilitative devices used to assist people with disabilities.

**Disability (World Health Organization Definition or WHO):** The WHO defines disability as something that occurs outside of the person that is based on the interaction of the person, his or her functional abilities, and the environment. As such, one is more or less disabled based on whether the physical, information, communication, and social and policy environment are accommodating and welcoming of variation in ability. In other words, the experience of disability can be minimized by designing environments to accommodate varying functional abilities and providing individualized solutions when needed, opening the door to a new approach to creating welcoming and accessible services for survivors.

**Domestic Violence:** is a pattern of behaviors used to establish power and control over another person through fear and intimidation. Domestic violence occurs within intimate relationships, and abusers can be spouses, partners, boyfriends/girlfriends, family members, or caregivers. Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. Abusers use various tactics to achieve power and control, including behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone. Legal definitions of domestic violence and the protections available to victims vary from one jurisdiction to another.

**Empowerment:** Having the right to make your own choices and having the ability to act on those choices.



---

**Functional Limitations and Abilities:** A newer approach to disability defines the interaction between a person’s functional limitations and the environment as creating barriers or facilitating participation, and therefore is not alone related to how bodies function. How a woman functions, for example, “this woman may have difficulty concentrating and following instruction” is more important than the reason for the difficulty, “this woman has an anxiety disorder.” There are many reasons people have difficulty concentrating. The solution for interacting with the person is to understand the nature of the difficulty and not its cause. With this new approach, the emphasis is on impact of a limitation rather than on the source of the limitation. This offers a more practical way of solving problems and addressing needs. Considering the practical impact of a functional limitation draws providers toward tailoring a response that is personal rather than driven by a diagnosis, which explains little about what a person can do and what a person needs.

**People First Language:** People First Language puts the person before the disability, and it describes what a person has, not who a person is. The basic idea is to replace, e.g., “disabled people” with “people with disabilities”, “deaf people” with “people who are deaf” or “individuals who are deaf”, etc., thus emphasizing that they are people first (hence the concept’s name) and anything else second. Further, the concept favors the use of “having” rather than “being”, e.g. “she has a learning disability” instead of “she is learning-disabled”.

**Personal Care Attendant (PCA):** In order that a person with a disability may live independently, many people with physical, sensory, or cognitive disabilities hire a personal attendant to assist with day-to-day tasks. Other terms may include, care attendant, home care attendant, or caregiver.

**Safety:** Being protected against physical, social, financial, emotional, psychological, educational, or other types of negative or harmful situations.

**Safety Plan:** These plans are often used in the domestic and sexual violence fields as an empowerment-based tool designed to help survivors plan for their physical and emotional safety. Safety Plans should be flexible to accommodate a variety of environments, personal situations, and can be memorized or written down. Safety Plans can be self-guided or completed with the assistance of an advocate.

**Sexual Assault:** is any sexual act without a persons’ consent up to and including rape. Sexual assault is an umbrella term and can include: unwanted touching/fondling, oral, anal, and/or vaginal penetration and rape. A person who is overcome by force or fear, who is unconscious or physically powerless, who may not be capable of giving consent or who is under the influence of alcohol and/or drugs is not able to give consent to sex.

---

**Stalking:** is a legal term for repeated harassment and other types of invasion of a person's privacy in a manner that causes fear and intimidation. Stalking is willful, malicious, and continued harassment and can include behavior such as persistent following, unwanted contact, inappropriate observation, and harassment or contact of family or friends. These behaviors can be conducted in person, through a third party, or over the Internet or through different technologies - commonly referred to as cyberstalking. Stalking, both off and on-line, can become a terrifying experience for victims, placing them at risk of psychological trauma and physical harm. A stalker can be a stranger or someone the victim knows including a partner, an ex-partner, or a family member.

**Trauma Informed:** Trauma informed services, practices, assessments, etc. incorporate knowledge about the trauma such as prevalence, impact, and recovery in all aspects of service delivery. They are practices that are hospitable and engaging for survivors, they minimize re-victimization, and they facilitate recovery and empowerment.

