CONTEXTUALIZED ASSESSMENT WITH BATTERED WOMEN: STRATEGIC SAFETY PLANNING TO COPE WITH MULTIPLE HARMS

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Abstract

Given the prevalence of domestic violence and the likelihood that many victims will not receive services from specialized domestic violence providers, this article provides a framework for contextualized assessment that can be used by generalist practitioners. Drawing from stress and coping theory, the authors discuss the relevance of assessing appraisals and emotional responses within the context of environmental and individual risk and protective factors. Through an illustrative case assessment, the authors describe the contextualized assessment process and its ramifications for strategic safety planning.

Nearly 25% of women experience some form of physical or sexual assault, or both, by a partner in their lifetime (Tjaden & Thoennes, 2000b). Annually, between 1.5 million (Tjaden & Thoennes, 2000b) and 2 million women (Straus, Gelles, & Steinmetz, 1980) are assaulted by a current or former intimate partner. The need to provide effective safety planning to battered women is also fueled by the robust evidence of health and mental health consequences of intimate partner violence such as physical injury (Bachman & Saltzman, 1995; Tjaden & Thoennes, 2000b), depression (Campbell & Lewandowski, 1997; Golding, 1999), and post-traumatic stress disorder (PTSD) (Golding, 1999; Herman, 1995), as well as the radiating impact on children and others close to the abused woman (Riger, Raja, & Camacho, 2002).

Because violence against women is so widespread and represented among the clientele of varied social service providers, we believe it is critical to see contextualized assessment and strategic safety planning with battered women as a function of all social workers (much like assessment for child/elder abuse or suicidality). Moreover, evidence indicates that many endangered and battered women do not access services from domestic violence specialists but do encounter a range of other social service providers (Macy, Nurius, Kernic, & Holt, 2004; Tolman, 2003). We are concerned here with efforts in the foundation social work curriculum to prepare entry-level generalist social work practitioners for that moment when they begin to suspect that a woman is being threatened or abused by someone she knows.

Traditional safety planning is a vital component of helping battered women in crisis to achieve safer situations. Safety planning is a crisis-oriented approach that focuses attention on immediate safety needs and whose intent in practice is often toward having the woman leave the relationship. See Table 1 for typical issues covered in safety planning. While leaving an abusive relationship is an important option for victims/survivors, applying this as a prescription to all women can be harmful, as it neglects the complexity of the choices facing many women and implies that women who return or who stay with an abusive partner have failed at leaving. Many women will choose to stay with their partners and work to end or diminish the abuse (Campbell, Rose, Kub, & Need, 1998); for others, leaving does not the abuse as the batterer continues to stalk and end endanger the woman (Fleury, Sullivan, &Bybee, 2000). Other women will leave and return to the batterer several times in the course of deciding to continue or end the relationship; and for some women, leaving poses more risks, both in terms of harm from the batterer (Campbell, 1992;Goetting, 1995) and social and economic costs, which women may see as more burdensome than the abuse (Peled, Eisikovitz, Enosh, & Winstok, 2000; Rhodes & McKenzie, 1998).

Safety planning will be most effective if it occurs within a contextualized assessment process that illuminates the deeper struggles and multiple harms that women balance when making decisions about continuing or ending relationships. Traditional safety planning is a necessary but insufficient strategy for addressing the complex needs of women who are in varying degrees of relationship to the batterer. As Peled et al. (2000), note

> It is commonly assumed that freedom from violence entails leaving the abuser . . . .
> Recent literature on social work intervention … with intimate violence … often uses
> the rhetoric and ideology of empowerment as an important guiding principle.
> However, in the context of battered women who stay, the concept seldom is carried
> beyond the ideological and prescriptive levels. Attempts to operationalize the means
> by which those women can become empowered are scarce. (p. 12)

In this paper, we provide a heuristic model for operationalizing an empowerment approach for working with battered women. This approach promotes contextualized assessment with battered women to strategically plan for safety. It helps illuminate multiple harms salient to the woman's perspective of her life and options. Although our knowledge about the epidemiology, risk factors, and consequences associated with domestic violence has mushroomed in the past 25 years, the available evidence on effective interventions for preventing or safely ending violence against women has not developed at the same speed (Wathen & MacMillan, 2003). Given the current state of research, a model for assessment with battered women needs to be derived from a strong theoretical basis in order to offer a rationale for practice interventions. The model offered here is grounded in stress and coping theory, as efforts to augment the safety of battered women and their children nearly always takes place within a situation of high stress for the women. Stress and coping theory offers a useful framework for assisting persons within stressful situations to identify the meaning of the situation and to evaluate the resources they have available to cope.

We turn first to a discussion of the components of a contextualized assessment that influence a woman's landscape of choices and the interpretation of multiple harms she may face. Next, we discuss elements of a strategic safety-planning process that extends the focus on physical harm to include other forms of harm that a woman might experience, such as threats to children, harm to other valued relationships, and economic hardships. We conclude by demonstrating the contextualized assessment process through application of the heuristic to a case illustration.

Contextualized Assessment With Battered Women

In order to operationalize a core value of promoting social justice for battered women, we are focused here on assessment aids that help generalist social workers recognize the diversity of women's experiences and guide practitioners in helping battered women articulate their contexts, concerns, and goals. Toward this aim, we draw on stress and coping theory (Lazarus & Folkman, 1984; Lazarus & Smith, 1988; Smith & Lazarus, 1993) to identify two critical assessment components. These include (a) appraisal processes that shape a battered woman's perception of her threat context, options, and capacities, and (b) identification of key environmental and individual risk and protective factors that shape her perception of her threat context. Stress and coping theory specifies both momentary processes wherein each event is appraised as well as a developmental model that incorporates personal history and environmental conditions in determining exposure and responses to stressors over time. Any given coping experience becomes part of a lifespan sequence that has long-term effects for the individual's physical and psychological well-being and vulnerability or resistance to stress.

Figure 1 presents a model for contextualized assessment that can be used in conjunction with traditional safety-planning processes to explore dynamics that influence the choices available for battered women. It is beyond the scope of this paper to detail a full conceptual model of all forces involved in the development of or intervention with domestic violence. Other sources are available that provide tools for specialized education and training in domestic violence interventive services (Davies & Lyons, 1998;Dutton, 1992). Rather, our purpose is to highlight variables that are important to social work assessment and that might affect a woman's ability to develop and carry out a meaningful safety plan. The first step in this process is to understand how a woman perceives her circumstances, so we turn now to elaboration of the appraisal process.

The Appraisal Process

Social cognition describes how people make sense of themselves and others. It involves interpersonal processes through which people derive meaning from their experiences, create cognitive models of this meaning, and then draw on these models to predict outcomes, pursue goals, and make determinations about how to engage with their social environment (Fiske & Taylor, 1991). Social cognition theories inform the appraisal processes of stress and coping, which have been widely applied across a range of health and social problems (see Kaplan, 1996; Rice, 2000; Zeidner & Endler, 1996, for examples). Appraisals, motivated by threats to well being, involve a search for information and the construction of meanings that guide actions in response to these stressors. We focus here on three interrelated activities of the appraisal process: primary appraisals of stressors/threats, secondary appraisals related to response possibilities, and management of emotional responses.

