



Maryland Network Against Domestic Violence

High-Danger Safety Planning Model Guidelines

Table of Contents

- A. Introduction
- B. Defining Safety Planning
- C. Defining High-Danger
- D. Role of Advocates
- E. Steps to Safety Planning in High-Danger Cases
 - 1) Identify High-Danger cases
 - 2) Strengthen victim's risk analysis
 - 3) Identify strategies used by victim previously
 - 4) Develop safety plan with victim
 - 5) Ongoing safety planning
- F. Resources

A. Introduction

This protocol seeks to develop a set of guidelines on how to safety plan with victims of domestic violence, including High-Danger victims. This protocol was developed by the Maryland Network Against Domestic Violence (MNADV) in collaboration with domestic violence advocates from across the state.

B. Defining Safety Planning

A safety plan is an individualized set of strategies that victims develop to reduce risks to themselves and their families.¹ Safety planning is a lifesaving service focused on the victim and her/his immediate needs. Safety plans must be comprehensive and address the victim's basic human needs, developing a life plan and responding to the physical violence a victim is facing. Safety plans vary depending on whether a victim has separated from the abuser, plans to leave, remains in the relationship, has other life circumstances impacting the situation, as well as what resources are available to her/him.

Safety planning is a dynamic process. Safety plans change depending on the victim's individual circumstances, and includes immediate, short- and long-term strategies². Victims constantly "safety plan," often without realizing it. There are numerous risks that victims face when considering whether or not to leave an abusive relationship. The ongoing process of safety planning is complex and includes:

- Understanding the risks to safety created by an abuser,
- Understanding how life-generated risks affect a victim's decision-making,
- Understanding the cultural norms and values of the victim,
- Understanding the variety of strategies used by a victim to reduce risks, and
- Understanding the role of advocates in responding to safety concerns and meeting basic human needs.

C. Defining High-Danger

Victims in "High-Danger" need additional layers of safety planning and support to ensure their safety. "High-Danger" is a term used to describe a victim who is at the greatest risk of being killed or seriously injured by an intimate partner. A victim is assessed as being at "High-Danger" either based on the victim's answers on the Lethality Screen, Danger Assessment or based on the belief of the practitioner³.

D. Role of Advocates

The advocate's role in the safety planning process is to educate, empathize and empower the victim to make her/his own choices and to offer referrals and options.⁴ Advocates should empathize with and empower victims, while engaging in active listening. The advocate should ensure that the safety planning process is trauma-informed, victim-centered, individualized, focused on strengthening the

¹ Definition of safety planning adapted from Davies, J., Lyon, E., Monti-Catania, D., (1998). *Safety Planning with Battered Women: Complex Lives/Difficult Choices*, Thousand Oaks, CA: Sage.
http://www.vawnet.org/Assoc_Files_VAWnet/BCS_SafePlan.pdf

² Immediate, short- and long-term strategies for safety planning are detailed in *Safety Planning with Battered Women: Complex Lives/Difficult Choices* cited above.

³ This definition of High-Danger was created by the Maryland Network Against Domestic Violence Lethality Assessment Program. <http://mnadv.org/lethality/>

⁴ Information on the role of an advocate provided by the MNADV's *Domestic Violence Service Provider Communication Guidelines*.

victim's risk analysis, culturally sensitive and ongoing. Advocates have information and access that can impact a victim's safety plan and should be prepared to explain and encourage the victim to make her/his own choices about safety using that information.

The advocate's part in the safety planning process begins with describing a safety plan and the reasons for making one, encouraging the victim's bravery and gathering information about the victim's situation. While gathering information from the victim, the advocate should listen for risk factors and barriers to safety that the victim might not recognize her/himself. If the advocate's initial point of contact with the victim is a victim-initiated hotline call, the advocate should complete the Lethality Screen to further evaluate the lethality impacting the victim (*see Lethality Assessment Program Victim-Initiated Hotline Call Guidelines*). The advocate should work to build a rapport and establish trust with the victim. A positive, supportive relationship is key for helping the victim as s/he makes what may be the scariest and most difficult decisions in her/his life. Once a risk assessment is completed, communicating the level of danger a victim is in is critical as it influences the safety planning process (*see Section E, Steps in Safety Planning in High-Danger Cases*). Safety plans that solely focus on getting victims to use traditional resources, such as counseling, parenting education, support groups, shelter, and/or legal options are helpful, but are limiting because:

- It may not include resources that address the risks identified by the victim;
- It may not validate the victim's experiences as unique;
- It may cause the victim to feel the domestic violence program is not considering her/his own needs and may not return for services; and
- It may not take into consideration the victim's cultural norms and values.

Advocates should constantly re-evaluate, expand, and update their referral base to include organizations that serve all members of the community, especially when they recognize the presence or emergence of culturally specific communities.