**Victim/Survivor:** A person who has experienced domestic violence, sexual assault or stalking and has lived through it.



# References

---

The foundation of this guide adapted from the Missouri Coalition Against Domestic and Sexual Violence (MCADSV)'s *Personalized Safety Plan*. [www.mocadsv.org](http://www.mocadsv.org)

Abramson et al., eds., *Impact: Feature Issue on Violence Against Women with Developmental or Other Disabilities* 13, number 3 (2000).

Baladerian, N. Sexual Abuse of People with Developmental Disabilities. *Sexuality and Disability*, 9 (4), 323-335 (1991).

Campbell, et al., "Intimate Partner Homicide: Review and Implications of Research and Policy," *Trauma Violence Abuse*, July 2007; 8: 246 - 269.

McFarlane, Judith, et al. "Stalking and Intimate Partner Femicide," *Homicide Studies*, Nov. 1999; 3: 300 - 316.

National Center for Injury Prevention and Control, 1996.

Sobsey, D., D. Wells, R. Lucardie, and S. Mansell, *Violence and Disability: An Annotated Bibliography*. Baltimore: Brooks Publishing, 1995.

Powers, L.E. et al., "Barriers and strategies in addressing abuse," *Journal of Rehabilitation*, 68(1), 4-13, (2002).

Tepline et al., "Crime Victimization in Adults with Severe Mental Illness: Comparison with the National Crime Victimization Survey," *Archives of General Psychiatry* 62, number 8 (2005).



MODEL PROTOCOL

**SAFETY PLANNING**  
**FOR DOMESTIC VIOLENCE VICTIMS**  
**WITH DISABILITIES**

Revised January, 2010



Cathy Hoog, Abused Deaf Women's Advocacy Services  
for the Washington State Coalition Against Domestic Violence



## **Acknowledgements**

The Washington State Coalition Against Domestic Violence is indebted to the author and project co-coordinator, Cathy Hoog, for her tireless efforts and extraordinary insights in creating this document.

The Washington State Coalition Against Domestic Violence is appreciative of the critical thinking and goodwill of the members of the advisory committee who have given their time, expertise and support for this project. We would also like to thank the staff of the Washington State Coalition Against Domestic Violence and the staff of Disability Services ASAP (A Safety Awareness Program) of Safeplace in Austin, Texas for their support and expertise. Special thanks also to Christine Olah and Reed Forrester of WSCADV for formatting and editing this guide.

### **Advisory Committee:**

Cathy Hoog, Disability Project Co-Coordinator and Community Advocacy Coordinator, Abused Deaf Women's Advocacy Services

Laura Law, Director of Housing Support Services and Advocate, YWCA Anita Vista Transitional Housing Program

David Lord, Attorney, Washington Protection Advocacy Services

Karen Mitterer, Private Attorney, Disability Advocacy

Ginny Ware, Transitional Housing Program Manager, New Beginnings for Battered Women and their Children

Leigh Nachman Hofheimer, Disability Project Co-Coordinator, Washington State Coalition Against Domestic Violence

This project was supported by funding from the Washington State Department of Social and Health Services, Children's Administration, Division of Program and Policy. Points of view in this document are those of the author and do not necessarily represent the official position or policies of the Washington State Department of Social and Health Services.

This project was supported by Grant No. 2002-FW-BX0006 awarded by the Violence Against Women Office, Office of Justice Programs, U. S. Department of Justice. Points of view in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

Permission to reproduce any portion of this guide is granted, on the condition that the Washington State Coalition Against Domestic Violence and author Cathy Hoog are credited.

## **Model Protocol on Safety Planning for Domestic Violence Victims with Disabilities**

The goal of this protocol and recommended policies is to support domestic violence agencies:

- to strengthen and increase their safety planning services to people with disabilities and,
- to advance self-determination for people with disabilities by offering safety planning that is cognizant of environmental and social barriers.

