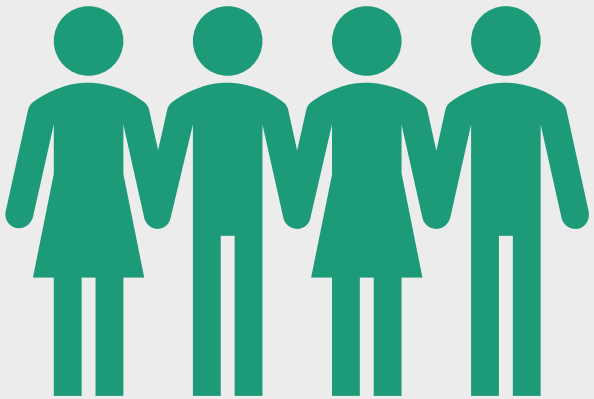
SAFETY PLANNING FOR PEOPLE EXPERIENCING HOMELESSNESS

Collaborative effort among
Lived Experience
Advocates and
Domestic Violence
Regional Coordinators



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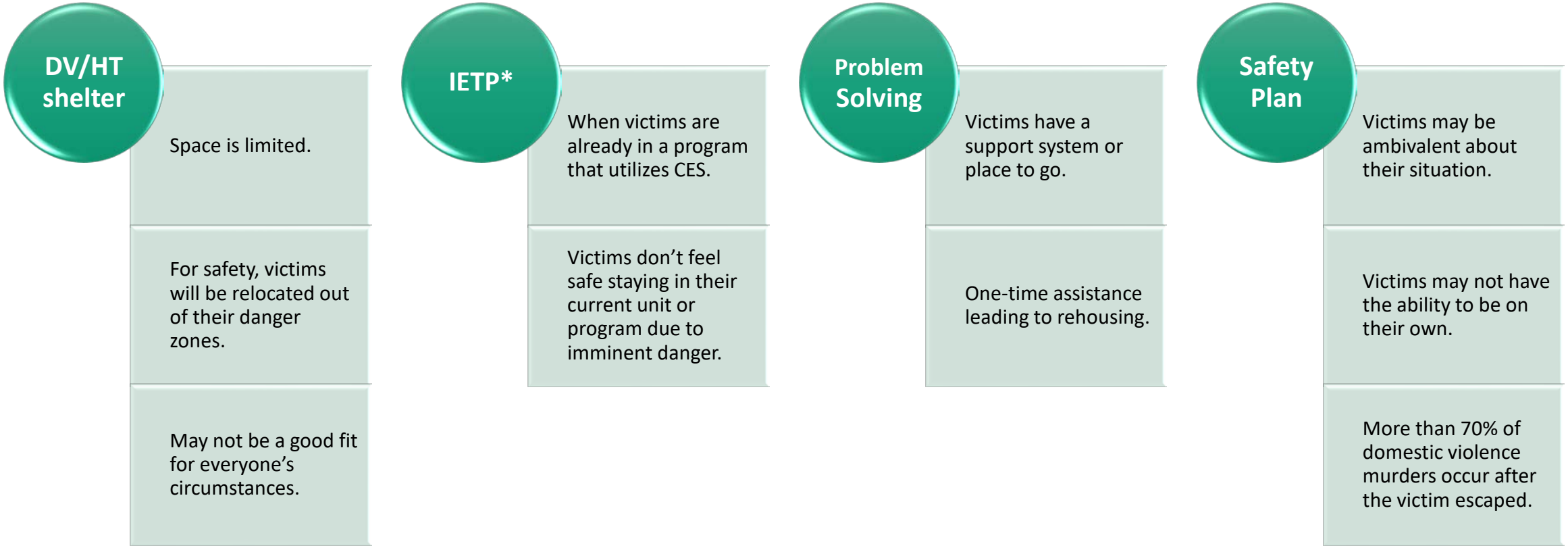
PART I

Safety planning: a necessity when other options are not possible

VICTIM
or
SURVIVOR

What are the options when someone discloses that they are experiencing violence?



* IETP: Interim Emergency Transfer Plan by LAHSA

Framework

❖Respect the victim's choice:

- A natural reaction might be to tell victims to leave their abusers, go to shelter, and get a restraining order (RO).
- For many reasons, victims may not be willing or able to leave the abuser:
  - They may be protected by the abuser in some ways.
  - The abuser may be a very dear person and/or the victim is experiencing trauma bonding.
  - The abuser may be providing resources of some kind for the victim (i.e. money, shelter/property, transportation, alcohol/drugs).

