

Module 19
Voluntary Case Planning
-Susan Castano

The Topic:

The case plan is the foundation of the work we do with clients. Ideally a case plan is mutually negotiated between worker and client. Developing a trusting relationship with the client is at the heart of the case plan. Understanding the appropriate interventions and their relationship to client needs and wishes must be addressed as well, so the new worker starts “on the right foot.”

Learning Objectives

By the end of this training, workers will be able to:

- Identify factors that influence intervention needs
- Discuss strategies to engage the victim in developing mutual goals to decrease the risk of abuse
- Determine appropriate interventions which may decrease the risk of abuse
- Explain when and how to use a Domestic Violence Safety Planning Tool



Supervisor Activities:

The following pages contain a variety of activities that may be used with new workers and processed in individual or group supervision. Please read the Voluntary Case Planning Trainer’s Manual as it will give you a wealth of didactic material and resources to support these activities.

Selected Reading:

Heisler, C and B. Brandl (2002) “Safety Planning for Professionals Working with Elderly and Clients Who Are Victims of Abuse,” *Victimization of the Elderly and Disabled*, Vol. 4, No. 5, pp. 65 – 78.

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Questions for Discussion:

Explore the client's receptivity to receiving help, identify factors that influence intervention needs. In order to set the stage for voluntary case planning, supervisors may use the following questions to discuss the meaning of "help" with new workers.

1. A stranger comes to your door and states that your way of life is causing you harm. That person offers you help. What is your first reaction? (*Who made that decision? What is wrong with my way of life? What kind of help do I need? Why should I accept it? Who sent you here? Who told you about me?*)
2. Imagine that you are 82 years old, a little forgetful, visually impaired, hearing impaired, mobility-impaired, isolated from others (*other vulnerabilities from your experience*). How might that person at the door cause you to react? (*fearful, ashamed, angry, confused*).
3. Before we can effectively provide help to our clients, we need to take a step back and examine what might be the correct approach for each individual client. What are some approaches that might set the stage for developing a service plan with the client? (*establishing rapport, being sensitive to the client's fears and feelings,*

determining, respecting, and validating the client's perception of the problem at hand, using empathy, using active listening, asking open ended questions, not being judgmental...)

4. What are some of the client issues that you need to consider before making a case plan? (*Client wishes, client capacity to make choices, client physical or mental disabilities, significant others and their willingness to be involved, cultural issues, dependency and relationship issues, client history and past experience.*)
5. What factors might influence the client's ability to consent to services? (*capacity issues, medical conditions such as medication interactions, malnutrition, depression*)



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On the Job Training: Identify factors that influence intervention needs

These are 5 general factors that would influence case planning for new workers. They are described in detail in the Trainer's Manual. Please review them:



Client wishes



Perpetrator issues



Urgency of the Situation



Professional ethics



Cultural Considerations

The following page is a worksheet for new workers to complete. They should provide details of each of the factors in the space provided. Their information can come from their own experience/training, shadowing more experienced workers, reading case records, etc.

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Influential Factors: What would you need to consider before initiating a case plan

Client Wishes (What do we need to know about the client?)	
Perpetrator Issues (What do we need to know about the perpetrator?)	
Urgency of Situation (What are the most urgent emergency situations?)	
Ethical Considerations (What dilemmas do we face when deciding how to intervene?)	
Cultural Considerations (What cultural values must we consider?)	

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Case Vignette: Identify factors that influence intervention needs

Maria Gutierrez is an 82 year old widow who has been living in an urban housing project for 40 years. She raised 8 children there. She lived on public assistance until she became eligible for SSI. She never worked outside the home and had a 2nd grade education in Puerto Rico. The children are all grown and are raising their own children and grandchildren. Her youngest son Felix, age 45, has been staying with her intermittently, but as of late, he has been with her for the last 6 months. He has been arrested in the past for robbery and assault. He has not held a steady job and depends on his mother for a place to stay. He sporadically goes to an HIV clinic. Ms. Gutierrez is behind in her rent and has received an electricity shut-off notice. She says that Felix needed the money for bus fare. Mrs. Gutierrez is an insulin-dependent diabetic who has had 2 toes amputated. She is fearful that she may lose her apartment and says she has no place to go.

What steps would you take to determine the following issues? What other questions would you need to ask to better understand the issues to be addressed in this case?

