



Safety Planning with Women Experiencing Homelessness Q&A

Our community is looking at opportunities to develop outcome measures around safety plans so that we can demonstrate to funders the importance of these plans as a part of a systemic response to homelessness, especially domestic violence. Are there any recommended indicators or measures we could consider for our community to not only share stories about safety planning but also have data to back-up our belief in their value.

I do not have any examples of outcome measures around safety planning – that is a fascinating idea and I am sure would be very valuable. We, at the council, will have to give that more thought and consideration and see what we can find.

What if an adult says they don't have an Emergency Contact?

Ideally, each client has at least one friend or family member who could be contacted in the event of an emergency. However, if a client does not specify an emergency contact, you might consider identifying trusted community service providers that the client could utilize as an emergency contact – for example, a behavioral health provider or even the name of a specific food pantry or thrift store that the client frequents. To obtain this information, you might ask the client the following questions: Whom can we contact if something bad happens to you? If you leave behind some personal belongings, who could we contact to get in touch with you? If you have to go to the hospital and you are not able to communicate – who could we inform? Is there a place where people know your name, where they expect to see you on a regular basis?

Is there an outline or form that can be used for a safety plan?

Yes – the sites below feature safety planning worksheets that can be adapted to meet the needs of the women you serve.

http://www.ncdsv.org/images/DV_Safety_Plan.pdf

<https://www.victimrights.org/sites/default/files/Staying%20Safer%20on%20the%20Streets.pdf>

https://www.nhchc.org/wp-content/uploads/2011/10/FOSS_Keeping_Safe.pdf



Can you speak more on safety plans for staff who are working with victims of domestic violence?

There are excellent resources specific to victims of domestic violence – check out the following links:

<http://www.dvrc-or.org/safety-planning/>
<https://www.thehotline.org/help/path-to-safety/>

Would it be a viable option to develop a safety plan as a team effort involving personnel working with clientele such as therapists, counselors, case workers, social workers etc

Yes! It could be very helpful to include a variety of team members as you consider a plan to keep your clients safe. This would allow all aspects of the client's life to be taken into consideration. However, it is vital to insure that the client leads the process and that she is not overwhelmed by the amount of input. Imagine if a team of people gathered to point out all the potential dangers in your life. That could be devastating! You will have to work hard to develop a system that is positive and motivating.

What would you incorporate into a safety plan for an individual who is actively participating in sex work? What about someone who is actively using and not yet ready to contemplate treatment?

I have included below a link with information about safety planning with sex workers. Of course, it is difficult to safety plan with those who are actively engaged in sex work and those who are struggling with substance abuse, because these are both such inherently dangerous lifestyles and the potential for harm is almost immeasurable. Most would feel very uncomfortable discussing "safe" dealers, drug combinations, shoot up sites, etc. with clients. Focusing on the basics of WHO and WHERE (who do I trust, where do I feel safe, etc.) are always good foundations that can be helpful in any situation.

<http://www.traffickingresourcecenter.org/sites/default/files/Safety%20Planning%20At%20A%20Glance.pdf>

Any special considerations for women of transgender experience, especially those who engage in survival sex work that exposes them to potentially dangerous situations?

See question 10 for safety guidelines specific to sex workers. Women who are transgender may have a more difficult time finding resources and are certainly at greater risk in many situations. Keep a list of community resources that are happy to serve women who are transgender and take extra care to provide a friendly transfer when you make such a referral.



Best tactic for females with severe mental illness and inability to get care. Not "suicidal" or "homicidal." Extremely vulnerable

It is very challenging to safety plan with someone who is mentally ill and extremely vulnerable. I have included links below with additional information, but regular connection with a caring community is going to be essential in keeping a client like this safe. Is there a behavioral health group or meeting (such as Celebrate Recovery, AA, local support groups, behavioral health providers, faith communities, etc.) that she can participate with and therefore have some sort of regular contact with someone? A strong support system is her best way to avoid harm.

https://www.masspartnership.com/pdf/Crisis-Planning-Tools_Guide_for_ProvidersFinal.pdf
<http://www.calcasa.org/wp-content/uploads/files/angie-blumel-advocate-guide-safety-planning-final-printer.pdf>

In the announcement, it mentioned that the webinar would reference assisting clients in developing a concise, unique, practical plan to address the many dangers and challenges they face as women experiencing homelessness - for any reason. i missed the first few minutes of the webinar, so perhaps i missed it, so i apologize in advance, but, can you give a bit more detail on how these two concepts correlate and give some detailed strategies on how to implement a safety plan for a person that's is homeless?

See question seven for more specific information on safety planning with women who are homeless. Our hope is that the webinar in its entirety addresses this issue.

Any ideas for safety planning when a client has a mobility limitation and also must use public transportation for financial reasons? A client has had run-in's with her abuser because he tends to hang out in the downtown area near her doctor's office. She already has a TRO but I'm trying to trouble shoot with her ideas.

Public transportation is a safety issue for many women experiencing homelessness. I have included below a link with very general safety information to consider when using public transportation – each of these will be even more important for a woman experiencing homelessness. I would again consider the basic questions of WHO and WHERE? Who can accompany her or at least be aware of her schedule, if possible, and where does she feel most safe – which routes, which stops, etc.

<https://www.springfieldmo.gov/307/Public-Transportation-Safety-Tips>



Can you speak to whether this process can be effective in a HARA or Central Intake agency for a CoC?

Absolutely – if your staff has the capacity to walk through this process with clients. However, if there are other agencies that the client will be working with who include safety planning, it may not be necessary or the best use of time and energy.

What would be a safety plan for a person (husband) who is living with a wife who is addicted to heroin. He chose to stay in the relationship.

I would encourage this husband to develop a plan to includes the elements we discussed as well as, perhaps, elements around how to respond to an overdose, etc. As we discussed, he should consider his personal safety as well as emotional and financial security.