❖Use "Harm Reduction" philosophy:

- Safe – Safer – Safest
- Decrease risks by providing victims with safety practices, working with the information available, and meeting them where they are.

Framework

- Beyond the specific definition of DV/HT/SA:
  - The tools and strategies in this safety planning training are broad enough to address all violence perpetuated against a person.
  - Mutual abuse doesn't exist.
    - In DV, one person ultimately has the control and power over the other partner.
    - However, victims may engage in self-defense. Some victim may initiate the abuse in order to end the tension.
- Use Trauma-Informed practices:
  - When interacting with victims.
  - And when providing support to staff!

Engaging clients in conversation

“I’m worried about you.”

Expressing to a victim that you do care about their experience and their livelihood may be incredibly affirming. By sharing your own concerns, you may allow the victim to share theirs in turn and thus, honestly discuss the elements of danger/safety.

“In case something like this happens again, how can we keep you safe?”

Denying, minimizing, and blaming oneself for the abuse is part of the victim’s experience, for which the abuser is ultimately responsible. It may be helpful to frame safety planning as a “just in case” measure. Incidents of abuse will repeat. Note the use of “we” versus “you.”

“It doesn’t sound like this is healthy.”

Sometimes, abusive dynamics are thoroughly normalized and victims may not know that another way to be in a relationship exists. If they are unable to identify as a victim, then sharing the dynamics of a healthy, equal relationships can be enlightening.

“This is so hard. You’re not crazy.”

Non-judgmental validation in response to a victim’s story is essential. An abusive partner will be unable to validate and, moreover, legitimize the victim’s experience in any way, as for the abuser, the relationship is about power. Validating the victim’s experience may allow them to feel safe enough to share information and open up.

PART II

Ways to safety plan based on the housing status

PART II

A. General Safety Planning.
B. Homeless Encampments and/or Street.
C. Communal or Congregated Settings.
D. Motels/Hotels.
E. Cars and/or RVs.
F. Drop-in Centers.

A. General Safety Planning

- A victim's perception of safety. Don't assume to know what they are afraid of.
- Privacy and confidentiality are important factors for safety reasons.
- Safety plan already in place:
  - Victims instinctively have ways to keep themselves safe but may not label it as such.
  - Staff already have safety protocols in place.
  - ✓ **Build on top of current safety practices.**
- Assessment of a victim's situation is essential when establishing a proper safety plan.
- How often does a safety plan change?
  - When there is a change in client's situation; safety plans are **a process not a product**.
  - Empower victims by teaching them to adjust their own safety plan. If they do not have the capacity, 24/7 DV hotlines can assist.

A. General Safety Planning (cont.)

- What is the best form of a safety plan?
  - Written: because in a fight/flight/freeze mode, the brain has a hard time remembering.
    - **But if there is no safe place to keep it hidden from the abuser, do not write it**.
    - Instead, practice or rehearse with the victim so that it becomes a second nature for them.
- Keep this process simple: simple words and concepts.
- Do not assume: ask the victim if 911 is an option for them.
  - If yes, does the victim have the means to call? If not, how can they access a phone? Can anyone call 911 for them (neighbor, friend, child, staff)?
  - If the victim doesn't feel comfortable calling 911, is there anyone else that the client can call?

A. General Safety Planning (cont.)

- Inform all parties that violence (both physical and verbal) will not be tolerated in the program.
  - Review policies and agreements with victim and abusive person (i.e. all participants), stating the consequences of violence while in the program.
  - Discuss with participants the laws (i.e. VAWA) that protect victims and how staff can support them if they need help or choose to flee.
- Creating a safe space for participant:
  - Can you offer victims a safe and private place away from the abusive partner?
  - How can staff ensure safety for the victim and staff while providing services to both partners?
- Use a safe word to notify staff when intervention is needed.
  - Safety words/phrases can be simple and covert, but should be unique to the specific person.
  - Identify the agency's protocols when a safe word is used.

Example of a Safety Plan

A. General Safety Planning (cont.)

1- CES staff typically keeps track of client's situation, which could be beneficial when drafting a safety plan with client.

- However, if staff has access to HMIS, safety plans should **not** be stored In HMIS; it is not a confidential site, and not compliant with VAWA protections.

2- What would you do when two participants (without specific ties) share one unit and one of the participant is experiencing DV? What can happen for the roommate/other household members?