Victim Wishes

Alleged Abuser Issues

Urgency of Situation

Ethical Considerations

Cultural Considerations

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Case Consultation Methods:

Discuss strategies to engage the victim in developing mutual goals to decrease the risk of abuse

1. Discuss the stages of receptivity to receiving help: reluctance, recognition, and rebuilding.

Reluctance stage: Interventions include rapport, provide information and resources, keep in touch, provide emergency assistance,

- Not admitting to abuse or neglect
- Denial
- Self-blame
- Ambivalence
- Isolation/alienation
- Fear/ Betrayal

Recognition stage: Interventions include provide emergency assistance, refer for services, explore options

- Realization of a problem
- Recognition that she cannot handle it alone
- Continued fear and ambivalence

Rebuilding: Interventions include provide emergency assistance, support with life changes, referrals and resources.

- Reshape identity
- Open to lifestyle alternatives

When doing a case consultation with new workers, help them recognize how receptive the client may be to accepting help. Discuss the obstacles the client faces as well as the challenges faced by the worker. Discuss what interventions may be appropriate for the client given the stage of receptivity. Give the worker the opportunity to share the feelings and frustrations and help them normalize these feelings. This may be a time to look at the ethical dilemmas the worker faces... balancing the need/responsibility to protect with the respect for the client's self-determination.

2. In your supervision with the worker, **share the acronym LOAF.**

Listen: to what client says, to what she does not say, to the sound of fear, mistrust, or anger in her voice, go slowly, give her a chance to talk,

Observe: her demeanor, her body language, her surroundings, items in the environment that might give you insight into her history (photos, pets, medications, plants, garden)

Ask: for permission, for her perception of her situation. Beware of inflammatory language, buzzwords, lingo.

Facilitate: discussion of fears, past history with service providers, feelings about family/abuser, etc.

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Case Consultation, Continued

When discussing a case, ask them how they listened, what they observed, how they framed questions, and how information and resources were facilitated to the client. Point out when you think they might have pushed too hard and alienated the client or if what was offered to the client was appropriate to the client's educational level, cultural background, level of capacity.

3. Focus on client strengths when discussing cases. Often we get stuck on the problems and negative areas of the situation which can become demoralizing and frustrating to the worker as well as have a negative effect on the worker-client relationship. Helping the worker see the strengths – loyalty, resourcefulness, independence – can change the workers frame of reference as well as attitude toward the work.

If the worker has NOT had the formal training, you can use the Reframing Activity (Handout # 5) as a part of your supervision time. You can also use this activity in the large group. Even experienced workers can lose perspective on client strengths. Helping

them focus on the positive may help avoid stress and burnout.

To assist you in your supervision, you might want to look at the book Gerontological Social Work Supervision by Ann Burack-Weiss and Frances Coyle Brennen (Haworth Press, 1991). Although this is not a new book, it touches on important issues that may confront supervisors. Another older but helpful book is Countertransference and Older Clients edited by Bonnie Genevay and Renee Katz (Sage, 1990).



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Transfer of Learning:

Determine appropriate interventions which may decrease the risk of abuse

If the worker has **NOT** done the formal training, assign the Scavenger Hunt TOL activity. Workers may obtain resource information from coworkers, supervisor, other agency/professional contacts, internet, or “cold-calling” of the agency. A unit meeting dedicated to resources may be a good way to prepare the worker for this activity.

If the worker has done the formal training, have her/him report on the experience of completing the Scavenger Hunt Activity: surprises, frustrations, etc. Also ask their experience in contacting agencies on their list. Were the services available as promised? Were they given a “run-around?” Did the service meet their expectations? Were the expectations realistic? Have they added new resources to the list?



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Scavenger Hunt

Service Need	Agency <small>(Include address and phone)</small>	Service Provided	Eligibility Requirements	Cost	Referral Process
Major Home Cleaning					
Home Health Care					
Emergency Shelter					

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Service Need	Agency <small>(Include address and phone)</small>	Service Provided	Eligibility Requirements	Cost	Referral Process
Respite Care					
Home Delivered Meals					
Pet food/care					
Podiatrist (home visit)					

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Service Need	Agency <small>(Include address and phone)</small>	Service Provided	Eligibility Requirements	Cost	Referral Process
Emergency food					
Medical Transportation					
Friendly visitor					

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Service Need	Agency <small>(Include address and phone)</small>	Service Provided	Eligibility Requirements	Cost	Referral Process
Help with Utility Bills					
Substance Abuse treatment					
Caregiver support					

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Service Need	Agency <small>(Include address and phone)</small>	Service Provided	Eligibility Requirements	Cost	Referral Process
Financial Management					

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Analysis Activity with Case Vignettes:

Describe the components and goals of the case plan

Share “Case Planning Essentials”.

