

Safety Planning Script

1. What is a safety plan?

Well, safety planning is actually a process within GBV case management which includes the identification and formation of goals and strategies that the survivor can use to bring positive change to her situation. It is a structured process where a survivor and a case worker talk through the survivor's current situation, the risks she faces from the perpetrator and to see how to mitigate harm in the event of further violence and abuse. The survivor and the case worker then use the safety planning tool to come up with a personalized plan that the survivor thinks may be helpful to her in her present situation. The plan is regularly updated throughout the case management process.

2. Who needs a safety plan and why?

Safety plans can be used with women and girls who are experiencing violence and abuse. They can be particularly relevant to female survivors of intimate partner violence and can be useful in cases where the survivor is still living with, or is in contact with, the perpetrator, or being abused by a perpetrator whom she has attempted to leave.

3. Safety plans are important for several reasons including, but not limited to:

- Helping a survivor assess their current level of safety and to identify specific risks/threats to their safety.
- Talk through the circumstances in which the survivor is in the most danger and talk through strategies to mitigate against threats and seek to reduce severe harm/lethality.
- Identify what resources the survivor already possesses, recognize and affirm that she is the one best placed to understand her situation and help her develop a realistic plan for safety that incorporates her resources.

4. Who is involved in the safety planning process?

The survivor is at the center of the process. She is best placed to know her situation, the risks she faces, coping strategies that have worked for her in the past and present, the negative coping mechanisms or strategies that have not been effective, and who and what is needed to support her safety in crisis situations when the perpetrator uses violence or abuse.

5. The case worker's role is to listen to and work with the woman or girl survivor and to help guide her through the process using the tool to help her identify and assess her current situation, the risks she faces, ways in which harm could be mitigated and to provide the survivor with accurate information and support.

6. The case worker's technical supervisor is also key in ensuring that all case workers on their team are trained effectively in how to do safety planning with a survivor, including utilizing key tools. Their role is also to provide regular, weekly supportive supervision sessions where the



quality of the case management including safety planning with the survivor, is reviewed and checked.

7. When is a safety plan needed?

Safety plans are needed when survivors are at risk of further violence and abuse being perpetrated against them. Safety plans should be conducted for all survivors who give informed consent or assent, to develop a plan. Safety plans are particularly applicable and relevant for women and girls experiencing IPV or violence in the home. They are also especially important and relevant for women and girls who are planning to leave an abusive IPV relationship as this is often a particularly risky time for them where the likelihood of the perpetrator escalating the violence increases – sometimes with deadly results.

8. How is safety planning done?

Safety planning is a collaborative process and discussion between the survivor and the case worker. The case worker should use their active listening skills to tune into the survivor's needs and wishes for her safety in the present and the future. Safety planning should take place in a private, confidential and comfortable space and should be conducted at the survivor's pace. Safety planning should be conducted after the intake and assessment steps of case management. If there is a likelihood that you will only see a survivor once, and you have identified her as being at risk of further violence case workers should ALWAYS ask the survivor if she would like to conduct a safety plan in the same session. This will help ensure she does not leave the session without having at least an emergency contact/service provider, and at best a full safety plan developed that she thinks can work for her.

9. If I'm a case worker and I'm not sure how to do safety planning what should I do?

You should talk to your technical supervisor and seek their guidance and support on how to develop safety plans. The GBV case management guidelines explain the safety planning process and what a safety plan is so you should also reference them or the GBV responder's website. GBV case management trainings will also go over what the safety planning step of case management is, why it is needed, how it can help survivors and how to do it – so if you've not already done a case management training you should, BEFORE you do any further GBV case management. IRC and other GBV service providers often provide inter-agency GBV case management trainings. Contact your local GBV sub-cluster for further information and support.

10. What are some of the key risks I should consider when supporting survivors experiencing IPV?

Well, from a case work perspective one of the biggest risks or traps we can fall into is not ACTIVELY including the survivor in the process and recognizing that she is the expert in knowing her situation and the risks she faces. We must always seek her consent and actively listen to her needs, what she tells us, and ensure we have accurate information to give her that will help her make informed decisions about her next steps to develop the content of her safety plan.

11. For the survivor herself, well, we know that these are all indicators of further violence or abuse:

- The fact that he, the perpetrator, has already/ever perpetrated violence against her. If he has used weapons in assaults or has ever used sexual violence (eg. rape/sexual assault) this elevates her risk.
- If she is pregnant, she may also be at increased risk of violence both for her and her fetus as they are both especially vulnerable to impacts of violence. Also, if she recently gave birth her vulnerability may be increased if she is recovering from the delivery.
- If the survivor has a disability or identified functional difficulty, she may also be at additional risk - as in most cases - she will face additional environmental barriers in accessing support, services or other protective factors
- If the perpetrator is jealous, stalking her, harassing/controlling/monitoring her movements and behavior.
- If the perpetrator has ever threatened to kill her, himself or others then this must be taken as a serious indicator of further violence/escalating violence.

12. What if I'm a case worker supporting an adolescent girl – what do I need to consider when helping her to develop her safety plan?

For adolescent girls you should factor for or rather assess their capacity to give informed consent, or, assent depending on their capacity, their maturity and their ability to know about and understand the information and services you are offering them. For example, in many countries, married girls/older adolescents may also be legally able to provide consent in lieu of, or in addition to their parents/legal caregiver. Parents/caregivers may typically be asked to provide their informed consent for girls to participate in the case management process.

13. Informed assent would be when a girl expresses her willingness to participate in services. Informed assent can be for younger girls who are legally and developmentally too young to give their informed consent, but old enough to understand and agree to participate in services. Informed assent should be given in addition to informed consent from the parent/caregiver.

14. You should also consider identifying the trusted people in her life she can turn to for support in an emergency, for example extended family members, teachers, friends etc. Care should be taken to protect the survivor in the event that the perpetrator is the parent or caregiver. It's also important to consider her developmental and support needs and factor them into the safety plan. As a girl she may have less access to financial resources. This should be considered as part of her support and safety plan. As with all survivors going over the safety plan until it is clear is very important – as is respecting and listening to what the survivor is telling you, the caseworker, about her situation.

15. Is a safety plan a one-time tool?

No. A safety plan can be reviewed and updated with a survivor multiple times. Whenever a survivor requests that her plan be updated it should be. Also, case workers should revisit and discuss the safety plan at each of her follow up sessions so as to assess for any new threats/risks to her safety, any situation changes (for example, she leaves the perpetrator but he has found out where she has moved to) and to talk through her current safety needs so that the plan can be revised and updated accordingly. If there has been an improvement in her

situation a review of her safety plan can also be a powerful affirmation and acknowledgement of her strengths, capacities and abilities which have often been continually undermined and eroded by the language and behavior of the perpetrator.