A. General Safety Planning: specific considerations

1. LGBTQIA+ communities:
   - Don’t assume the gender of the abuser or the pronouns of the victim; use gender neutral language.
   - There are specific LGBTQ+ DV services, though not all LGBTQ+ clients may wish to access them.
   - There are other abusive mechanisms through which LGBTQ+ folks may experience DV/Intimate Partner Violence specific to their identity/identities.
2. Cisgendered male victims:
   - Even though DV is categorized as “gender-based violence,” keep in mind that some victims are men, and those numbers are vastly underreported.
   - Men are also oppressed through misogyny.
   - How do you recognize the abuser?

A. General Safety Planning: specific considerations

3. Marginalized communities:
   - Use translation services rather than translating through a family member/friend.
   - Access to resources is likely diminished.
   - As with LGBTQ+ individuals, other marginalized identities may *also* be victims of hate crimes (in addition to DV/Intimate Partner Violence).
4. Youth/TAY communities:
   - Majority of TAY population have aged out of foster system; they are vulnerable, and do not have much experience or a support system.
   - Easily influenced by peer-pressure, and statistically more vulnerable to Human Trafficking.
   - Technically considered “Teen Dating Violence,” and may not feel comfortable accessing “traditional” DV resources.

B. Homeless Encampment and/or Street

- Suggestions for clients:
  - What does safety look like for the victim?
    - Is safety in a crowded place or isolated from everyone?
    - Is safety being exposed in plain sight or protected by belongings?
  - What strategies worked well in the past for the victim to stay safe?
  - Where are the victim's "safe areas"?
    - Does the abuser know about these locations/areas?
    - If yes and the victim now cannot go to these places: what made this space safe?
    - Are there any other places that may have the same protective factors?
    - Is there a place that could shield the victim from any possible incident?

B. Homeless Encampment and/or Street (cont.)

- Suggestions for clients: (continued)
  - Can the victim trust someone at the encampment to assist them if necessary?
    - What kind of help can this person provide?
    - Is there someone that can protect the victim or de-escalate the violence?
    - Build and/or strengthen a support system.
  - Does the victim have a tent? Is the tent a protective factor or not?
    - Can the victim use the tent to limit the abuse?
    - Does the abuse happen in the tent?
    - Can the victim hide a written safety plan?
  - Other settings that are temporary: someone's couch, garage, …

B. Homeless Encampment and/or Street (cont.)

- Suggestions for staff:
  - Understand that each encampment has a specific culture/dynamic and sometimes victims must adapt within these constraints.
    - The leader of the area/encampment.
    - Specific area restrictions: construction site, non-sheltered areas.
  - Is the victim using substances/alcohol which makes it difficult to leave this area?
  - Identify a place that offers privacy to have a conversation with the victim.
    - Can a fellow staff member help to create privacy?
    - Are there current challenges to meeting in-person with COVID-19?

C. Communal or Congregated Setting

- Suggestions for clients:
  - Facility Mapping:
    - Victims can familiarize themselves with the layout and identify safe, accessible areas and exits.
    - How can the victim ensure physical safety while living in a communal or shared area?
    - Do the victim and abuser have isolated or shared sleeping quarters? Are they residing within the same facility?
  - Create a safe place:
    - How much private space does the victim have access to? Cubicle, storage, locker, room?
    - Is the victim able to safely store and hide valuables? Where can they hide them?
    - If the victim has a vehicle, can the vehicle be parked within view of a security camera?
    - Is there somewhere on-site the victim can go that is away from the abusive partner?
    - Can the victim go off-site, and if so, to whom and for how long?

C. Communal or Congregated Setting (cont.)

- Suggestions for clients: (continued)
  - Identify a support system:
    - Who can the victim go to for support (emotional, psychological, physical, spiritual)?
    - Is there trained staff on-site that could assist the victim?
    - Are there any gaps that a non-residential Victim Service Provider (VSP) program can assist with (crisis intervention)?
  - Share documents with staff:
    - The victim can provide staff (programmatic, hotel, security) with copies of RO.
    - The victim can provide staff a picture of the abusive partner.
    - The victim does not need to share all the details of the abuse or incidents.

C. Communal or Congregated Setting (cont.)

- Suggestions for staff:
  - How can the agency ensure safety for the victim *and* staff while providing services to both partners?
  - Use of a safe word.
  - Prepare in advance and ensure confidentiality for the victim to leave or transfer to another program.
  - Adjustment of certain rules: curfew, relocation, non-residential services, other housing programs within the agency.

