



**National Network
For Safe Communities
at JOHN JAY COLLEGE**

Safe, Alive, and Free: Safety Planning for Community Violence Clients

INTRODUCTION

The National Network for Safe Communities (NNSC) supports cities by implementing evidence-based strategies that improve public safety.¹ NNSC's strategies place attention and resources on people who are most at risk of experiencing or causing harm. While best known for our work to address group violence—also known as community violence (CV)—NNSC has also supported cities to address intimate partner violence (IPV). NNSC's work on IPV has identified that “safety plans” are an important intervention point that could also have massive benefits in addressing CV.

Traditionally, safety plans have been used to keep victim-survivors safe, particularly those experiencing IPV or domestic violence. Safety plans are lifesaving prevention tools that are tailored to a victim-survivor's situation to help them navigate danger that they may face in their daily life. Advocates and counselors in the IPV field use safety plans to assess current and future safety concerns like keeping a victim-survivor's location private from an abusive partner, keeping shared children safe at home or school, and maintaining financial security. They create safety plans in partnership with a victim-survivor to reduce the risk for harm by increasing their awareness of their surroundings as they carry out routines like going to work or dropping children off at school. By identifying and strategizing around dangerous scenarios in advance, victim-survivors can more easily use tools that can help promote their safety. For example, a safety plan might include de-escalation techniques to use with an abusive partner, people to call in an emergency, or an immediate relocation plan. When a victim-survivor engages with advocates and counselors in this way, it helps them to avoid physical and sexual harm as well as take precautions for their emotional and financial safety.

Safety plans can have a similar effect with other high-risk populations. By using elements of safety plans with people involved in CV, outreach workers and others working in the CV field can help reduce violence and improve safety for the broader community. Evidence shows that an extremely small number

¹ “[Impact.](https://nnscommunities.org/impact/impact/)” National Network for Safe Communities. <https://nnscommunities.org/impact/impact/>.

of people are connected to a majority of violence in America's most vulnerable communities.² People involved in street groups—like gangs, crews, and neighborhood sets—face enormous risk. For people close to victims of a homicide or shooting, the risk of being hurt or killed increases by up to 900%.³ A critical need exists for tools to improve the immediate safety of this high-risk population. By learning and adapting from the IPV field, outreach workers—who provide critical support, resources, and case management to CV clients—can create new and tailored safety tools to assist people impacted by CV.

EXPANDING THE DEFINITION OF HIGH RISK

Men face serious crime victimization at high rates, but they often fail to access the services and interventions they need. Specifically, the U.S. Department of Justice's 2013 report on victim services found that young men of color—along with other marginalized victim populations—fall through the cracks in receiving adequate services.⁴ Even when services exist for male victims, outreach workers in the CV field contend with masculinity norms and cultural expectations of self-reliance and toughness.⁵ These factors can discourage male victims from seeking support that improves their safety.

People experiencing CV—who are mostly young men of color—face unique risk. CV is typically defined as acts of serious violence involving assaults and shootings that take place in public areas between unrelated people who may or may not know each other.⁶ Research shows that people who are engaged in violent behavior also face extraordinarily elevated rates of violent victimization.⁷ But because of stigma and bias toward this high-risk population, they may fail to receive life-saving support. Traditional service providers may misunderstand them or see them as “dangerous,” and as a result their needs often

² Dirago, Camille, Michael Poulson, Justin Hatchimonji, James Byrne, and Dane Scantling. "Geospatial analysis of social vulnerability, race, and firearm violence in Chicago." *Journal of surgical research* 294 (2024): 66-72; Kravitz-Wirtz, Nicole, Angela Bruns, Amanda J. Aubel, Xiaoya Zhang, and Shani A. Buggs. "Inequities in community exposure to deadly gun violence by race/ethnicity, poverty, and neighborhood disadvantage among youth in large US cities." *Journal of urban health* 99, no. 4 (2022): 610-625.

³ Papachristos, A. V., & Wildeman, C. (2014). Network exposure and homicide victimization in an African American community. *American journal of public health*, 104(1), 143–150. doi:10.2105/AJPH.2013.301441

⁴ "Vision 21: Transforming Victim Services Final Report," U.S. Department of Justice, Office of Justice Programs, Office for Victims of Crime, accessed September 11, 2024, https://ovc.ojp.gov/sites/g/files/xyckuh226/files/media/document/Vision21_Report.pdf.

⁵ "Boys and Men of Color," American Psychological Association, accessed September 11, 2024, <https://www.apa.org/monitor/2015/05/boys-men-color>.

⁶ "About Community Violence," Community Violence Prevention, Center for Disease Control, accessed August 28, 2024, <https://www.cdc.gov/community-violence/about/index.html>.

⁷ Jennings, Wesley G., Alex R. Piquero, and Jennifer M. Reingle. "On the overlap between victimization and offending: A review of the literature." *Aggression and violent behavior* 17, no. 1 (2012): 16-26.

go unaddressed. Without the necessary support and interventions, this population may resort to violence to protect themselves and others.⁸ However, there is a path to keeping them safe, alive, and free.