Share the goals of Voluntary Case Planning (below) and ask what services could help to reach the goals.

- Maximizing independence (*visiting nurse services, home health care, reassuring calling, home delivered meals*)
- Resolving crises and emergencies (*short term placement in a facility or motel, order of protection against perpetrator, law enforcement intervention, mental health crisis services, EMT, hospitalization*)
- Healing, empowering, supporting victims (*mental health services, medication, counseling, support groups*)
- Cultivating new resources (*involvement in senior programs, reconnection with family members, physical therapy*)
- Preserving, protecting, recovering assets (*direct deposit of SS checks, freezing bank accounts, changing POA*)
- Ensuring safety/risk reduction (*safety planning, home repairs, cleaning service*)

Ask what some of the consequences of a misguided case plan might be (*hidden or unintended consequences which make the situation worse or put the client at more risk, ethical dilemmas where the client’s right to self determination is disregarded, unworkability due to lack of promised services, confusion regarding whose needs are being met, having a backup plan in case the first one does not work.*)

To give workers the opportunity to analyze the consequences of a case plan, have them read the following vignettes and ask them to evaluate the case plan using the criteria provided. Supervisor hints are found on page 83-84 of the trainer manual.



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CASE PLANNING ESSENTIALS

A good case plan should be:

- **Collaborative:** it should be developed mutually. If it is imposed by the worker and the client does not “buy in” or participate in the process, the plan is likely to be sabotaged.
- **Problem oriented:** the plan should be focused on problem resolution, with the problem/issue being defined and shared by worker and client.
- **Appropriate to client’s functional level and dependency needs:** it should be based on an accurate assessment of the client’s abilities and needs.
- **Consistent with culture and lifestyle:** it should not cause conflict with the client’s beliefs, values.
- **Realistic, time-limited, and concrete:** the case plan must be doable. Setting expectations too high will disappoint the client and may result in a negative experience that the client will not repeat. It will also frustrate the worker. The case plan may need to happen in small increments, with trial periods, and check-ups.
- **Dynamic and renegotiable:** in APS work, we never know what new information will become available, what friend or relative will appear/disappear, what medical or psychiatric condition will change. Therefore the plan (and the worker) must be flexible and willing to renegotiate depending on the circumstances.
- **Inclusive of follow up:** it is important to follow up with the client as well as with the service providers, family members, and others who are a part of the plan.



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Evaluate the following case plans with these criteria:

- Hidden or unintended consequences
- Ethical dilemmas
- workability
- Whose needs are being met?
- Plan B

1. Anna Jones, who is a very frail elderly woman, lives with her 58 year old son Harry who has a developmental disability. Harry has never left home, has always been cared for by his mother, and has been in many day programs. He can get out of hand and has pushed his mother a few times. Mrs. Jones now is unsteady on her feet and can't protect herself from Harry's outbursts as she used to. The worker arranges for Harry to be placed in a facility.

2. Jose Rodriguez resides in an apartment in an unsafe neighborhood. He has a heart condition and diabetes. He has had 4 toes amputated, uses a wheelchair, and is housebound. His unemployed son, Jesus, lives with him. It was reported by client's daughter that her brother is a drug addict, takes her father's money and threatens him. The daughter tells the APS worker that her brother is known to the police and asks the APS worker to have Jesus removed from the home. When the APS worker meets with Jose Rodriguez, he says that he understands his son and doesn't wish to take an action against Jesus since the son helps him out. The APS worker says that there are many agencies that can provide the services he needs and convinces client to file a restraining order.

3. Amanda Forsythe, a lively 95 year old, lives alone in a small apartment. She has little furniture and sleeps on the mat on the floor. The APS worker is very concerned about the situation and secures a bed and new bedding for the client, setting it up for her. The APS worker returns the following week and the bed is gone. Client states "Maybe you can find someone else to help, dear. Goodbye."