Primary appraisal involves the recognition of a threatening circumstance and the personal evaluation of its potential for harm or loss (Lazarus, 2000; Nurius, 2000). There can be variability both in the magnitude and qualitative nature of this evaluation. The same behavior may be seen as more or less threatening to different women. Personal life history or the immediate context of the violence, for example, may shape the primary appraisal process. Moreover, the same kind of violence may have differing levels of threat associated depending on the context of different kinds of harm she may anticipate. For example, a woman may appraise violent behavior differently once a child is involved than she did when only she experienced the abuse. In addition, threats can be difficult to recognize and thus appraise within interpersonal relationships. In the early stages of the relationship, behaviors that indicate abuse are usually subtle and ambiguous; monitoring for the perception of threat is counterintuitive to forming friendship, dating, or spousal relationships; and the abuser as well as others may "prime the pump" of self-doubt by reinforcing beliefs that the behavior is something other than

abuse or that the woman is somehow complicit in causing the abuse. An abusive partner may tell a woman, "If you'd have dinner ready on time, I wouldn't get so angry," or, "I get jealous of your friends because I love you so much." An outcome of the difficulty in identifying threat from an intimate partner is that many women who are battered do not describe the relationship as abusive (a lack of recognition of this type of threat) and the appraisal of threat may not happen without external intervention (Dutton, 1992; Lindhorst, 2001; Wolf, Ly, Hobart, & Kernic, 2003). Primary appraisals that threat is occurring galvanize a coping response process, but alone are not sufficient to direct that response.

Secondary appraisal focuses on what can be done about the troubling event or condition. This appraisal evaluates coping resources and options, accountability, implications of potential actions, and facilitates decisions about what response options to choose and how to go about them. Again, there can be great variability here. First, there will be variability to secondary appraising as women question: "What are my options here? Which option is best? Am I capable of doing this? What kinds of help resources do I have? What are the consequences of taking any action?" It is important to note that appraising often happens on a tacit rather than explicit level, meaning we often are not fully aware of our own appraising and how this is shaping our view of options and actions.

Next, secondary appraisals depend on what *kinds* of harms or threats the abusive behavior represents to the woman. Appraisals are reflective of underlying beliefs, goals, and commitments. Women who are highly committed to maintaining their relationships despite serious problems will have very different appraisals of their circumstances and options relative to women who do not share this commitment. Heron, Twomey, Jacobs, and Kaslow (1997) cite this kind of difference, emphasizing the importance of appreciating a battered woman's beliefs, goals, and commitments, and how these shape appraisals and coping behaviors. Appraisals are windows into the woman's system of meaning, which will carry sociocultural history and context. Thus, understanding ways that the appraisal process mediates between objective characteristics of partner abuse and the woman's behavioral response helps practitioners better appreciate ways that cultural values such as racial preservation and belief that it is a woman's duty to maintain the family—as found among African American women in Heron et al.'s (1997) example—can lead to differential appraisals of meaningful options for coping with partner abuse.

Emotional responses are inherently part of appraising significant life stressors and threats. If we were emotionally neutral about an event, it would not be stress-invoking and no coping processes would be activated. However, due to the enormous impact of our emotional state on our capacity to take in information, make decisions, and act, it is useful to draw attention to variability in emotional states likely to derive from appraising partner abuse. A woman who blames herself or feels she has not lived up to an expectation is likely to feel guilt or shame, whereas those who blame the perpetrator may be more likely to experience anger. Uncertainty about one's resources or ability to manage the situation will result in anxiety or fear, whereas a sense of irrevocable loss or helplessness will foster sadness (Smith & Lazarus, 1993). Differences in women's answers to questions inherent in secondary appraising, such as those noted above will generate different emotional states, and multiple conflicting emotions are common.

Various circumstances may represent a harm that is of higher priority (e.g., not losing her children, not risking her family or community support) to a given woman than the violence that may continue to be directed at her by the abuser. When intervening with battered women, it is important to note that women employ a variety of coping efforts, some of which may appear perplexing or troubling to those outside the situation, but which may have served a woman well in helping her to continue with other aspects of her life while living with an abusive

partner or with the aftermath of violence. Recent studies indicate the likelihood that battered women evoke a number of strategies that may shift over time as initial efforts are found to be ineffective in controlling the violence (Goodkind, Sullivan, & Bybee, 2004). Various strategies such as placating the abuser, seeking help from formal and informal institutions, resistance or fighting back need to be understood in light of each woman's appraisals, the harms she is trying to avoid, the goals she is trying to accomplish, and ways that her own personal and environmental factors are shaping her circumstances, choices, and likely outcomes.

Women's intrapsychic appraisals and emotional responses are embedded within a personal history that has created a unique set of individual risk and protective factors for her. This internal appraisal process is further shaped by environmental risk and protective factors related to her social-structural positionality, policy context, and availability of community resources. In the following sections, we briefly illustrate potential assessment issues that social workers should consider at the environmental and individual levels.

Environmental and Individual Risk and Protective Factors

Although it is beyond the scope of this paper to exhaustively review all factors that hold risk and protective functions for coping with partner violence and for self-protection, we can describe critical environmental and personal dimensions that have been identified as erosive or buffering to effective coping to illustrate their importance for assessment.

Battered women face differing social environments based on aspects of their social location, their access to financial resources, the policy environment in which they live, and the level of development of supportive institutions in their community. Risk for domestic violence is not evenly distributed among all women, and is correlated with aspects of social identity. National surveys have found that women are more likely to be victims of violence when they are younger, are in families with incomes less than $10,000, are African American or American Indian/ Alaska Native women, and are heterosexual (Bachman & Saltzer, 1995; Tjaden & Thoennes, 2000a; Tjaden & Thoennes, 2000b). Social-structural positionality acts to enhance and inhibit access to beneficial environmental resources for groups of women depending on their race/ ethnicity, class, age, sexual orientation, and disability status. For instance, women of color face institutionalized racism that affects the accessibility and usability of institutions such as the criminal justice system (Hamby, 2000; Kanuha, 1994). Status characteristics affect women's risk for exposure to violence and should also be understood for how they differentially affect women's resources for safety.

Research on factors associated with leaving abusive relationships notes that access to financial resources plays a significant role in a woman's ability to decide to end an abusive relationship (Strube & Barbour, 1983, 1984; Wuest & Merritt-Gray, 1999). Analysis of data from the 1992 National Alcohol and Family Violence Survey (Aldarondo & Kantor, 1997) shows that family income was the single most powerful predictor of the cessation of battering, with lower income families more likely to report continued violence. Although provision of resources is insufficient to assure an effective coping response, resource accumulation and mobilization is a core strategy for coping with abusive relationships (Wuest & Merritt-Gray, 1999). Long-standing patterns of discrimination based on race and gender in the labor market have disadvantaged women of color, particularly African American, Hispanic, and American-Indian women (Amott & Mattaei, 1991; Catanzarite & Ortiz, 1996; Kemp, 1994), making access to resources, which facilitate effective coping, more difficult. Women's access to supportive financial assistance such as Temporary Assistance to Needy Families (TANF) also differs widely across communities. States such as Idaho, Oklahoma, and Wyoming have all decreased their TANF caseloads by over 90% from their 1993 levels (U.S. Department of Health and Human Services, 2004), indicating that access to TANF in these states may be more problematic for all women. In a related and worrisome vein, emerging research suggests that

male partners may be at higher risk of intimate homicide when welfare benefits decline (Dugan, Nagin, & Rosenfeld, 2003).