Safety planning conversations with a victim should be held in a private space whenever possible. Advocates must engage in active listening⁵ throughout the process. Working through a trauma-informed⁶ lens, the advocate must create a non-judgmental space for the victim to discuss her/his feelings and instincts as these will help create a well-defined plan. It is helpful to encourage the victim's strengths and to recognize what the victim is already doing or has done to keep her/himself safe. The advocate must explain that the safety plan can and will change for a variety of reasons, often outside of the victim's control, and that it is not the victim's fault if a safety plan does not occur as planned.

The advocate may not have the same concerns as the victim. The advocate may feel the victim is undervaluing one aspect of her/his situation and, though it is acceptable to encourage and educate the victim about her/his circumstances including risk of danger, advocates should never make decisions about the victim's safety plan.

E. Steps to Safety Planning in High-Danger Cases

Step 1: Identify High-Danger Victim

⁵ Active listening is a communication technique which requires the listener to repeat back what they hear by way of re-stating or paraphrasing to confirm they are listening and accurately understand what they are being told.

⁶ According to the Substance Abuse and Mental Health Services Administration, "a program, organization, or system that is trauma informed realizes the widespread impact of trauma and understands potential paths for recovery, recognizes the signs and symptoms of trauma in clients, families, staff, and others, responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization." (<http://www.samhsa.gov/nctic/trauma-interventions>)

The advocate may identify a High-Danger victim through a 1) completed Lethality Screen, and/or 2) a completed Danger Assessment (see *Lethality Screen, LAP Protocol and Danger Assessment*). The Lethality Screen may be administered on-scene by a law enforcement officer, on the hotline by a victim advocate, through another field practitioner, and/or while a victim is utilizing other program services (see *MNADV Lethality Assessment Program Victim-Initiated Hotline Call Guidelines*). The Danger Assessment can be administered by an advocate at any point in time.

Using the Lethality Screen⁷ and/or Danger Assessment⁸ will help guide the advocate and victim as they create a safety plan. These tools illustrate areas of current risk and warns the victim of possible signs of increasing lethality. The Danger Assessment or the Lethality Screen can be re-done as the victim's situation changes or the advocate's perception about the victim's risk evolves. During the process of administering a risk assessment tool, the advocate should listen for escalating risk factors or family dynamics that might heighten the victim's level of danger. Assessment tools examine the abuser's behaviors, not the actions the victim takes to protect her/himself. As such, they are not suitable replacements for an in-depth and detailed safety plan.

Factors that may place a victim at higher danger include⁹, but are not limited to, those factors itemized in the Danger Assessment.

Step 2: Strengthen Victim's Risk Analysis

Victim-centered advocacy, stemming from Jill Davies' woman-centered advocacy, is a risk analysis based on the victim's perceptions.¹⁰ An advocate must ask and identify what a victim perceives as her/his risks, and how to most effectively use this information to advance the victim's plans and priorities.

Victim-centered advocacy can be achieved by:

- Making the physical space as comfortable as possible and giving the victim choices (temperature, option to close or open the door, beverage, restroom breaks, etc.);
- Listening;
- Creating a "safe space" for the victim to talk;
- Asking open-ended questions, such as those on the Safety Planning Considerations handout (see *Safety Planning Considerations*);
- Validating the victim's experiences and feelings;
- Avoiding the use of jargon, especially legal and clinical phrases and acronyms;
- Being aware of the victim's assessment of you:
 - Does the victim trust you?

⁷ The Lethality Assessment Program—Maryland Model (LAP), created by the Maryland Network Against Domestic Violence (MNADV) in 2005, is an innovative strategy to prevent domestic violence homicides and serious injuries. It provides an easy and effective method for law enforcement and other community professionals—such as health care providers, clergy members, case workers, and court personnel—to identify victims of domestic violence who are at the highest risk of being seriously injured or killed by their intimate partners, and immediately connect them to the local domestic violence service program.
www.mnadv.org/lethality

⁸ Campbell, J., Webster, D., Glass, N. (2008). *The Danger Assessment: Validation of a Lethality Risk Assessment Instrument for Intimate Partner Femicide*, Thousand Oaks, CA: Sage.
http://www.dangerassessment.org/uploads/DA_Validation_of_a_Lethality_Risk_Assessment_Instrument-Campbell.pdf

⁹ Factors taken from *The Danger Assessment: Validation of a Lethality Risk Assessment Instrument for Intimate Partner Femicide*, Thousand Oaks, CA: Sage. Full citation in footnote 9.