4. Marilyn La Fleur lives with her daughter, son-in-law, and their 5 children. Ms LaFleur has early stage dementia but is still can still function fairly independently. Her son-in-law's older brother Marvin has moved in with them. It was reported that Marvin is sexually abusing Ms. LaFleur. When questioned, Ms. La Fleur said that Marvin was a nice person and really loved her. She said she enjoyed the relationship. Worker did not substantiate the case, stating that the sexual contact was consensual.

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Transfer of Learning:

Explain when and how to use a Domestic Violence Safety Planning Tool

If new workers have experienced the formal in-class training, they should have the materials on safety planning. In order to enhance their experience and to utilize what they have learned, have them reach out to the Domestic Violence agency in their area. They should visit the agency, speak to the advocates regarding their experience working with DV victims and assisting with safety planning. If possible, they should speak to (or better yet, listen to) hot line workers to get a sense of the interviewing skills and patience needed to work with victims.

Have them explore the following questions with DV advocates:

1. What are the most difficult challenges you experience in your work with victims of domestic violence?
2. What skills are needed to assist victims in developing a safety plan?
3. What are your suggestions for assisting victims who are vulnerable due to their physical, mental, or cognitive disability?



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Interdisciplinary Group Activity and Role Play:

Explain when and how to use a Domestic Violence Safety Planning Tool

If new workers have **NOT** experienced the in-class formal training in Voluntary Case Planning and safety planning, a good way to have them learn about safety planning is to invite advocates from your local domestic violence program to your office and have them explore the questions

1. What are the most difficult challenges they have experienced in their work with victims of domestic violence?
2. What skills are needed to assist victims in developing a safety plan?
3. What suggestions do they have for assisting victims who are vulnerable due to their physical, mental, or cognitive disability?

The supervisor can distribute Handouts “Strengths-Based Care Planning and Goal Setting” and “Safety Planning”. Have all staff review carefully the Safety Planning Packet (provided at the end of this chapter) and pose the following questions to the more experienced APS staff:

1. How might you use the safety planning checklist when working with a victim?
2. What challenges might you face when working with a physically or cognitively impaired victim?
3. What suggestions do you (experienced workers) have for new staff when developing safety plans with APS clients?



Role Play: Once DV advocates and experienced APS workers have had a chance to explore some of the issues and skills around safety planning, have them work together on the role play which begins on page 116 of the trainer manual. This can be done in one large group with one person playing the client, a DV advocate as the “moderator”, and the experienced and new workers collaborating on the safety plan. This role play requires advance preparation so make sure you have read and understood the process in the trainer manual. Many DV programs are accustomed to doing training, and advocates may be able to assist you in this.

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Strengths-Based Care Planning and Goal Setting

Traditional care planning: SW identifies resources, decides who will provide them, and arranges type and frequency of services.

Client-driven care planning, strengths model: takes into account client preferences and interests, client's participation in developing the care plan, clients need for personal planning and goal-setting, and the client's ability to incorporate his/her strengths into planning process.

Process:

- Engagement
 - Know client in holistic way
- Begin where client is physically and emotionally and move with him/her towards higher participation
 - Capitalize on strengths
 - Assess: current status (identified problem), client's desires, and client's personal/social resources (what he/she has used in the past)
 - Consider life domains
 - Daily living situation
 - Health
 - Finances
 - Social supports
 - Spirituality/religion
 - Leisure/recreational interests
- Expand client's confidence in making choices and selecting options.

Payoff

- Better outcomes, more chance for compliance

- Less anxiety for worker, less poor decisions

Personal Goal Plan

- Blends client's needs with wants
- Generated from client's perception of problem
- Break broad goals into manageable parts
- Strengthens client-worker relationship

Key considerations in selecting intervention activities include:

- Pick the least drastic and most gradual available.
- Insure deliberation and agreement with the adult.
- Be certain about the adult's knowledge and ability to follow through.
- Include all steps.
- Break complex activities into parts.
- Have reasonable time frames.
- Provide reciprocal accountability.

