



Safety Options

The State of Michigan VoiceDV Hotline operates 24 hours a day and 7 days a week. The hotline provides support for survivors of domestic violence, their significant others, and allied professionals. All calls are anonymous and confidential; caller's information stays with those on the hotline. Advocates provide callers with immediate crisis counseling, advocacy, and community-based referrals. Advocates also support callers in information seeking around domestic violence.

Advocates working with survivors must address safety at some point during the call. This conversation should be mindful of whether there is an upcoming physical crisis or if there is uncertainty about the safety of one's environment after an assault. If survivors have identified feeling uncertain about their safety, advocates must work with them to safety plan. This feeling could be uncertainty about the immediate future or as part of a situation-based concern.

The National Domestic Violence Hotline's 2013 "What is Safety Planning" article has defined safety planning as "a personalized, practical plan that includes ways to remain safe while in a relationship, planning to leave, or after you leave." To expand on this, safety planning has been described by Murray and Graves (2012) as:

"A personalized, detailed document that outlines clear and specific safety strategies that a battering victim can use to promote his/her safety across a wide range of situations. Fundamental to the creation of an appropriate safety plan is a collaborative process to develop it between the client and the professional. (p.95)"

The Michigan Coalition to End Domestic and Sexual Violence is dedicated to the empowerment of survivors of domestic and sexual violence. It is noted that the term "battering victim" is being used instead of the term "survivor" within the above quotation. When working from a place of empowerment, it is believed that best practice would be to utilize the term survivor. This is especially important as the above quotation also notes that safety plans are a collaborative process between clients ("callers" or "survivors") and professionals ("advocates").



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There is also the knowledge that “battering victim” narrowly defines a survivor as a survivor of intimate partner violence. Safety planning is not only utilized for intimate partner violence. These are options for domestic violence survivors with a relationship to their perpetrator who could be a partner, relative, friend, etc. They are also options for those who have been assaulted and have minimal to no information about their perpetrator. This document will focus on physical safety options even though there is an understanding that emotional safety options are needed in the creation of any plan.

The standard term used to support survivor safety is safety planning. This publication will move forward utilizing the term “safety options” instead. When looking at the term safety planning, there might be an automatic assumption that there is only one way a survivor can follow as they navigate safety. Using the term safety options also supports Murray and Graves as it identifies a “range of situations.” This could mean changing a plan with the introduction of new variables or the opportunity to think about more than one situation.

Logan and Walker (2018) note that safety options where survivors and advocates work together and address many of the survivor’s needs, rather than organization-based needs, are best. The survivor should always guide what needs are being addressed during this process. Survivors will likely feel like they have no control when there has been physical trauma or the threat of harm. Having safety options may not prevent violence from happening. Nonetheless, they do support survivors in regaining a sense of control when they are in situations that may leave them feeling powerless. This may then allow survivors to feel a level of certainty to work with other systems later.

The core tenants the Michigan Coalition to End Domestic and Sexual Violence works from is being survivor-centered, trauma informed, and intersectional. Every survivor has their own unique set of needs. These needs could be from lived experiences that could further compound trauma or what they have access to. The information provided to a survivor leaving a long-term relationship with intimate partner violence will not encompass



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the same information that may be provided to a survivor who wants to stay with their perpetrator. One should also be mindful that what an advocate might identify as important for these two scenarios might also not be what the survivor believes is important.

The decision to leave or stay in a relationship with domestic violence are not the only situations that warrant safety options. Survivors who seek hotline services immediately after an assault may still be near their perpetrator. Their understanding of safety will look different than a survivor who was assaulted at an earlier time, but had their identification stolen. Hotline advocates may also work with significant others (partners, family, friends) in creating safety options if they are supporting the survivor. This is important if the perpetrator has knowledge of the significant other and how to access them.

Advocates must acknowledge that survivors are the ones who can identify what safety looks like for themselves. The advocate's role is to provide documentation and work through actions that can take place to reach that goal. None of the plans ever created will be set in stone and will always be mindful of what survivors have been doing. The strategies survivors bring to advocates are part of their support network. No matter the strategy, advocates must work with the survivor if they need to incorporate it into the planning process.

Advocates will utilize the following when working with survivors to create safety options:

1. Identify whether the caller has identified feeling unsafe and what safety looks like for them.
2. Establish whether their feeling of unsafety needs immediate intervention or if the caller needs support in creating a plan.
3. If there is a need for immediate intervention, ask the caller if they need emergency services.
4. If the need for emergency services has been identified, ask if they would like you to contact emergency services in case of a disconnection.



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5. If the caller identifies they would like you to contact emergency services in case of disconnection, you need to obtain their contact information to provide to an operator.
6. If caller identifies they would simply like to be connected to emergency services, ask if they would prefer you do a warm referral to emergency services or if they would simply like you to call them.
7. If they choose the warm referral, please see the warm referral procedure to continue.
8. If they would like you to call emergency services, you will need to obtain their contact information for emergency services to contact them back.
9. If the caller states they are feeling unsafe, but would not like emergency services called immediately, ask if the caller would like you to contact emergency services if you hear violence escalate during the call.
 - a. Obtain the caller's contact information if they have agreed.
10. If the caller is feeling unsafe at that moment and does not want emergency services contacted, ask the caller if there is anyone else they trust to contact.
 - a. If yes, check if this is a person they need to go to or if that person can get them and verify whether the survivor knows:
 - the location of this contact (neighborhood, same city, same state)
 - best form of contact
 - time to contact
11. If the caller identifies wanting to create a plan, ask them what outcome(s) they have identified as important for safety.
12. For physical safety, support caller in harm reduction strategies.
13. If there is a desire for physical distance from perpetrator:
 - a. Identify safe spaces caller might have inside or outside the home
 - b. Discuss if the caller has a route to reach these spaces
 - c. Discuss steps to be taken after reaching this space



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As always, the development of safety options is done with the direction of the survivor. They know their experience and needs best. Advocates provide support in connecting survivors with resources the survivor has identified. It is not trauma-informed, survivor-centered, or intersectional to base the survivor's safety options on the desired outcomes for the advocate(s) working with them.

References

Logan, T.K., & Walker, R. (2018). Looking into the Day-To-Day Process of Victim Safety Planning. *Journal of Family Violence*, 33, 197-211.

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