¹⁰ Davies, J., Lyon, E., Monti-Catania, D., (1998). *Safety Planning with Battered Women: Complex Lives/Difficult Choices*, Thousand Oaks, CA: Sage. http://www.vawnet.org/Assoc_Files_VAWnet/BCS_SafePlan.pdf

- Is the victim comfortable with you?
- Identifying the partner-generated risks¹¹:
 - For some victims, leaving may create new risks or increase existing ones. Partner-generated risks may include, but are not limited to:
 - Physical injury
 - Psychological harm, such as threats to the victim’s mental health, drug and alcohol abuse, or suicidal ideation
 - Child-related risks
 - Financial risks
 - Risks to family and friends, including the possible loss of relationship with the abuser
 - Arrest and legal status
- Identifying the life-generated risks¹²:
 - Life-generated risks are the type of risks anyone might face. The advocate must assist the victim in identifying real or perceived life-generated risks, and discuss how the abuser may manipulate these risks to hurt the victim. Life-generated risks may include, but are not limited to:
 - Finances
 - Home location
 - Physical and mental health
 - Discrimination based on race, ethnicity, country of origin, limited English proficiency, gender, sexual orientation, age, ability or other form of bias
 - Inadequate response from major social institutions including the legal system, health system, and workplace

Technological considerations should be a part of every safety plan. Technology can be used as a tool to help victims document abuse, call for help or communicate with supportive family and advocates, but it can also be used against the victim. Safety planning around technology including tracking applications and venues for communicating threats should be discussed. See the *NNEDV Technology Safety Plan, A Guide for Survivors and Advocates* for additional information.

Step 3: Identify strategies used by victim previously

The advocate will help assess the victim’s past and current safety plans and whether those plans were effective. Obtaining a history of help-seeking actions and their consequences is important in understanding the victim’s risk analysis and perception of systems. While obtaining the victim’s history, it is important to gather information without overwhelming or re-traumatizing the victim with extensive questioning. If the victim does not trust the advocate, think the advocate will be helpful, or believe the advocate will be sympathetic, the victim may not accurately recount the story to reflect all risks¹³. Advocates should be aware that victims often seek help from non-traditional resources. If this is the way that the victim is most comfortable seeking assistance, the advocate should use those resources in helping the victim create a safety plan¹⁴.

¹¹ Davies, J. M., & Lyon, E. (2014). How Women Form Perspectives and Priorities. In *Domestic Violence Advocacy* (2nd ed., pp. 77-88). SAGE.

¹² Davies, J. M., & Lyon, E. (2014). How Women Form Perspectives and Priorities. In *Domestic Violence Advocacy* (2nd ed., pp. 77-88). SAGE.

¹³ Davies, J., Lyon, E., Monti-Catania, D., (1998). *Safety Planning with Battered Women: Complex Lives/Difficult Choices*, Thousand Oaks, CA: Sage. http://www.vawnet.org/Assoc_Files_VAWnet/BCS_SafePlan.pdf

¹⁴ For additional information on community connected safety planning, read Lisa Goodman’s article on IPV and Social Networks. Goodman, L.A. & Smyth, K.F. (2011). A call for a social network-oriented approach to services for survivors of intimate partner violence. *Psychology of Violence*, 1, 2, 79-92.

Step 4: Develop safety plan with victim

Safety plans take many forms and should be adapted to fit the needs of the victim. For example, a written safety plan can be helpful so that the victim does not forget any of the suggestions. Unfortunately, they also pose a risk to the victim if the abuser sees it. In addition, if a victim does not read or write very well, a written safety plan is of limited use. The advocate and the victim should create the safety plan together and not just hand over the information and expect the victim to complete it independently. For more tips on safety planning, see *Safety Planning Considerations worksheet*.

Safety planning with High-Danger victims will incorporate many aspects of basic planning; however, with victims assessed as being in greater danger of being killed, more extensive, comprehensive approaches should also be address their specific risk factors. Advocates should consider the help of community partners during the safety planning process when working with High-Danger victims. With the victim's permission, advocates may partner with law enforcement, victim advocates, prosecutors, civil attorneys, culturally specific organizations, faith-based programs or other individuals who can assist in protecting the victim by limiting the abuser's access to her/him through arrest, bail/bond, criminal stay away orders, protective orders, filing for divorce or custody and/or enforcement of probation/parole violations. Following up in-person with a High-Danger victim at her/his home with the assistance of law enforcement can be very helpful in supporting the victim through a tumultuous time (see *High-Danger Follow-Up Model Guidelines*). Also, victims in High-Danger situations may be more likely to need relocation services including safe accommodations in outside jurisdictions or transportation support to safe locations (see *MNADV's Shelter to Shelter Referral Form and FAQ Sheet*).

Once the partner-generated and life-generated risks are identified, the advocate can begin the process of offering the victim complete and accurate information and addressing any concerns that the victim may have. It cannot be overemphasized that leaving the relationship provides neither a guarantee for the victim's safety nor a guarantee that other risks will be reduced. Victims use complex and creative safety plans to reduce the risks they and their children face. As any person making a significant life decision, victims must consider the consequences of pursuing certain options. Some examples may include:

- "If I call the police they can stop him from hitting me, but my husband will lose his job (that supports our family)."
- "If I get a protective order she'll have to leave the house. I won't be able to pay the rent without her help."
- "If I stop seeing him, he said he'd kill me."
- "If I report her, she can have me deported. Then I wouldn't have anything, my family and my children are all here."