APS plan implementation activities include:

- Identifying available and appropriate providers
- Making referrals to identified providers
- Preparing providers for handling the referrals by providing necessary information about the victim or perpetrator and that person's situation
- Following up to make sure the resources are provided and used
- Communicating with providers regularly to evaluate progress and reassess need

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Safety Planning



Safety plans include:

PREVENTION STRATEGIES: Preventing future incidents of abuse (e.g., going to shelter or moving to another residence, obtaining a restraining/ protective order, hiding/disarming weapons, changing schedules and routes to avoid being found).

PROTECTION STRATEGIES: Discussing methods victims can use to protect themselves during an abusive or violent incident (e.g., having an escape route, or having victim seek shelter in a room where a door can be locked, with a working phone available or where weapons are not present).

NOTIFICATION STRATEGIES: Developing methods for seeking help in a crisis situation (e.g., cell phones, emergency numbers readily available, life lines, security systems, towel in the window, code words with friends/family/neighbors).

REFERRAL/SERVICES: Recognizing and utilizing services that can offer assistance (e.g., domestic violence, sexual assault, adult protective services, criminal justice, aging and disability network, faith and community organizations, etc.).

EMOTIONAL SUPPORT: Considering methods of emotional support and ways to become less isolated (e.g., music, exercise, yoga, reading positive or spiritual materials, hobbies, art, friends, support groups, and other community activities).

Safety planning is NOT:

- Telling the victim what to do. (e.g., "I think you should go to a shelter.")
- Helping a victim accomplish your goals for his or her safety. (e.g. "Let's call the police and make a report.")
- Simply referring the victim to local agencies. (e.g., "Here's a list of agencies you can call. Let me know if you need other help.")
- Ignoring cultural, spiritual or generational values that influence the options the victim sees as available. (e.g., "I think your only choice here is to divorce him.")
- Recommending strategies that could increase the risk for the victim. (e.g., purchasing a gun or weapon, attending couples counseling, "just standing up to him.")
- Blaming the victim if he or she does not follow the safety plan and experiences further abuse.

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Safety Planning Role Play

Irene Newman



You have received a report from a neighbor stating that Mrs. Irene Newman (age 74) has a black eye. The reporter believes that Irene's son Jack hit her when he was drunk. Irene lives with her husband, Arthur (age 77), who is currently bedbound following a very serious stroke. Arthur is now cognitively impaired and needs care 24/7. Irene and Arthur's son, Jack (age 50) lives with them. Jack normally works construction but he is currently unemployed. He lives with his mom and dad in order to "help out", mainly by running errands for this mother and doing yard and maintenance work. *If your agency requires you to interview the suspected abuser, you get the following information:* Jack states that he enjoys a couple of beers in the evening and during football games. He denies having a drinking problem and says that his mother is just too straight laced. He denies hitting his mother and states that she fell and hit her head.

You are to develop a DV safety plan for Irene. There will be changes in circumstances as you go along and you will have to modify your plan accordingly.

Remember to

- Listen to the victim without telling her what to do
- Concentrate on the victim's goals
- Don't make an empty referral with no involvement or follow up
- Respect the victim's cultural, spiritual, or generational values
- Make sure the strategies you recommend will not increase the risk for the victim up to him.")
- Do not blame the victim if she does not follow the safety plan.

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Safety Planning Packet

This packet was designed to assist adult protective services (APS)/elder abuse workers safety plan with victims of abuse. These materials provide a philosophical framework and cover many “nuts and bolts” of safety planning. The packet contains three documents:

I. Victim Centered Safety Planning

This handout briefly describes the guiding principles and safety planning process. Additional considerations including victim mobility, victim capacity, and worker safety issues are also covered briefly.

II. Safety Planning Tips

This Safety Planning Tips document can be used to guide an interview with a victim of abuse. The document can also be given to the victim if it is safe. The categories of tips covered in this handout include: 1) During a Violent or Dangerous Incident; 2) Preparing to Leave; 3) After you have Left or Separated; 4) Improving Your Living Space; and Protecting Your Emotional Health.

III. Checklist for Leaving – Temporarily or Permanently

This tool is designed for APS workers to use with a victim who may need to leave quickly or wants to leave permanently. The tool may be used to guide a discussion or given to a victim if it is safe.

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Key Considerations for Adult Protective Services (APS)/Elder Abuse Workers

WHAT IS SAFETY PLANNING?

Safety planning is a process where a worker and a victim jointly create a plan to enhance the individual's personal safety. The safety plan is victim driven and centered. It is based on the victim's goals, not the professional's opinions and recommendations.