The TANF situation illustrates how the local policy environment affecting each woman is a critical area in the assessment process. Other significant policy contexts for battered women include family law, criminal justice, and immigration laws. Recent research on the effects of divorce policy indicate that access to unilateral divorce has been associated with large declines in domestic violence and intimate homicide (Stevenson & Wolfers, 2003), yet increases in divorce may result in an increase in the homicide of unmarried partners (Dugan et al., 2003). The federal Violence Against Women Act (1994) enacted changes to national criminal justice policy (Valente, Hart, Zeya, & Malefyt, 2001) that have led to federal funding initiatives to states and cities aimed at changing local law enforcement practices. While policy changes in the criminal justice system, such as the adoption of more aggressive arrest policies may reduce exposure to violence for unmarried women, other changes such as the increased willingness to prosecute violators of protection orders may actually lead to increased spousal homicides (Dugan et al., 2003). Battered women who are immigrants face additional challenges within a policy context in which they may face deportation if their spouse is found guilty of abuse, or where they may be penalized for accessing welfare benefits when attempting to flee abuse as evidence of poor moral character, further affecting their immigration status (Menjivar & Salcido, 2002).

Communities differ in terms of the resources that they have available for battered women. Abused women have reported that accessing domestic violence services or staying at a domestic violence shelter were the strategies most likely to improve their life situation (Goodkind et al., 2004). Battered women who participated in a comprehensive advocacy intervention after exiting a shelter program experienced less violence and a higher quality of life than women who did not receive the intervention (Sullivan, 2003). These studies, coupled with research suggesting that the density of battered women shelters is associated with lower levels of femicide (Stout, 1989) and that legal advocacy may decrease the rate of intimate partner homicide for White women (Dugan et al., 2003), indicate the importance of the availability of community resources for battered women. While this is not an exhaustive listing of environment-related issues that affect battered women, it does provide an overview of the kinds of areas that social workers should consider when creating a contextualized assessment that pays attention to environmental risk and protective factors.

In addition to environmental dimensions of risk and protection, safety planning must also address the different intrapsychic contexts that battered women face. There are, of course, a host of contextual factors related to women's socioeconomic and sociopolitical histories that will shape how she appraises the relationship, the violence, herself, her options, and likely outcomes associated with a range of response possibilities (Campbell & Soeken, 1999; Holtzwoth-Munroe, Smutzler, & Leonard, 1997). Any generalizations need to take into account diversity within groups as well as across groups, particularly with respect to context and culture. For example, in a study of women of Japanese heritage living in the United States who had experienced partner violence, Yoshihama (2002) found that country of birth affected the choice of coping strategy, perceived effectiveness, and level of psychological distress. Women born in Japan generally selected a lower ratio of active to passive strategies, and perceived active strategies to be less effective compared to U.S.-born women. This and related work underscores the "multiple harm" contingency embedded within the experience of many battered women. In this case, women born in Japan may have more culturally anchored harm to consider in the use of active strategies (such as confronting or leaving an abusive partner). Active strategies may be viewed as culturally incongruent, leading to withdrawal of social support and greater psychological distress.

Among the more extensively researched factors on an individual level that have been found to be related to women's capacity to cope with abuse are prior and ongoing exposure to violence, such as childhood abuse and neglect, sexual assault, and previous intimate partner violence. Women who have experienced any of these forms of violence are at higher risk for revictimization (Gidycz, Coble, Latham, & Layman, 1993; Irwin, 1999; Malinosky-Rummell & Hansen, 1993). Although not yet fully theorized, experiences of violence are believed to affect subsequent risk of revictimization through mediating factors such as distorted cognitions (e.g., negative views of self, insecure attachment, schemas that shape relationship choices), negative attributions related to self-efficacy (e.g., self-blame, powerlessness), and psychological distress stemming from the abuse and sequelae (Gold, Sinclair, & Balge, 1999; Messman & Long, 1996).

Psychological distress reactions, as manifested in mental disorders such as depression, anxiety, PTSD, or substance use disorders are by no means universal among survivors. Trauma researchers have theorized that whether victimization leads to disorders such as PTSD may be based on the severity of the trauma, the woman's subjective interpretation of the experience, and how she makes meaning of the traumatic events (Maldonado & Spiegel, 1994; Walser & Hayes, 1998). Thus, women's primary and secondary appraisals, emotions, and coping with prior violence may influence the development of trauma symptoms, which in turn, affect coping capacity for subsequent threats (Arais & Pape, 2001), and make safety plan development or implementation seem challenging or overwhelming (Kuyken & Brewin, 1999). Particularly when more acute or prolonged violence exposure is involved, traumatizing stress holds potential for deep impact on cognitions, appraisals, beliefs, and coping behavioral actions (Arias & Pape, 2001; Brown, 1994; Dutton, 1994; Herman, 1995; Miller, Veltkamp, & Kraus, 1997; Nurius et al., 2003).

Coping with prior and current violence may well involve maladaptive strategies such as alcohol and drug use. A battered woman's own substance use can affect how she views and responds to her circumstances, her ability to participate in safety planning, and the kind of safety planning that makes sense for her (Bennett, 1995; El-Bassel, Gilbert, Schilling, & Wada, 2000). Substance use may be derivative of the abuse, and women with preexisting substance abuse may be more vulnerable to control and abuse by aggressive partners.

We argue that effective social work assessment and intervention, particularly safety planning, must take into account these environmental and individual correlates, given their influences on a woman's coping capacity. For example, a woman affected by trauma symptoms may be experiencing heightened states of vigilance or dampened emotions that color how she appraises the relationship violence and what she believes are realistic coping options. On the other hand, while depression may mediate the relationship between psychological abuse and a woman's problem drinking, this relationship can be offset in part by higher levels of social support (Arias, Street, & Brody, 1996). These examples highlight the importance of attending to multiple forms of harm as well as resources that need to be considered in safety planning.

Strategic Safety Planning to Address Multiple Harms

Our clinical experience indicates that the potential for serious injury to the battered woman or her children is often uppermost on the mind of practitioners. So, it is not surprising that safety planning is largely configured around the logistics of physically separating from the violent perpetrator. But many women are also seeking safety from other harms that could be triggered by or in other ways may be in tension with leaving the relationship. These harms could include loss of the relationship with this particular person; loss of the valued role of being partnered and attendant feelings of guilt, sadness, shame, and rejection; loss of other important relationships, such as the removal of children by child welfare authorities, or isolation from

family and community; resource costs such as economic hardship and separation from resources available in the relationship; escalating danger to others or possessions; and other forms of threat such as compromised immigration status or exacerbation of other problems in living (e.g., substance abuse and mental health status) (Hendy, Eggen, Gustitus, McLeod, & Ng, 2003; Wolf et al., 2003). In short, partner violence may differentially signal threat to one's commitments to concepts of marriage and family, of culturally meaningful roles and expectations, of one's fundamental worthiness or efficacy, or fears of loss or harm to others, in addition to threats to one's own physical well-being.