Such consequences may make a particular option undesirable or present additional risks the victim must address in her/his plan. One safety planning strategy that victims use is to remain in the relationship until they reach certain goals, such as waiting until children are in school or saving up a certain amount of money. Other victims hope and believe the abuser will stop abusing them and they decide to stay in the relationship. Others may stay because of their culture, threats, or because of life-generated risks. Victims who choose or are forced to remain in an abusive relationship also benefit from safety planning and strategizing to enhance safety.

High-Danger victims need additional support as they work to reduce the violence in their lives. Engaging community partners in protecting these victims is critical. With the victim's permission, asking community partners such as law enforcement or probation/parole to "flag" High-Danger cases

or addresses could be helpful should the victim reach out to first responders in a crisis. Also, safety planning around High-Danger factors is critical to reducing the risk of homicide.

For example, because of the increased lethal predictability that access to firearms creates, when an advocate is assisting a victim with a protective order petition, the advocate should address the matter of firearms with the victim to ensure the hearing judge is aware of their availability. The advocate should also encourage the victim to be as specific and detailed as possible as to the number, type, and exact location of the firearms. Precise information will allow law enforcement to remove as many of the firearms as possible. If the abuser fails to surrender the firearms, it will also provide officers with better information on which to establish probable cause for a search warrant application.

Another example, especially in extreme High-Danger cases, might be a consideration to seek witness protection through the local state's attorney's office.

Step 5: Ongoing Safety Planning

Both the advocate and the victim can expect a safety plan to change over time as life-generated and partner-generated risks change. The Lethality Screen or Danger Assessment can be administered multiple times to reassess the victim's situation. It can be helpful to reinforce to the victim that the safety plan may not reduce or eliminate the threat of or actual violence. Advocates should review safety plans at every meeting with the victim.

There are times when an advocate must have conversations with a victim regarding her/his safety. These conversations could include discussions of behaviors such as survival sex, substance use and/or mental health concerns. An advocate may also have to talk about locations or relationships that put the victim in danger. For example, if the advocate believes the victim is putting her/himself in danger by attending family gatherings, encouraging the victim to disconnect with beloved in-laws or to stop attending social events where the abuser may be able to locate the victim could be a difficult conversation. These difficult conversations are necessary and should be done with empathy and in a non-judgmental manner.

After the victim's safety plan is complete, the advocate's efforts on behalf of the victim continue. Ongoing case work, especially for High-Danger victims, is critical to keeping a victim safe. Some options for promoting safety in these cases might include high-risk case review and use of a strangulation investigation team approach when applicable. ¹⁵Strangulation Response Teams exist in Baltimore and Calvert Counties and are comprised of professions, trained to recognize strangulation indicators and to promote medical identification, treatment, documentation and prosecution. This can assist in the investigation and prosecution of offenders for strangulation, which is a significant predictor of high danger and lethality. A ¹⁶[coordinated community response](#) is an intervention strategy developed by the Domestic Abuse Intervention Project (DAIP) in Duluth. This strategy, often called the "Duluth model," is a "system of networks, agreements, processes and applied principles created by the local shelter movement, criminal justice agencies, and human service programs that were developed in a small northern Minnesota city over a fifteen year period. It is still a project in the making." Multi-disciplinary teams, such as Montgomery County's ALERT (Assessment Lethality Emergency Response Team), Baltimore City's Fast Track, the [Domestic Violence Enhanced Response Team \(DVERT\)](#) in Colorado Springs, Colorado, and the [Domestic Violence High Risk](#)

¹⁵ Information provided by the National Domestic Violence Fatality Review Initiative. http://www.ndvfri.org/reports/maryland/Maryland_Statewide_AnnualReport_2012.pdf

¹⁶ Information provided by the National Criminal Justice Reference Service. <https://www.ncjrs.gov/App/publications/abstract.aspx?ID=187551>

[Team \(DVHRT\)](#) in Newburyport, Massachusetts, serve as examples of proactive models for community partners joining together to respond to victims in need and to address matters of abuser accountability.

F. Resources

- [Safety Planning Considerations](#)
- [Lethality Screen](#)
- [Lethality Assessment Program Protocol](#)
- [Lethality Assessment Program Victim-Initiated Hotline Call Guidelines](#)
- [High-Danger Follow-up Model Guidelines](#)
- [Danger Assessment](#)
- [MNADV Shelter to Shelter Referral Form and FAQ Sheet](#)
- [NNEDV Technology Safety Plan, A Guide for Survivors and Advocates](#)