Key Messages for Victims

- No one deserves to be abused.
- I am concerned about you.
- You are not alone.
- Help is available.

WHO CAN BENEFIT FROM SAFETY PLANNING ?

Safety planning can benefit a victim who is living in fear or being physically or sexually abused. Some victims who are being financially exploited or neglected may find safety planning useful while others may need other case management remedies to address their situation. The process can provide useful strategies for victims who choose to maintain relationships with abusers; those who leave and return to abusers; or those who end the relationship permanently.

GUIDING PRINCIPLES

- Respect the integrity and authority of victims to make their own life choices.
- Hold perpetrators, not victims, accountable for the abuse and for stopping their behavior. Avoid victim blaming questions and statements.
- Take into consideration victims concepts of what safety and quality of life mean.
- Recognize resilience and honor the strategies that victims have used in the past to protect themselves.
- Redefine success – success is defined by the victim, not what professionals think is right or safe.

INCREASED DANGER FOR VICTIMS WHO END RELATIONSHIPS

Ending a relationship or leaving an abuser can increase the possibility of serious injury due to retaliation or death. Indicators of potential danger may include weapons in the home, a history of or escalation of violence, or suicidal comments by abuser. Offenders who fear they are losing control over their victims lives and resources may become more dangerous.

**REMEMBER THAT A SAFETY PLAN,
REGARDLESS OF HOW WELL
THOUGHT OUT, IS NOT A
GUARANTEE OF SAFETY.**

ASSISTANCE MUST NOT, AND CANNOT BE FORCED UPON AN INDIVIDUAL

SAFETY PLANNING STEPS

- Be sure to speak to the victim alone - not in the presence or earshot of the abuser.
- Ask about the situation and current safety.
- Listen to the fear experienced and voiced by the victim.
- Ask what changes the victim would like to see to improve safety and quality of life.
- Reinforce the victim's strength and resilience. Offer kudos on current strategies.
- Learn about the victim's existing natural support system and possible allies, friends and family who may be able to offer support and assistance.
- Listen - a victim who feels heard is more likely to trust and continue to work with you.
- Plan specific steps with a victim to enhance safety or to get away if the older adult is fearful or in danger by reviewing safety planning tips and safety planning checklist documents. (Tools of various lengths have been created that can be used to ask questions of victims or to give victims (if safe) to complete on their own. See www.ncall.us) Ensure that tools in your office are in various formats

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such as audio and large print so they are accessible. Have a list of interpreters ready to work with Deaf and non-English speaking victims.

- Offer options, support and resources without judgment.
- Remind the victim that safety comes first – before belongings, pets and other plans.
- Update the plan. A safety plan is not a finished document, but a work in progress that will have to be revisited regularly as circumstances change.

ADDITIONAL CONSIDERATIONS

General Issues

- Ask if the victim has any need of or responsibility for caretaking.
- Determine if culture, language, religion, sexual orientation or legal status is preventing the victim from accepting help or accessing resources.
- Ask if the individual resides in congregate living. If yes, are staff a resource or source of potential retaliation?
- Is the victim willing to consider staying at a domestic violence shelter? Are the domestic violence shelters accessible? Are they willing to accept victims who do not have children, or may be parenting grandchildren rather than birth children? Can they accommodate persons with medical needs or with a caregiver?

Victim Mobility

Victims with mobility issues may need to discuss additional accommodations when safety planning. Some issues to consider:

- Consider how the abuser may use a person's physical limitations against him or her as an abusive tactic.
- Can the victim carry a cell phone at all times to call 911 in an emergency?
- What accommodations and medical/assistive equipment will the victim need if not living at home?

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- Consider adaptations to the individual's home that might make it safer and easier to escape from in a dangerous incident.
- Keep in mind issues such as spare batteries and backup assistive devices and food for services animals will need to be considered for some victims.

For more information, see "*Safety Planning: A Guide for Individuals with Physical Disabilities*" at www.ncall.us. And "*Model Protocol on Safety Planning for Domestic Violence Victims with Disabilities*" at www.wscadv.org.