D. Motel/Hotel Setting:

- Suggestions for clients:
  - Get familiar with motel layout; identify safe, accessible areas and exits.
  - Is it possible to make an emergency call from the phone in the room? Or not?
  - If the victim has a vehicle, the vehicle can be parked within the view of a security camera.
  - Even if the abusive partner does not know where the victimized partner is, brainstorm with the victim what safety precautions they would like to practice, as danger increases at the time of leaving.
  - If the victim has a Restraining Order (RO):
    - Provide staff (programmatic, hotel, security) with copies of RO.
    - Check to see if security cameras inside and outside the building are operational; may be evidence if abusive partner violates RO.

D. Motel/Hotel Setting: (cont.)

- Suggestions for staff:
  - Is it possible for motel staff to use a safe word or phrase to call law enforcement in case of abuse, or fear of abuse escalating?
    - Ensure that everyone who may potentially answer the front desk phone is aware of what the phrase is and means.
  - Designated areas:
    - If the abusive partner has been exited from the motel/hotel but the victim wants to continue seeing them.
    - Within sight of security cameras or security personnel, where couples can visit under strict supervision.

D. Motel/Hotel Setting: (cont.)

- Suggestions for staff: (continued)
  - Move victims to another facility/program.
    - A victimized person may want to leave the relationship without alarming, or placing the blame, on the abusive partner.
    - Staff can exit a victim by pretending the victimized partner violated a guidelines and needed to exit the program.
    - This allows the victim to leave the program without placing blame on the abusive partner and take their belongings with them, while keeping their next destination secretive.
  - If a DV incident occurs in the motel
    - Contact law enforcement.
    - File incident report.
    - Exit the partner causing the abuse to another program/facility.
    - Connect victimized partner with supportive services, and offer the victimized partner relocation to another motel where they may feel safer.
    - Please reach out to dvinfo@lahsa.org for more support with a safety transfer.

D. Motel/Hotel Setting: (cont.)

1- What if motel/hotel staff do not want to be involved or report an incident?

- Build relationship with motel staff.
- Safety measures are not only for the client; they also increase the safety of motel staff and other service providers.
- Are any Program Managers/Supervisors on-call?
- 24/7 DV Hotlines.
- DART & SART Teams.

2- Calling law enforcement may not be the safest thing for every client.

- In some situations, calling the police can **increase** the lethality.
- Positive law enforcement experiences and responses vary widely for marginalized communities.
- Law enforcement triggers a DCFS report.

E. Cars and/or RVs Setting:

- Suggestions for clients:
  - Using the vehicle:
    - Utilize the personal space as hiding spot for escape bag or copy of the safety plan (only if the victim can keep it hidden from abusive partner).
    - Can the victim use the vehicle to flee? Is the car registered under their name?
    - Is there a suspicion of GPS tracker placed on the vehicle? How can anyone tell?
      - Abuser always finds the victim, or…
      - Abuser lets the victim know that they are aware of their whereabouts.
  - Getting familiar with surroundings:
    - Where would the victim go if they had to escape? Nearest police stations and hospitals?
    - Are these locations in walking distance or not? Does the victim have gas for the car to travel?
    - Does the victim need to access public showers? Is that an added risk or can it be an advantage to talk with a staff member?

E. Cars and/or RVs Setting:

- Suggestions for staff:
  - Refrain from going inside the car or RV, even if invited by participants.
  - Keep an eye on hidden weapons that abuser may have nearby.
  - The vehicle setting allows victims to move around easily, keep track of their preferred area (isolated or in the city).
    - This could be an aspect to discuss with the victim when conducting safety planning.
  - Victims may prefer to live in their vehicle rather than enter shelter.
    - May allow a victim to keep their job, for children to remain in school district, and/or for increased mobility.

F. Drop-in Centers:

- Suggestions for clients:
  - Does the abuser know where the victim receives services?
    - If yes and the victim leaves the abuser, can the victim receive services at another location?
  - Is the abuser also receiving services at the same location?
    - Is it at the same time than the victim? If so, can the victim receive services on days when the abuser is not there?
    - Scan the area on the way to the drop-in center. Is the abuser trying to “trap” the victim around the center?
  - Victims can familiarize themselves with the exit route of the drop-in center and nearby safe locations to flee to, if necessary.

F. Drop-in Centers

1- What if staff are serving both the victim and the abusive partner?

- How can staff work with each person?
- Are both partners present during the intake?
  - Keep in mind that if they are both present, the victimized partner may not share freely, and the abuser will control the narrative.
- What can staff do if an argument happens between two partners at the drop-in center or other service provider locations?