Accordingly, we are arguing that safety planning is best approached as strategic planning. We use the term strategic here to reflect purposeful attention to the multiple kinds of harm a woman sees to be associated with her abuse and any efforts to escape or end the violence. This kind of attention would lead to identifying strategies, resources, and sequencing that include but go beyond traditional safety planning guidelines. Here we highlight four critical dimensions of strategic safety planning: assessing multiple harms, specifying environmental resources and barriers, identifying developmental aspects of coping, and developing social capital resources.

In coping with domestic violence, the first dimension of strategic planning is to assess the multiple forms of threat a woman may experience. Acknowledgment of these context-dependent demands leads to an understanding that there are multiple forms of "safety" that need to be planned for and that there is no universally effective or ineffective strategy for ending the abuse (Goodkind et al., 2004). Focusing solely on physical safety from violence risks denying competing harms that may be highly salient for the woman and thus prominent in how she is appraising her circumstances and options, her emotional responses, and her behavioral coping choices. Advocating that a woman leave an abusive relationship may not always be appropriate given her vulnerabilities, resources, goals, and perspective. Instead, strategic safety planning depends on careful consideration of the types of threat the woman perceives, the appraisal process that is fueling her perceptions, emotions, and actions, and what outcomes—based on her goals—would be considered successful coping.

A second dimension of strategic safety planning builds on specification of the environmental resources and barriers that will likely confront this particular battered woman. Social work practitioners need knowledge of the institutional "map" related to services for victim/survivors. This knowledge can help practitioners work with a woman to increase her understanding of the labyrinthine social environment that will at times support her efforts toward safety and at other times erect obstacles in her path. It is important to understand the different levels of access to support within institutions and communities which women will experience. For example, in communities where dual arrests are made by police officers responding to domestic violence calls, careful attention must be paid to the risks and benefits of voluntarily involving the law enforcement system. For impoverished women of color, involving the law enforcement or criminal justice systems comes with a different set of risks than those experienced by more affluent or White women, making negotiation of these systems another source of potential threat (Wolf et al., 2003; Wright, 1998). These examples of environmental risks and supports are critical factors to be evaluated in the safety planning process and differ depending on the woman's community and the policy environment she experiences.

The third strategic dimension of safety planning involves explicit consideration of where the woman is located in her own developmental coping continuum. Coping is a longitudinal, dynamic process that is constantly undergoing change. We are continuously reappraising and reacting on the basis of how stressful and threatening experiences evolve. Through these repeated reappraisals, we develop a sense of patterns both about the stress-evoking circumstances and our own coping effectiveness (Ryan-Wenger, Sharrer, & Wynd, 2000; Zeidner & Saklofse, 1996). These perceptions stem in part from questions like: "How

successful was I in doing what I was trying to do? To what extent did that action have the outcome I hoped for? What unexpected outcomes were there, positive or negative? What does this tell me about what I can expect in the future from this person? From myself? How does this new information affect my thinking and feeling?"

A battered woman's ongoing appraisals, priorities, and capacity to mobilize resources and coping strategies change as a function of her experiences and her movement through interpretive and decisional stages. In a prospective longitudinal analysis of women's responses to battering over time, Campbell et al. (1998) found that most women initiated a process of achieving nonviolence rather than leaving the relationship per se and that this process included: (1) responding to significant events by thinking about, labeling, and conceptualizing what was happening to them, (2) negotiating internally with themselves and externally with the abuser, and (3) trying various strategies to improve the relationship and decrease the abuse. Studies such as this and others (e.g., Pape & Arias, 2000; Zoellner et al., 2000) are indicating that neither severity of abuse nor socioeconomic resources provide adequate explanation of abused women's decision making. In addition to these important factors, battered women's efforts to interpret and cope with their circumstances are dynamic and multidimensional, mediating the relationship of the assailant's behavior and environmental conditions to her decision making and actions.

The fourth dimension of strategic planning involves an educational orientation toward the development of the woman's social capital, or her ability to "plan for process." Strategic safety planning, especially as we address it here relative to practitioners providing services outside of specialized domestic violence programs, occurs at one point in time. However, social workers and battered women need to conceptualize safety planning as an ongoing process that shifts to accommodate the woman's evolution in thinking and feeling, changes in priorities, and the trade-offs she finds tolerable. Thus, rather than a still photo, battered women and social workers need to think of strategic safety planning as a rolling depiction of multiple concerns and environmental assets and barriers situated alongside intrapsychic changes in appraisals. This requires what Campbell et al. (1998) call creative interventions that help abused women monitor their ongoing safety (reflective of their multiple harms) as they negotiate efforts toward freedom from violence (see also Sullivan, Campbell, Angelique, Eby, & Davidson, 1994). To illustrate the use of contextualized assessment and strategic safety planning, we turn next to a case example drawn as a composite from the authors' clinical practice.

A Case Illustration

Inez is a 36-year-old Mexican immigrant working as a hotel maid in an urban area. Inez's husband who is a United States citizen helped her come to the States two years ago. Inez was at first reluctant to move away from her family but agreed because she believed her new husband to be a good person who loved her and because she thought she would have the possibility of a better life. A few days after her arrival in the States, she and her husband got into an argument and he beat her. The physical violence continues to this day. Inez has a green card but finds the immigration policies and information confusing, so she is uncertain about what her immigration status is now. She is afraid to draw attention to herself for fear of deportation. Her husband says that without him, Inez is "illegal" and that he will turn her in if she tries to leave. Inez sends money back home to her mother who is ill and her sister who takes care of her mother. She worries that if she does not send this money her mother and sister will not survive. Her husband tries to take more and more of her money from her job each month. Inez struggles to learn English and does not have many friends because her husband will not allow socializing with other women she meets at work. Lately, her husband has been pressuring her to get pregnant. Becoming a mother is very important

to Inez, yet, she also worries whether her child would be in danger from her husband. Inez does not want to keep living as she is, but she does not know where to turn for help. Inez regularly attends Catholic services at a church nearby her home.

This case illustrates the importance of educating social workers to provide contextualized assessment services across all social work settings and not limiting such screening efforts to specialized domestic violence programs. A potential client such as Inez may eventually seek help from a domestic violence program if the language and culture of the agency are welcoming to her (Lee, Thompson, & Mechanic, 2002; Perilla, Bakeman, & Norris, 1994). However, she is probably more likely to seek help from a Latino/Hispanic community agency, a health-care clinic, or from a religious institution. Social workers in a broad range of agencies and settings, such as health care, criminal justice, child welfare, or economic services, are as likely to encounter vulnerable violence survivors as social workers in domestic violence agencies (Macy et al., 2004).