Because this protocol builds on existing safety planning knowledge of domestic violence programs, basic safety planning strategies will not be reviewed in this document. This protocol seeks to strengthen domestic violence advocates' skills in identifying barriers to safety for survivors with disabilities. Sample safety planning questions are provided that may help advocates build trust with a survivor and gain a detailed understanding of the ways an abuser can use a disability against a survivor. Survivors face complex choices because of the real societal limitations to housing, employment, transportation and bias against survivors with disabilities. Survivors with disabilities face barriers to services, societal discrimination, and risks from their abuser; therefore, safety planning strategies should ask about all these elements and its compounding impact on the survivor.

Review the following protocol and examine your agency's current safety planning practices to devise a plan for improving your agency's safety planning services for survivors with disabilities. Consider integrating the sample safety planning questions (see pg. 7) into your agency's routine safety planning activities and forms.

### *Introduction*

One of five women is limited in a major life activity by a disability, and one in ten have a serious disability, according to the U. S. Census<sup>1</sup>. Although conflicting information exists, current research<sup>2</sup> leads us to believe that the incidence rate of domestic violence against women

---

<sup>1</sup> *Americans with Disabilities: 1997*, by Jack McNeil, U.S. Census Bureau, Current Population Reports P70-73, Washington, D.C., March 2001 (revised August 2002).

<sup>2</sup> "Violence Against Women with Disabilities", a white paper for the conference *Preventing and Intervening with Violence Against Children and Adults with Disabilities*, May 2002. Prepared by Margaret A Nosek, Ph.D, Rosemary B Hughes, Ph.D, Heather B Taylor, Ph.D, and Carol Howland.

with disabilities is about the same as any other group of women, yet victims with disabilities are more likely to stay longer in an abusive situation and have fewer options for safety due to systemic and physical barriers in the community. In a recent Bureau of Justice Special Report, females with a disability had a higher victimization rate than males with a disability and, males had a higher rate than females among those without a disability.<sup>3</sup>

The Americans with Disabilities Act was enacted in 1991, and many adults with disabilities have had a lifetime of negative encounters with social service and criminal justice systems. As a result of prior ineffective remedies and harmful consequences, survivors may be hesitant to use systems and resources as a part of safety planning. Survivors may have a fear of becoming institutionalized in a nursing home or rehabilitation center, or other loss of self-autonomy, if abuse is disclosed to system representatives.

There are many different types of disabilities, each having a unique effect on safety planning. People with disabilities often require assistance to perform activities of daily living. These activities may include getting up in the morning, getting in bed at night and everything in between. Cooking and cleaning, personal grooming, use of public transportation, budgeting, engaging in social activities, different ways to communicate—all of these activities may take more time or may take a whole new way of doing things.

---

<sup>3</sup> *Crime Against People with Disabilities, 2007*, The Bureau of Justice Statistics, Michael R. Rand and Erika Harrell, Ph.D, October 2009, NCJ 227814, <<http://www.ojp.usdoj.gov/bjs/abstract/capd07>>.

## *Advocates as Change Agents*

Gaining an understanding of the individual barriers a survivor with a disability faces can further an advocate's understanding of systemic discrimination and bias. This understanding will help advocates identify the social change efforts needed to remove barriers and increase community involvement.

Advocating on behalf of survivors with disabilities will begin to challenge the assumptions that advocates may have about their roles, where they advocate, how they advocate, and the questions they ask when safety planning. Learning to identify discrimination and offering remedies will provide individual survivors the best services available and change advocate work practices.<sup>4</sup>

---

<sup>4</sup> To review additional information to enhance program and agency accessibility, see *Increasing Agency Accessibility for People with Disabilities: Domestic Violence Agency Self-Assessment Guide*, Cathy Hoog for the Washington State Coalition Against Domestic Violence, Seattle, WA, January 2003, [www.wscadv.org/resources](http://www.wscadv.org/resources).