F. Drop-in Centers: (cont.)

- Suggestions for staff:
  - How does staff inform participants that it is a safe space to share their DV history?
    - Intake pamphlet?
    - Posters or flyers in the waiting area?
    - Direct question(s) in screening? In that case, don't ask sensitive question when they are both in the room.
  - Is there a neutral room available to talk to the abusive partner?
    - No sharp or dangerous items there.
    - Where is the exit? If something happens, can staff exit right away?
    - Can a staff member inform fellow staff to be on the lookout for their safety? Is there a code word or phrase to use for staff in danger?

F. Drop-in Centers: (cont.)

- Suggestions for staff:
  - Does the file include both the victimized partner and the abusive partner, or do they have separate files?
  - If the abuser creates a scene, what can a staff and team do to decrease the risk?
  - If the abuser is leaving, keep in mind that they could return days or weeks later. Inform all staff at the site.

“Not because they are housed that they are safe”

PART III

Best practices for service providers

A. Engaging with Clients:

- <u>Staff Safety First:</u>
  - Be aware of your environment.
  - Look out for cues and clues (i.e. people's body language, settings, group of people, etc).
  - Do not take anything/anyone for granted (i.e. this client is always nice and wouldn't hurt anyone/me).
  - Build strong partnership within your team to maximize information, resources, and support.
- <u>Privacy:</u>
  - How does privacy look in your setting? Is there a place that provides *some* privacy (i.e. an office, mobile clinic, etc..) or is that not an option (i.e. homeless encampment)?
  - Can you use a medical reason to talk privately with the client?

B. Support for Staff:

- <u>Emotional Burden & Vicarious Trauma:</u>
  - How does it look for you?
    - Intrusive thoughts about client's situation after work, anxiety about client's safety?
  - How do we combat that feeling:
    - You can teach and train clients to do the important points of safety planning themselves; they *must* be able to understand the concept.
      - If a situation happens and they cannot contact you, they may be able to update the safety plan themselves.
    - If they are not able to adjust their safety plan themselves, they can call any 24/7 DV or HT hotline; confidentially, an advocate will be able to help them.
      - If you have questions about safety planning or a client's situation, you can also collaborate directly with a VSP.
    - Through on-call Supervisors and/or consistent communication with colleagues, the burden should not fall solely on you.

B. Support for Staff:

- Debrief Among Each Other:
  - Purpose: case notes, brainstorm with other coworker/supervisor about other resources, talk about the difficulties/uniqueness of this case, validation, learning curve.
  - The more formal the debrief is, the more difficult it becomes for staff to do it.
    - A short debrief of 10 minutes can go a long way and decrease the burn-out.
- Assistance from Other Staff:
  - If I see a coworker struggling while taking care of a crisis, what can I do to support them?
    - Do I need to keep an eye out on people surrounding us and what they are doing?
    - Can I look after a client so my coworker can use the restroom, drink water or eat a snack?
    - Can I run an errand for the client so to relieve my coworker from doing it?

Within your breakout groups, please discuss one or two of the following questions:

1- What can you do if you feel overwhelmed by a case and scared for a client's safety?

2- As a supervisor, what can you do to support teams reporting into you? Or “how could your supervisor and agency support you?”

3- If you are planning a vacation or to leave the agency, how do you communicate the safety plan to your team? What if you are sick?

4- How can you re-visit the safety plan with a client ongoing? What will you need to accomplish that?

5- What are some strategies to have a private and confidential conversations with clients in order to safety plan? What are reasons/excuses you can use to distract the abuser?

6- At what point would you reach out to a VSP to collaborate? What would need to happen? What would you collaborate on?

Resources

for victims & survivors

Domestic Abuse Response Team DART

Domestic Abuse Response Team (DART)

- DART consists of a sworn Police Officer and a civilian advocate
  - respond to active domestic violence scenes and provide support
  - After the incident, the advocate is available to help coordinate different victim services that include advocacy, prevention, outreach, and therapy

- If a crime has occurred
  - it will be investigated by Detectives assigned to Major Assault Crimes.
  - They will follow-up with victims explain and assist with the criminal process.

- **All 22 divisions** of the Los Angeles Police Departments (LAPD) have a DART team; contact the division to inquire which DV agency they partner with.

Sexual Assault Response Team SART

Los Angeles County Designated Sexual Assault Response Team (SART) Centers and the populations served. Law enforcement may utilize any designated SART Center.