This case study illustrates the complexities and challenges of helping battered women toward safety because of the multiple harms to Inez's well being. Traditional safety plan protocols (see Table 1) while helpful in considering immediate needs, may not lead to the development of an intervention that takes into account the complex, multiple harms that Inez is balancing. Traditional safety plan protocols for women like Inez who are still in relationships recommend thinking about safe people to contact, a safe place to go if an argument occurs, and what to say to a partner when he becomes violent. These steps are relevant for Inez, but most likely will not fully address her needs because they fail to account for Inez's tenuous citizenship status, her socioeconomic status, the sociocultural dimensions of her situation, her commitment to assisting her mother and sister, and her social isolation. A social worker using traditional safety planning as a basis for intervention will likely soon realize that these protocols are a beginning, but her clients need fuller elaboration and guidance regarding the multiple harms they may face.

We suggest augmenting traditional safety planning with the contextualized assessment process described in Figure 1. In Table 2, we provide an overview of the contextualized assessment heuristic, link it to sample questions a practitioner could ask that are reflective of each aspect of the assessment, and note the value-added relevance of these components for assessment and planning. Next, we illustrate dimensions of this contextualized assessment based on the case example.

The assessment process with Inez would first turn to investigating her primary and secondary appraisals of her situation and her emotional reactions. For primary appraisals, it would be critical to better understand what threats are prominent among Inez's fears and how she sees them as a threat to her and her family's well being. For example, is she most worried about her physical safety, losing her green card if she leaves her husband, losing the relationship and being alone, not being able to assist her mother and sister, or her fears associated with becoming pregnant? Understanding what Inez perceives as most threatening will help the social worker devise an intervention strategy that is responsive to her current functional state and her underlying goals and values.

Inquiry into secondary appraisals would include understanding Inez's perceptions about coping resources and options, accountability, implications of various actions, and her experience thus far from her efforts to deal with the threats that are of greatest concern to her. This, of course, would include safety from her partner's abusive behavior. However, depending on what emerges as most salient in her primary appraisals, this analysis may well include coping with additional forms of threat, such as the risk of deportation. In addition to acknowledging that Inez is already engaged in coping, spending time on secondary appraisals also helps the social worker better understand Inez's perceptions of self-blame, of her resources or lack thereof, of

her abilities to take on new coping actions, of what is likely to happen if she undertakes a given course of action, and of what does and does not seem to work based on her experiences to date.

Understanding the ways in which Inez is already successfully coping with the violence and other salient forms of harm, can help the social worker consider ways in which these coping actions can be augmented or efforts can be differently directed. Along with investigating Inez's primary and secondary appraisals, it is critical that the social worker investigate the client's emotional reactions. This can help the worker build a relationship with the client through demonstration of understanding and empathy, as well as help the worker understand the emotional impact of her circumstances as she perceives them. Considering the earlier primary appraisal examples, if Inez feels sad about the violence but is terrified about losing her green card, this information can help the worker prioritize action steps and advocacy efforts in order to respond with immediacy to the client's emotions and concerns. Similarly, emotional reactions such as guilt associated with self-blame, shame associated with a sense of failure or unworthiness, helplessness associated with a sense of entrapment or powerlessness, anger associated with perpetrator blame, or hopefulness associated with emerging coping options all hold powerful implications for the kinds of strategic planning and safety decisions a battered woman would be equipped to undertake.

The investigation of the client's appraisals and emotions begins to illuminate the client's multiple harm and safety concerns. In Inez's situation, in addition to enduring a violent intimate relationship, other potential harms include the threat of possible deportation, loss of her job if she is deported, and loss of income to support herself and help her mother and sister. Inez may also hold additional personal or sociocultural concerns, for example, marital role expectations she may hold for herself, religious beliefs that may shape her perceptions, conflictedness about potential loss of a marital partner, or fulfilling a life goal of motherhood within this context.

A social worker using the contextualized assessment also attends to the individual and environmental risk and protective factors in a client's life. This would necessitate going beyond the information provided in the limited case description and mapping the environmental resources and risks in Inez's community. However, it is possible to see how Inez's social isolation and limited socioeconomic resources, for example, may carry risk functions that could increase her vulnerability and impede her coping capacity. Inez also evidences individual protective factors such as her spirituality, her job, and her connectedness to her family of origin that may serve as resources and augment her coping capacity.

Generally, risk and protective factors can also help social workers attend to the client's social-structural position. Being mindful of the socio-cultural and socio-economic complexities of Inez's life will help the social worker develop and implement intervention strategies and safety plans that are ecologically and personally relevant. An awareness of environmental risk and protective factors can also help social workers understand how social, cultural, and economic conditions influence many women's lives in the same way. An understanding of how environmental conditions shape women's options and opportunities for safety as well as increase women's risk and vulnerabilities can lead social workers to consider mezzo- and macro-level interventions, such as advocating for policy change and interagency collaborations.

Conclusion

In this article we have accepted the challenge Peled et al. (2000) gave to operationalize an empowerment-oriented approach that will help social workers assist women to improve their safety, regardless of whether they choose to leave or stay in an abusive relationship. Contextualized assessment of intimate partner violence involves attention to vulnerabilities

across multiple intrapsychic, interpersonal, and environmental dimensions, as well as an evaluation of internal and external resources, available options, and the analysis of relative harm/safety implications of assorted action plans. No one strategy to end violence will work for every woman, and leaving cannot be the only legitimized option social workers offer as we help women create pragmatic, sustainable responses. Acknowledging the complexity of women's situated lives is a challenging task for the practitioner: there are seldom straightforward or uncomplicated solutions available. The proposed framework for assessment engages worker and survivor in a highly dynamic and evolving estimation of relative harms related to her internal, interpersonal, and environmental safety and well-being. The more congruent this analysis is with the woman's perspective, values, and context, the more likely an intervention plan will be realistically achievable and sustainable and support her empowerment and self-determination.

This contextualized assessment process could be used by instructors to teach comprehensive, theory-guided assessment and safety planning skills in the social work curriculum. Through emphasizing the primacy of women's appraisals within the context of her multiple harm and safety concerns, the assessment tool helps operationalize the social work maxims to start where the client is and to evaluate the interface of person and environment. By assessing safety concerns at multiple system levels, students have a theoretically-driven understanding for navigating the complexities of intimate partner violence intervention, and for responding to the frequently asked question, "Why don't they leave?" Instructors can use the proposed framework to illustrate how women are balancing multiple harms and safety concerns, providing an orientation for students to understand these behaviors in a non-blaming way. The model urges students to understand *from the woman's perspective* the fragmented array of institutional responses and services she is likely to encounter. Social work students will be able to identify the relevance of developing skills to connect women to "hard" resources such as money, transportation, and social support networks, as well as "soft" resources such as providing information on how to understand the terrain of helping services and developing savvy in navigating formal and informal service systems.

Supporting women who are in abusive situations requires a multiple approach in social work education and training: the profession needs generalists with knowledge about how to recognize abuse and formulate basic safety plans with women, as well as specialists who have a more in-depth understanding of the needs of battered women and the systems they utilize. This proposed framework offers a roadmap that helps to focus assessment and intervention, recognizing the complexity of life circumstances for the women involved. Successful safety outcomes for battered women are predicated on finding sustainable solutions that are salient and meaningful within the woman's life context, realizing that these solutions will invariably change over time.