Victim Capacity

During the intake and safety planning process, consider the victim's capacity to create and follow the steps of a safety plan. The worker should presume capacity, but if seems possible that the older adult may not be able to track information, contact health care providers who may be able to assist with a capacity assessment. When working with persons who have capacity limitations to create a safety plan, consider the following:

- Follow the victim's wishes as much as possible.
- Consider if the victim can follow a simplified plan with one or two steps such as "If I am afraid, I will call my sister Sara at _____"
- Consider whether the victim has a support network of family, friends, or paid staff who can assist with developing and implementing the safety plan.
- Consider whether a written plan or one with pictures is more effective.
- If offering a cell phone, be sure the person knows how to charge and use the phone. Consider having the phone programmed to 911.
- Safety planning may take more time with a person with cognitive limitations. A person's ability to track the plan may change over time and may need frequent updating.

For more information, see "*Safety Planning: How You Can Help*" at www.ncall.us.

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Worker Issues

- Be aware, alert, and wary. Plan for your own safety when you enter someone's home.
- Be sure other staff knows your location. Keep your cell phone handy.
- If you are concerned about your personal safety, contact law enforcement to accompany you on the home visit.
- Avoid colluding with charming or sympathetic abusers. Focus on victim safety.

Success is

....listening and having the speaker feel heard

....offering non-judgmental support and information

....providing resources to enhance a sustainable safety net

SAFETY PLANNING TIPS

During an Violent or Dangerous Incident

- **Plan a safe place to go** if you have to leave suddenly.
- **Plan a primary and backup escape route** out of your home.
- **Practice getting out** of your home safely.
- **Try to avoid rooms** that have only one exit like bathrooms, or that have no phone or cell phone to call for help.
- **Be aware of items** in your home that could be used as weapons, such as guns, knives, even cords used for strangulation.
- **If you are being attacked**, curl up and protect your head and heart.
- **Arrange a signal** with a trusted friend or neighbor for when you need help.
- **If you have a disability** that impacts your mobility, plan how best to escape or who to call for help.
- **Keep your purse or wallet** ready to leave suddenly.

Preparing to Leave (temporarily or permanently)

- **Hide an overnight bag** packed with your identification, important documents, medication and a change of clothes. Be sure to include things like glasses, hearing aids, dentures or canes.
- **Make copies of all your important documents** and hide them in a safe place. Tell someone you trust the location of the hiding place.
- If you have a car, back into your driveway so you can quickly drive away. Keep the gas tank full. Hide a spare set of keys.
- **Open your own checking** and/or savings account. Have a credit card in your name only. Be sure to use a password your abuser will not guess.
- **Contact Social Security or pension programs** if you need to change how you currently receive payments. If you have representative payee, be sure this person is aware of your situation. If the representative payee is someone you no longer trust, change representative payees.

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- **Get a Post Office Box** so your abuser cannot track you by where you have your personal mail forwarded.
- **If you are 60 years of age or older**, contact your local aging or tribal program about assistance with emergency housing, health care benefits, or financial assistance you might need or want.
- **Call your local domestic violence** program for assistance with safety planning and information about counseling and legal services. You can also call the National Domestic Violence Hotline at 1-800-799-7233 (SAFE) or 1-800-787-3224 (TTY).
- **Be aware that** your abuser can discover your plans or location by monitoring your phone, cell phone, TTY, your email or computer searches, and your car. Your abuser can place a locator device in your personal belongings or your car. Also, many cell phones have a GPS device inside. Ask for help if you need assistance if any of these actions have been taken.
- **Consider getting** a domestic violence stay away or restraining order. If you are a person over 60 years of age you may qualify for additional protections in some states. Your local domestic violence program can assist you with these orders.
- **If you are concerned** about your immigration status, speak with an immigration expert. You may qualify for special consideration under the Violence Against Women Act.

After You have Left or Separated from a Former Spouse, Partner, Family Member, or Caregiver

- **If you are still** in the family home, change the lock. Add security devices such as motion activated exterior lights, a metal security door or gate, or an alarm system.
- **If you haven't** already done so, get Post Office Box for forwarding your mail and for deliveries. Open your new bank accounts and be sure to use a password no one will guess.

