

Safety planning: Supporting survivors to stay safe

Always ask the client if they would like to be referred on for specialist support around domestic abuse, but if this isn't something the client wants, or they aren't managing to engage with this support, you could play a key role in supporting them to think about situations where they are more at risk, and how they can keep themselves safe. Think about how this can be adapted for your setting; if the client is on the street, or in supported accommodation, or if they attend a day centre etc.

<p>What have you been doing to stay safe until now?</p>	<p>-Don't forget that the survivor has survived until now! Validate and explore the strategies they have used to keep themselves safe, and those that may have been putting them/or will put them at further risk. Explore how they could adapt these.</p>
<p>Is there anyone you have told/can tell about the abuse? Someone you trust, so it won't get back to your partner?</p>	<p>-Help client identify a friend they can trust and that they can confide in. Explain the risks of this getting back to the perpetrator. -Can a friend/worker act as a buddy and call the police if they have not heard from the client in an agreed amount of time?</p>
<p>Do you ever know in advance when your partner is going to be violent? Is it more likely to happen if they have been drinking/using/on their pay day?</p>	<p>-Discuss with the client about recognising triggers/signs that their partner will use violence, so that they can go somewhere safe/escape if they need to. Be careful here though as the client might start to think that they can 'manage' the perpetrator's behaviour, which is likely to be unpredictable. Perpetrators are likely to constantly change the goal posts.</p>
<p>If you feel your partner is about to get violent/or they start to be violent, is there anywhere you can go to be safe?</p>	<p>Help the client to identify a space she can go to be safe – If she's out on the street – certain cafes? Pharmacy? Off License? -If she's in the hostel – reception? A communal area?</p>

<p>Can you ask your worker to look after any important documents/things you want kept safe?</p>	<p>-Perpetrators will often take their partners keys/bank cards/important documents/medicines as a form of control. Can it be arranged so the client can leave these at the front desk/in the safe?</p>
---	---

Other things to think about....

Keeping in touch/emergency phone numbers

Does the survivor have a phone? If so you could programme emergency numbers in on speed dial and make sure they know how to use it (999, the national domestic abuse helpline, your project etc). If the survivor is sleeping rough, it is important to maintain communication; a cheap phone costs around £10. If not, could you write important numbers on a card that they could keep on them somewhere?

Safety Code words

Can you agree on a safety code word you can use? The survivor can use this over the phone or in person to alert staff or another trusted person, to the fact that they need help/want you to call the police. Agree with the survivor what the response to the code word should be.

Economic abuse

It's common for perpetrators to hold survivor's bank cards or turn up on pay day. How can you support the client to access their money? Any official reason you can give (so the blame is on your service, not the survivor) can be helpful, and a letter on headed paper can go a long way! Bear in mind though that this must be done with caution – you do not want to do or suggest anything that will put the survivor at more risk.

What about the perpetrator?

If the survivor wants to be with the perpetrator (even if this is due to the perpetrator's coercion and control) they will find a way of being together. You will need to speak to the survivor to find out what they want and think carefully when considering what action to take against the perpetrator (evicting or banning from project etc). If a ban is put in place, it is important to make sure all night/day staff are aware of what the perpetrator looks like or have a picture of the perpetrator behind reception.

We support both the perpetrator and the survivor

This is not uncommon in homelessness settings. It is important that the survivor and the perpetrator have a different worker and are key-worked separately, make this a condition of their access to the project if necessary. This makes space for the survivor, giving them respite and a chance to talk. Both workers should check in regularly to share information around risk.

Safety planning around the links between domestic abuse, substance use and mental health issues

Specific questions around domestic abuse and substance use

Do you use/drink with your partner?	It is a very common and powerful form of control when one person supports, encourages and enables another's person's destructive habits. If you feel confident enough, explore this with the client.
Where do you usually use/drink together?	-Is this increasing the client's risk of experiencing violence / abuse?
What things do you think would make you safer when you/your partner is using/drinking/ you are using/drinking together?	-this is a good thing to get a client thinking about. Be led by them on this.
Is your partner going through detox/withdrawal/relapse?	-Explain to the client how this can increase risk. -Encourage client to let you know if this is the case so you can safety plan around this.

Specific questions around domestic abuse and mental health

Can you recognise the signs of when you are starting to feel unwell? Do you think you become more vulnerable to abuse when you're unwell? In what ways?	-This will help the client to have an increased awareness of their triggers and when they might relapse. It will also get them thinking about how the perpetrator's behaviour plays into this, and what they can do to stay safe when they are starting to feel unwell.
Does your partner control your medications/try and control when or whether you attend your mental health service?	-This is really common, might be a good idea to liaise with clients MH service (if she has one) – can they come to the client? Can you re-arrange appointments to a time when the perpetrator isn't around? Is there an alternative to taking daily medication?
Do you think your partner's behaviour affects your mental health? In what ways have you noticed?	-Good to explore with the client, to get them thinking about how their partner's behaviour impacts on their mental health/how it makes them feel.