LEARNING FROM THE IPV FIELD: SAFETY PLANNING FOR CV CLIENTS

The practice of safety planning was first developed in 1988, by Jill Davis, as part of the Model Court Response Project. The project considered the court's response to family violence cases to develop a woman-defined approach to advocacy for battered women.⁹ This approach recognized and was responsive to the complex circumstances that influence victim-survivors' decision-making. With the understanding that safety cannot be addressed alone, it created collaborative tools to help victim-survivors stay safe.

Today, advocates and counselors use safety plans to help IPV victim-survivors identify risk, navigate potentially dangerous situations, and mitigate trauma responses of fight, flight, or freeze.¹⁰ This structure supports the victim-survivor while keeping them actively engaged with advocates and counselors about resources and supportive services—like jobs or education—that allow them to make empowered life choices. In situations where an IPV victim-survivor is considering relocating, a safety plan can help them protect themselves in the short term until relocation is possible. However, for a variety of reasons, victim-survivors may not want—or be practically able—to leave their home and support network, and in such cases safety plans can help them strategize for the long term.

CASE STUDY: SAFETY PLANNING FOR AN IPV CLIENT

Advocates and counselors receive contact from a victim-survivor after police responded to a domestic disturbance at her house where an abusive partner injured her and her child and threatened her with a gun. Although police arrested the partner, there is no guarantee that he will remain in jail, and police cannot find the gun. The victim-survivor does not think it is safe to stay in the house and does not have a place to go. As a safety plan, advocates and counselors discuss options for entering a shelter or staying with a relative; provide funds for temporarily relocating, if available; and connect her to an attorney who can assist with custody of the child and a full restraining order. They also discuss altering her routine for getting to her job and dropping the kids at school, including potentially transferring jobs and schools, if possible. Advocates and counselors continue to engage with the victim-survivor to discuss other safety concerns that inform a longer-term safety plan. Taking these actions reduces the possibility that she and her child will be physically assaulted by her abusive partner and help her to protect their emotional, mental, and financial well-being.

⁸ Fontaine, Jocelyn, Nancy La Vigne, David Leitson, Nkechi Erundu, Cameron Okeke, and Anamika Dwivedi. "We carry guns to stay safe." *Perspectives on guns and gun violence from young adults living in Chicago's West and South Sides*. The Urban Institute (2018).

⁹ Davies, Jill M., Eleanor Lyon, and Diane Monti-Catania. *Safety planning with battered women: Complex lives/difficult choices*. Vol. 7. Sage, 1998.

¹⁰ Donahue, John J. "Fight-flight-freeze system." *Encyclopedia of personality and individual differences* (2020): 1590-1595.

CV outreach workers can adapt this type of collaborative and routine practice to more effectively serve CV clients. In particular, it is important that safety be its own separate service that neither overshadows nor replaces case management and goal-setting. Although CV clients may have engaged in conversations about safety in the past, their plans are not always formally structured to reflect the violence dynamic that they experience or incorporate cultural nuances. As in the case of IPV victim-survivors, CV clients may not be able to leave their neighborhoods and support networks for a range of reasons. When relocating is not a possibility, it is necessary to integrate safety practices into everyday activities. CV outreach workers can collaborate with their high-risk clients to create safety plans that go beyond checklists and foster a new mindset that prioritizes staying safe, alive, and free. Safety planning will also help them to stay connected to other resources and give them a better chance of achieving important goals like employment, education, or counseling.

CASE STUDY: ADAPTING SAFETY PLANNING FOR A CV CLIENT

CV outreach workers are referred to a young man whose friend was recently shot and killed. The young man knows who the shooter is, but is afraid to tell police and be seen in the neighborhood as a “snitch.” He is also afraid that the shooter will hurt him, and he does not feel safe returning home. As a safety plan, outreach workers coordinate a hotel where the young man can stay for a few nights, using discretionary funding to pay the cost. They plan for him to change his routine time and route when returning home from his job—or to take several days off. Because he is group-involved, they discuss how he can communicate with his group not to retaliate—as a safety strategy to minimize further violence. A longer-term plan includes helping the young man get a different job and find permanent supportive housing. Following this plan helps reduce the likelihood that he will be shot and killed during a particularly high-risk moment.

As in the IPV field, CV safety plans need periodic updating because clients’ levels of risk change. Danger may increase immediately after an incident, months after an incident, or during anniversaries of violence. Safety planning should look different for a CV client who was recently shot versus a client who has associations with people currently engaging in violence. CV outreach workers can help untangle what type of safety planning is needed. Along with traditional social service providers, outreach workers must collaborate with CV clients beyond an initial crisis response to develop plans that allow them to safely navigate their daily routines at different points in their lives.

CONCLUSION

Communities impacted by CV continue to experience heartbreakingly high rates of violence that affect generations. However, safety planning can reduce violence by providing CV clients with structured guidance that empowers them to identify and avoid unsafe settings while also refraining from the use of

retaliatory violence. When high-risk people engaged in CV stay safe, alive, and free, entire communities benefit. If a CV client is safe and also not harming others, they keep their families, friends, and neighbors safe as well. Developing safety plans for this population requires a cultural shift in violence prevention. It is not enough for communities and practitioners to respond to violence only once it happens. With thoughtful implementation, safety planning with CV clients can become a mechanism to deter future violence.

The **National Network for Safe Communities at John Jay College** supports cities to implement and advance proven strategies to reduce violence and improve public safety, minimize arrest and incarceration, strengthen communities, and improve relationships between law enforcement and communities.

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