Voluntary Case Planning

- **Consider getting** caller ID and an unlisted phone number. Many domestic violence programs can assist you with obtaining cell phone to call 911.
- **Keep your Restraining Order with you.** Make several copies. Keep one on your person, one in your car, and give a copy to a trusted friend or family member. If you haven't already gotten a restraining order, consider getting one now. Your local domestic violence program or adult protective services can often help you to obtain the court order.
- **Let your neighbors or facility staff know** about anyone who is no longer welcome on the premises. Ask them to call you and the police if they see that person(s) entering or loitering around your property.
- **Let your co-workers or persons you volunteer with know** about your situation. Ask them to screen your calls, walk you to and from your car, and keep a copy of your restraining order in your desk. Your employer may want to obtain a work-place restraining order.
- **Avoid the stores,** banks, and pharmacies you used previously. Establish new services or tell your previously used services who you are avoiding. They may be willing to help you avoid a situation that could become dangerous.

Improving your current living space

- **Phones:** Have a phone in every room of the house or have a charged cell phone that you carry everywhere with you.
- **Handrails:** Have grab bars and handrails installed (e.g., bath tub, stairs) so you have something to hold on to if you lose your balance.
- **Lighting:** Increase the wattage of light bulbs and ensure that closets, stairs, entrances and walkways are well lit. Add motion lights outside your home so you will know if someone is outside.
- **Hearing:** If needed, increase the volume on the phones. If needed, use a smoke detector with strobe lights.
- **Mobility:** Keep floors clutter free and electric cords out of the way. Use slip resistant area rugs.

Voluntary Case Planning

Protecting your emotional health and safety

- **Get counseling**, attend workshops or support groups. Do whatever you can to build a supportive network that will be there for you.
- **If you are thinking of returning** to your abuser have a friend, family member, or counselor you can call to support you.
- **If you must communicate** with your abuser, consider ways to do so safely. Meet in a public place, take a friend for support, or call the abuser from a phone other than your own.
- **Leaving an abusive situation** is a process; it does not happen in one day. There may be many times when you are tempted to contact your abuser 'just to talk', to handle unfinished business, or to discuss how hurt or angry you are. Call a trusted friend or counselor first. Once you have aired your thoughts with a trusted friend or counselor, you may be able to eliminate your need to call your abuser all together.

IF YOU NEED TO LEAVE

This checklist will help you make plans for what to do if you are afraid or being hurt. If you don't have some of the information, you can begin to gather some documents and items to pack now. You may also want to identify trusted family, friends or others who can help.

Keep this information in a safe and private place where your abuser cannot find it.

Important Phone Numbers

Police: 911 or _____

My doctor _____

My attorney _____

My safe friend _____

Other _____

I can tell these friends and neighbors about the abuse. I can call them in an emergency. I can ask them to call the police if they hear suspicious sounds coming from my house or if they cannot contact me and think I am in danger. (Think about if they can be trusted before talking to them.)

Name _____ phone number _____

Name _____ phone number _____

I can go to these places if I have to leave my home in an emergency

Voluntary Case Planning

The following are hidden in a safe place (these are only suggestions, hide the items that you think you must have to survive.)

I have told _____ where they are.

- (____) An extra set of car and house keys
- (____) Some extra money
- (____) A pre-paid cell phone
- (____) An overnight bag packed with medication and
a change of clothes
- (____) A spare assistive device

I can leave my pet(s) with or have livestock/other animals feed by:

Name	phone number
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Items to copy and hide or give to a safe friend

- My birth certificate
- My Social Security card
- My health insurance card and records
- My driver's license
- My passport
- Banking information (check book, statements etc.)
- Welfare identification papers
- Children or grandchildren's birth certificates and passports if you are their guardian
- Lease agreements or mortgage payment book
- Home, car or other insurance documents
- Divorce documents
- Other important documents such as immigration papers

Voluntary Case Planning

A friend who can help me copy and hide these documents

Name

phone number

Items to take when it is safe to pack or if you have a pre-packed overnight bag

- Medical or assistive devices such as glasses, hearing aids, canes etc.
- Medication
- Originals of all the above documents
- Keys
- Money
- Address book
- Change of clothes
- Comfortable shoes
- Toiletries
- Pictures, jewelry, items of sentimental or monetary value
- Documents and favorite toys of children or grandchildren if you are their guardian

A friend who can help me pack and hide an overnight bag

Name

phone number

This information must be updated regularly. A safety plan is only as safe as it is current.

While it is helpful to have a completed list and all your belongings packed or hidden, it is always more important to escape a violent situation than to stop and gather lists or possessions.