References

Aldarondo, E.; Kantor, GK. Social predictions of wife assault cessation. In: Kantor, GK.; Jasinski, JL., editors. Out of the darkness: Contemporary research perspectives on family violence. Thousand Oaks, CA: Sage; 1997. p. 183-193.

Amott, T.; Matthaei, J. Race, gender and work: A multicultural economic history of women in the United States. Boston: South End Press; 1991.

Arias, I.; Pape, KT. Psychological abuse: Implications for adjustment and commitment to leave violent partners. In: O'Leary, KD.; Maiuro, RD., editors. Psychological abuse in violent domestic relations. New York: Springer; 2001. p. 137-151.

Arias, I.; Street, AE.; Brody, GH. Depression and alcohol abuse: Women's responses to psychological victimization; Paper presented at the American Psychological Association's National Conference on Psychosocial and Behavioral Factors in Women's Health: Research, Prevention, Treatment, and Service Delivery in Clinical and Community Settings; Washington, DC. 1996 Sep.

Bachman, R.; Saltzman, LE. Violence against women: Estimates from the redesigned survey (NCJ 154348). Washington, DC: U.S. Bureau of Justice Statistics; 1995.

Bennett L. Substance abuse and the domestic assault of women. Social Work 1995;40:760–772. [PubMed: 8629042]

Brown, P. Toward a psychobiological model of dissociation and post-traumatic stress disorder. In: Lynn, SJ.; Rhue, JW., editors. Dissociation: Clinical and theoretical perspectives. New York: Guilford; 1994. p. 94-122.

Campbell, JC. 'If I can't have you, no one can': Power and control in homicide of female partners. In: Radford, J.; Russel, DEH., editors. Femicide: The politics of woman killing. New York: Twayn; 1992. p. 99-113.

Campbell JC, Lewandowski LA. Anger, aggression and violence: Mental and physical health effects of intimate partner violence on women and children. Psychiatric Clinics of North America 1997;20:353– 374. [PubMed: 9196919]

Campbell JC, Rose L, Kub J, Nedd D. Voices of strength and resistance: A contextual and longitudinal analysis of women's responses to battering. Journal of Interpersonal Violence 1998;13:743–762.

Campbell JC, Soeken KL. Women's responses to battering over time. Journal of Interpersonal Violence 1999;14:21–40.

Catanzarite, L.; Ortiz, V. Family matters, work matters? Poverty among women of color and white women. In: Dujon, D.; Withorn, A., editors. For crying out loud: Women's poverty in the United States. Boston: South End Press; 1996. p. 121-139.

Davies, J.; Lyons, E. Safety planning with battered women: Complex lives/difficult choices. Thousand Oaks, CA: Sage; 1998.

Dugan L, Nagin DS, Rosenfeld R. Exposure reduction or retaliation? The effects of domestic violence resources on intimate-partner homicide. Law & Society Review 2003;37(1):169–198.

Dutton, DG. The domestic assault of women: Psychological and criminal justice perspectives. 2. Vancouver, BC: UBC Press; 1994.

Dutton, MA. Empowering and healing the battered woman: A model for assessment and intervention. New York: Springer; 1992.

El-Bassel N, Gilbert L, Schilling R, Wada T. Drug abuse and partner violence among women in methadone treatment. Journal of Family Violence 2000;15:209–228.

Fiske, ST.; Taylor, SE. Social cognition. 2. New York: McGraw Hill; 1991.

Fleury RE, Sullivan CM, Bybee DI. When ending the relationship does not end the violence: Women's experience of violence by former partners. Violence against Women 2000;6:1363–1383.

Gidycz CA, Coble CN, Latham L, Layman MJ. Sexual assault experience in adulthood and prior victimization experience: A prospective analysis. Psychology of Women Quarterly 1993;17:151– 168.

Goetting, A. Homicide in families and other special populations. New York: Springer; 1995.

Gold SR, Sinclair BB, Balge KA. Risk of revictimization: A theoretical model. Aggression and Violent Behavior 1999;4:457–470.

Golding JM. Intimate partner violence as a risk factor for mental disorders: A meta-analysis. Journal of Family Violence 1999;14:99–132.

Goodkind JR, Sullivan CM, Bybee DI. A contextual analysis of battered women's safety planning. Violence Against Women 2004;10:514–533.

Hamby SL. The importance of community: A feminist analysis of domestic violence among American Indians. American Journal of Community Psychology 2000;28:649–669. [PubMed: 11043109]

Hendy HM, Eggen D, Gustitus C, McLeod KC, Ng P. Decision to Leave Scale: Perceived reasons to stay in or leave violent relationships. Psychology of Women Quarterly 2003;27:162–173.

Heron RL, Twomey HB, Jacobs DP, Kaslow NJ. Culturally competent interventions for abused and suicidal African American women. Psychotherapy 1997;34:410–423.

Herman, JL. Complex PTSD: A syndrome in survivors of prolonged and repeated trauma. In: Everly, GS.; Lating, JM., editors. Psychotraumatology: Key papers and core concepts in posttraumatic stress. New York: Plenum Press; 1995.

Holtzworth-Munroe A, Smutzler N, Leonard B. A brief review of the research on husband violence. Aggression and Violent Behavior 1997;2:285–307.

Irwin HJ. Violent and nonviolent revictimization of women abused in childhood. Journal of Interpersonal Violence 1999;14:1095–1110.

Kanuha, V. Women of color in battering relationships. In: Comas-Diaz, L.; Greene, B., editors. Women of color: Integrating ethnic and gender identities in psychotherapy. New York: Guilford; 1994. p. 428-454.

Kaplan, HB., editor. Psychosocial stress: Perspectives on structure, theory, life-course, and methods. New York: Academic Press; 1996.

Kemp, AA. Women's work: Degraded and devalued. Englewood Cliffs, NJ: Prentice Hall; 1994.

Kuyken W, Brewin CR. The relation of early abuse to cognition and coping in depression. Cognitive Therapy and Research 1999;23:665–677.

Lazarus, RS. Evolution of a model of stress, coping, and discrete emotions. In: Rice, VH., editor. Handbook of stress, coping, and health: Implications for nursing research, theory, and practice. Thousand Oaks, CA: Sage; 2000. p. 195-222.

Lazarus, RS.; Folkman, S. Stress, appraisal, and coping. New York: Springer; 1984.

Lazarus RS, Smith CA. Knowledge and appraisal in the cognition-emotion relationship. Cognition and Emotion 1988;2:281–300.

Lee RK, Thompson VLS, Mechanic MB. Intimate partner violence and women of color: A call for innovations. American Journal of Public Health 2002;92:530–534. [PubMed: 11919045]

Lindhorst T. The effect of domestic violence on welfare use, employment and mental health: A quantitative and qualitative analysis. Dissertation Abstracts International 2001;62(06):2239.(UMI No. AAT 3016558)

Macy RJ, Nurius PS, Kernic M, Holt V. Battered women's profiles associated with service contacts: Illuminating opportunities for intervention. 2004Manuscript submitted for publication

Maldonado, JR.; Spiegel, D. The treatment of post-traumatic stress disorder. In: Lynn, SJ.; Rhue, JW., editors. Dissociation: Clinical and theoretical perspectives. New York: Guilford; 1994. p. 215-241.