I. Approved for EMS Transport:

SART CENTER	ADDRESS	ADULTS	PEDIATRICS
Antelope Valley Hospital	1600 West Avenue J Lancaster, CA 93534	Y	Y
Citrus Valley Medical Center- Queen of the Valley	1115 S. Sunset Avenue West Covina, CA 91790	Y	Y
Community Hospital Long Beach	1720 Termino Avenue Long Beach, CA 90804	Y	Y
LAC+USC Medical Center	1200 North State Street Los Angeles, CA 90033	Y	Y
Pomona Valley Hospital Medical Center	1798 North Garey Avenue Pomona, CA 91767	Y	Y
PIH Health Hospital - Whittier	12401 E. Washington Boulevard Whittier, CA 90602	Y	Y
Providence Little Company of Mary Medical Center - San Pedro	1300 West 7th Street San Pedro, CA 90732	Y	Y
San Gabriel Valley Medical Center	438 W. Las Tunas Drive San Gabriel, CA 91776	Y	Y
Santa Monica-UCLA Medical Center	1250 16th Street Santa Monica, CA 90404	Y	Y

II. Approved for Law Enforcement Transport ONLY:

SART CENTER	ADDRESS	ADULTS	PEDIATRICS
Northridge Hospital Center for Assault Treatment Services (CATS)	14651 Oxnard Street Van Nuys, CA 91411	Y	Y
Providence Little Company of Mary - Torrance Center	20911 Earl Street, Suite 440 Torrance, CA 90503	Y	Y

III. Approved for Department of Children and Family Services ONLY:

SART CENTER	ADDRESS	ADULTS	PEDIATRICS
LAC Harbor-UCLA Medical Center	1000 W. Carson Street Torrance, CA 90502	N	Y
LAC Martin Luther King - Pediatric HUB Clinic	1721 E. 120th Street Los Angeles, CA 90059	N	Y
LAC Olive View-UCLA Medical Center	14445 Olive View Drive Sylmar, CA 91342	N	Y
LAC+USC Medical Center	1200 North State Street Los Angeles, CA 90033	Y	Y

Victim Service Providers & Additional Resources

National Hotline Numbers

- National Domestic Violence Hotline: **800-799-SAFE (7233)**
- National Human Trafficking Hotline: **1-888-373-7888**
- National Sexual Assault Hotline: **800-656-HOPE (4673)**

LGBTQ+ Resources

- LA LGBT Center's DV and STOP Violence Programs:
  - Call **323-860-5806**.
    - If new to the LA LGBT Center, then call main line first to open a case: 323-993-7500
  - Send an email to: **domesticviolence@lalgbtcenter.org**.
- The Center with Long Beach's IPV Programs:
  - All Services are offered in English and Spanish.
  - Call **562-434-0257** or email: **IPV@centerlb.org**.
- The Walls Las Memorias Project: **www.thewalllasmemorias.org**
- TransLatin@ Coalition (DV specific services included): **www.translatinacoalition.org**

Working with Batterers

- List of Batterer Intervention Programs (BIP)
  - Approved by the Los Angeles County Probation.
  - 52-week programs designed to address root causes of DV/IPV.
- Open Paths Counseling Center: https://openpaths.org/counseling-services/#domestic-violence-anger-management
  - Administration: **310-258-9737** | Counseling Services: **310-258-9677**
  - Offers a BIP ("Another Way"), Anger Management, and counseling in English/Spanish.
  - Client fees are based on monthly take-home income and determined using sliding scale fee structure after initial intake.

DVRC Contact Information by SPA

Service Planning Area 1 | Antelope Valley

Kimberly Perkins
Valley Oasis
(661) 483-0014
kperkins@avdvc.org

Service Planning Area 2 | San Fernando Valley

Iajhiah Lucas
LA Family Housing
(818) 605-2735
ilucas@lafh.org

Service Planning Area 3 | San Gabriel Valley

Takiya Benjamin
Union Station Homeless Services
(626) 408-0959
tbenjamin@unionstationhs.org

Service Planning Area 4 | Metro Los Angeles

Diana Grant
Center for the Pacific Asian Family (CPAF)
(323) 326-3345
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Service Planning Area 5 | West Los Angeles

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St. Joseph's Center
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Service Planning Area 6 | South Los Angeles

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Homeless Outreach Program Integrated Care System (HOPICS)
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Service Planning Area 7 | East Los Angeles

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Continued Education

- Refresher on Dynamics of Domestic Violence: recorded webinar on Configio
- Interim Emergency Transfer Plan (IETP): recorded webinar on Configio
- Trauma Informed Care Practices
- (Link is not working anymore)