## **Recommended Policy**

[Name of agency] shall work to ensure meaningful safety planning for all recipients of services by developing and implementing a comprehensive safety planning process that includes a range of options for people with disabilities.

[Name of agency] shall be aware of and comply with all legal requirements to provide access and services to people with disabilities.

[Name of agency] shall understand and use the principles of universal design in program development and implementation to support safety planning practices.

[Name of agency] shall ensure staff and volunteers receive ongoing training about best practices in safety planning strategies for survivors with disabilities.

## **Recommended Procedures**

### *Identifying barriers to autonomy and safety*

- The advocate should ask the survivor about the physical and attitudinal barriers that are affecting her safety. The survivor with a disability is the expert on what safety techniques will work best for them.
- Advocates should ask about possible disability issues of the abuser or family members, and talk with the survivor about how it impacts safety planning strategies.

### *Crafting safety planning strategies*

- When developing safety planning strategies, the advocate should ask about and incorporate the practical ways a person with a disability successfully navigates barriers.
- Advocates should consider including support services (i.e., personal assistant, friend, disability advocate) that the survivor wants to use in the safety planning process.

### *Organizational support for safety planning*

- The staffing of advocates should provide sufficient time to support individualized safety planning for survivors with disabilities.
- Safety planning materials should be presented in clear, concise language, with an interpreter if applicable, and materials should be available in alternate formats.
- Safety plans should be reviewed and updated periodically as the survivor's situation changes.

### *Safety Planning Process*

- Advocates should be aware their own and others' assumptions about a survivor's abilities or strengths.
- Advocates, whenever possible, should develop safety plans in person, allowing for time to understand complicated choices, while respecting the pace of communication and needs of the survivor.

- Advocates should use open-ended questions and listen to gather the most information possible when developing a safety plan.
- The survivor must understand the safety plan and be willing to use it.



## Sample Safety Planning Questions

These questions can be integrated into your organization's existing safety plan. As you probably have already experienced, you never know when someone will tell you they have a disability or describe a condition that limits their daily functioning. These questions could help open up a conversation that builds trust between the survivor and the advocate. With trust comes a wider discussion about all the practical, institutional and attitudinal barriers a survivor with a disability faces. Barriers such as service providers disbelief of what a survivor is telling them; or lack of available accessible housing and transportation; difficulties in finding employment; or being perceived as "too difficult to serve."

*Some survivors will not use the word "disability" to describe their health concerns (including mental health issues). As you listen to what the survivor says about themselves, use their words or their way of describing their concerns when asking these questions.*

### *Identifying and understanding barriers*

- Do you have any concerns about how your disability might affect your safety?
- Do the effects of your disability change? If so, what causes the change? Can you predict when changes will happen? How does it affect your safety?
- Do you have any concerns about using \_\_\_\_\_ (system like court/hospital, resource like food bank or bus system, or service like financial aid or housing program) in \_\_\_\_\_ (local community)?

### *Identifying and understanding abuser's coercive tactics*

- How does your abuser react to your disability in private?
- What does your abuser tell others about your disability?
- Does your abuser do things that make your disability worse?

- Does your abuser do things that take advantage of your disability?
- Does your abuser do things that take away your independence?
- Does your abuser interfere with your use of (items needed for safety)?
- Does your abuser refuse to give you your medication, keep you from taking your medication or given you too much or too little medication?
- What is your abuser's involvement with (personal assistant or other disability support service)?
- If you depend on caregivers, does your caregiver use your need for assistance to keep control over you? Will you need emergency back-up caregivers?
- Does your abuser restrict or interfere with your communications with others (including restricting use of technology and interpreters)?

*Identifying and understanding the survivor's strengths, resources and support*

- What are your ideas for dealing with (identified barrier to service)?
- Is there any equipment, medications, or other kinds of technology that help you stay safe?
- What supports do you have now (i.e., friends, disability advocates, resources and places that you feel comfortable with and get what you need)? And, what other supports would you like?