Malinosky-Rummell R, Hansen DJ. Long-term consequences of childhood physical abuse. Psychological Bulletin 1993;114(1):68–79. [PubMed: 8346329]

Menjivar C, Salcido O. Immigrant women and domestic violence: Common experiences in different countries. Gender & Society 2002;16:898–920.

Messman TL, Long PJ. Child sexual abuse and its relationship to revictimization in adult women: A review. Clinical Psychology Review 1996;16:397–420.

Miller TW, Velkamp LJ, Kraus RF. Clinical pathways for diagnosing and treating victims of domestic violence. Psychotherapy 1997;34:425–432.

National Coalition against Domestic Violence. Getting help: Safety planning. nd. Retrieved October 1, 2003, from http://www.ncadv.org/gettinghelp/safetyplan.htm

Nurius, PS. Coping. In: Allen-Meares, P.; Garvin, C., editors. Handbook of social work direct practice. Thousand Oaks, CA: Sage; 2000. p. 349-372.

Nurius PS, Macy RJ, Bhuyan R, Holt VL, Kernic MA, Rivara FP. Contextualizing depression and physical functioning in battered women: Adding vulnerability and resources to the analysis. Journal of Interpersonal Violence 2003;18:1411–1431. [PubMed: 14678614]

Pape KT, Arias I. The role of perceptions and attributions in battered women's intensions to permanently end their violent relationships. Cognitive Therapy and Research 2000;24:201–214.

Peled E, Eisikovits Z, Enosh G, Winstock Z. Choice and empowerment for battered women who stay: Toward a constructivist model. Social Work 2000;45:9–26. [PubMed: 10634083]

Perilla IL, Bakeman R, Norris FH. Culture and domestic violence: The ecology of abused Latinas. Violence and Victims 1994;9:325–339. [PubMed: 7577760]

Rhodes NR, McKenzie EB. Why do battered women stay? Three decades of research. Aggression and Violent Behavior 1998;3:391–406.

Rice, VH., editor. Handbook of stress, coping, and health: Implications for nursing research, theory, and practice. Thousand Oaks, CA: Sage; 2000.

Riger S, Raja S, Camacho J. The radiating impact of intimate partner violence. Journal of Interpersonal Violence 2002;17(2):184–205.

Ryan-Wenger, NA.; Sharrer, VW.; Wynd, CA. Stress, coping, and health in children. In: Rice, VH., editor. Handbook of stress, coping, and health: Implications for nursing research, theory, and practice. Thousand Oaks, CA: Sage; 2000. p. 265-293.

Smith CS, Lazarus RS. Appraisal components, core relational themes, and the emotions. Cognition and Emotion 1993;7:233–269.

Stevenson, B.; Wolfers, J. Bargaining in the shadow of the law: Divorce laws and family distress (Working Paper #10175). Cambridge, MA: National Bureau of Economic Research; 2003.

Stout KD. "Intimate Femicide": Effect of legislation and social services. Affilia 1989;4:21–30.

Straus, MA.; Gelles, RJ.; Steinmetz, SK. Behind closed doors: Violence in the American family. Garden City, NY: Anchor Press/Doubleday; 1980.

Strube MJ, Barbour LS. The decision to leave an abusive relationship: Economic dependence and psychological commitment. Journal of Marriage and the Family 1983;45:785–793.

Strube MJ, Barbour LS. Factors related to the decision to leave an abusive relationship. Journal of Marriage and the Family 1984;46:837–844.

Sullivan CM. Using the ESID model to reduce intimate male violence against women. American Journal of Community Psychology 2003;32:295–303. [PubMed: 14703265]

Sullivan C, Campbell R, Amgelique H, Eby K, Davidson W. An advocacy intervention program with abusive partners: Six months follow-up. American Journal of Community Psychology 1994;22:101–122. [PubMed: 7942642]

Tjaden, P.; Thoennes, N. Full report of the prevalence, incidence and consequences of violence against women: Findings from the national violence against women survey, (NCJ183781). Washington, DC: National Institute of Justice and Centers for Disease Control and Prevention; 2000a.

Tjaden, P.; Thoennes, N. Extent, nature and consequences of intimate partner violence: Findings from the National Violence Against Women Survey, (NCJ 181867). Washington, DC: National Institute of Justice and Centers for Disease Control; 2000b.

Tolman, R. Help-seeking by battered women receiving welfare benefits. Paper presented at the Trapped by Poverty/Trapped by Abuse Conference; Austin, TX. 2003 Oct.

U. S. Department of Health and Human Services. Change in TANF caseloads. 2004. Retrieved September 15, 2004, from: http://www.acf.dhhs.gov/news/stats/caseload.htm

Valente, RL.; Hart, BJ.; Zeya, S.; Malefyt, M. The Violence Against Women Act of 1994: The federal commitment to ending domestic violence, sexual assault, stalking and gender-based crimes of violence. In: Renzetti, CM.; Edelson, JL.; Bergen, RK., editors. Sourcebook of violence against women. Thousand Oaks, CA: Sage; 2001. p. 279-302.

Violence Against Women Act of 1994, Pub. L. No. 103–322, 108 Stat. 1902 (1994).

Walser, RD.; Hayes, SC. Acceptance and trauma survivors. In: Follete, VM.; Ruzek, JI.; Aubeg, FK., editors. Cognitive behavioral therapies for trauma. New York: Guilford; 1998. p. 256-277.

Wathen CN, MacMillan HL. Interventions for violence against women. Journal of the American Medical Association 2003;289:589–600. [PubMed: 12578492]

Wolf ME, Ly U, Hobart MA, Kernic MA. Barriers to seeking police help for intimate partner violence. Journal of Family Violence 2003;18:121–129.

Wright EA. Not a black and white issue: For battered and abused Latinas and Black women, dialing 911 may be risky business. On the Issues, Winter 1998:42–47.

Wuest J, Merritt-Gray M. Not going back: Sustaining the separation in the process of leaving abusive relationships. Violence Against Women 1999;5:110–133.

Yoshihama M. Battered women's coping strategies and psychological distress: Differences by immigration status. American Journal of Community Psychology 2002;30:429–452. [PubMed: 12054037]

Zeidner, M.; Endler, NS., editors. Handbook of coping: Theory, research, applications. New York: Wiley; 1996.

Zeidner, M.; Saklofse, D. Adaptive and maladaptive coping. In: Zeidner, M.; Endler, NS., editors. Handbook of coping: Theory, research, applications. New York: Wiley; 1996. p. 505-531.

Zoellner LA, Feeny NC, Avarez J, Watlington C, O'Neill ML, Zager R, Foa EB. Factors associated with completion of the restraining order process in female victims of partner violence. Journal of Interpersonal Violence 2000;15:1081–1099.
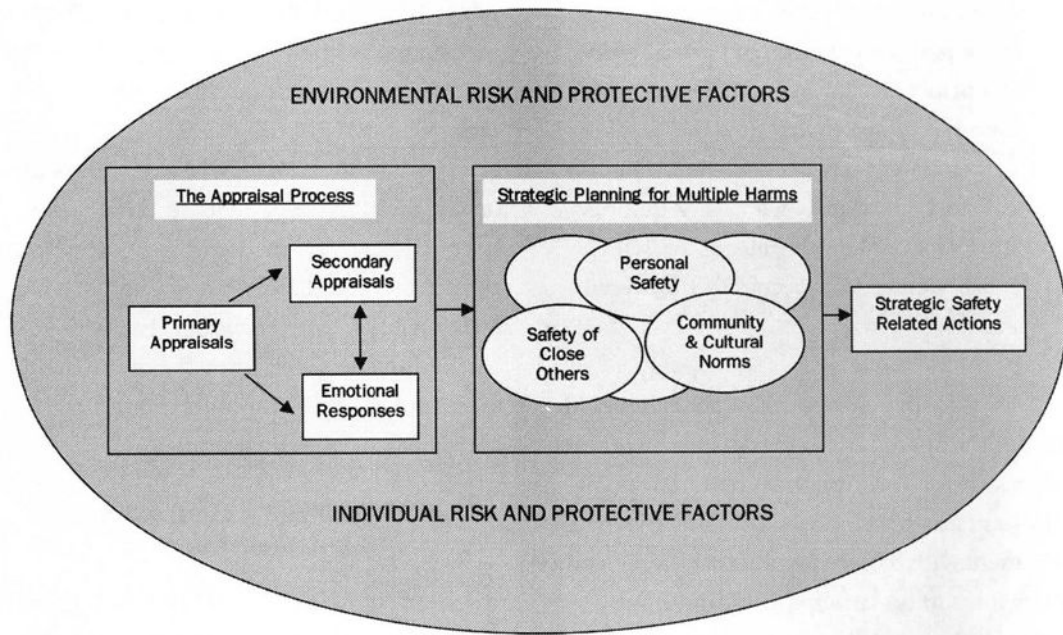
FIGURE 1.
Contextualized Assessment for Strategic Safety Planning That Integrates Environmental and Individual Risk and Protective Factors Into Interventions With Battered Women

TABLE 1

Components of a Traditional Safety Plan

If you are still in the relationship:

1	Think of a safe place to go if an argument occurs — avoid rooms with no exits (bathroom) or rooms with weapons (kitchen).
2	Think about and make a list of safe people to contact.
3	Keep change with you at all times.
4	Memorize all important numbers.
5	Establish a "code word or sign" so that family, friends, teachers, or co-workers know when to call for help.
6	Think about what you will say to your partner if he/she becomes violent.
7	Remember you have a right to live without fear and violence.

If you have left the relationship:

1	Change your phone number.
2	Screen calls.
3	Save and document all contacts, messages, injuries, or other incidents involving the batterer.
4	Change locks, if the batterer has a key.
5	Avoid staying alone.
6	Plan how to get away if confronted by an abusive partner.
7	If you have to meet your partner, do it in a public place.
8	Vary your routine.
9	Notify school and work contacts.
10	Call a shelter for battered women.

Checklist of items to take with you:

1	Social security cards and birth certificates for you and your children
2	Marriage license
3	Leases or deeds in your name or both your names
4	Checkbook
5	Charge cards
6	Bank and charge account statements
7	Insurance policies
8	Proof of income for you and your spouse (pay stubs, W-2s)
9	Documentation of past incidents

Note. Excerpted with permission from the National Coalition Against Domestic Voilence (n.d.).

TABLE 2

Linking Contextualized Assessment With Strategic Safety Planning

Coping Components	Examples of Assessment Areas and Sample Questions	Relevance for Assessment and Planning
Primary Appraisals	Ask how the client labels and defines the violence. • "You have told me that your partner has threatened you. Can you tell me what effect this has had on how you think about your relationship? What are you most fearful of or worried about at this point?"	Ascertain if violence is perceived as a threat. If so, helps clarify what is being threatened (safety, relationship, or other). Helps the worker identify where to start with the client in terms of education, initial interventions, and safety planning.
Secondary Appraisals	Ask how the client views coping options and the personal meaning these options and constraints hold for her. • "Are there things you or others have done that seemed helpful? Things that seemed to make it worse?" • "What are your ideas about the best ways to make yourself safer in this situation?" • "Do you feel you can do these things?" • "Do you have concerns about what might happen if you do (action X) or do not do (action Y)?" • "What are the consequences of taking no action?"	Shows what options and actions the client has considered as well as what factors she considers as barriers or supports to these options. Helps the client to articulate the personal meaning that her circumstances hold for her, including beliefs about causes, accountability, and efficacy as well as goals or commitments that are most deeply threatened. Helps the worker to create a realistic intervention plan with the client.
Emotional Responses	Ask about the client's emotions and feelings about the violence and her feelings about her options. • "Can you tell me about your feelings about your situation?" • "How are you feeling about the options you have for making yourself safer?" • "What are your strongest hopes and fears related to this situation?"	Clarifies emotional impact of appraisals and options. Provides emotional context to actions and coping responses. Identifying and acknowledging emotions can help the client feel fully understood and establish a collaborative relationship with the worker.
Multiple Harm and Safety Concerns	Have the client identify and elaborate the concerns she has related to the violence and her possible coping actions. • "It sounds like home can be a threatening place to be, but I wonder if there are other things that you are also afraid of that make it scary to think about trying to make yourself safer?" • "How do you see this situation affecting your children?" • "How would people in your family and community view your situation if they knew about it? If you took action to make yourself safer?"	Illuminates the multiple threats with which the client must contend. Shows how an action to address one concern may result in difficulties with another concern. Helps the worker fully address the client's concerns when creating an intervention plan and helps the worker to create a collaborative intervention plan based on the realities of the client's life.
Individual Risk and Protective Factors	Ask about strengths and resources, as well as vulnerabilities such as physical or mental health concerns, and prior experiences of violence. • "Have you been in unsafe situations in your family/life before?" • "How have you coped with these situations?"	Contextualizes the client's life and situation at the micro level. Enables the worker to consider and address potential resources for and potential challenges to safety that the client may not have considered. Helps the worker identify needs, create a comprehensive intervention plan, and make appropriate referrals and connections for the client (e.g., for health care, mental health, or substance abuse treatment).
Environmental Risk and Protective Factors	Ask about socioeconomic opportunities and resources (e.g., neighborhood/community services) and barriers (e.g., discrimination, language/cultural barriers) • "What resources do you have available to help make yourself safer?" • "Where have you gone for help?" • "Have you experienced any problems when you have asked for help from other services?"	Provides mezzo and macro context for the client's life and situation. Enables the client and worker to realistically consider social resources as well as social impediments to safety. Provides guidance for the worker to think about social and community avenues and resources for violence cessation. (For example, a woman of color may not feel comfortable calling the police when threatened with violence, but she may feel that she can go stay with a member of her church.)

Coping Components	Examples of Assessment Areas and Sample Questions	Relevance for Assessment and Planning
	• "What response do you think you would get from your family/community/law enforcement if you called on the police or courts to help in your situation?"	