

Guidelines for  
Doing Hospital Advocacy

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Outreach Program of Harriet Tubman Women's Shelter

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The Women's Advocacy Program at Hennepin County Medical Center (HCMC) was the first hospital-based advocacy program for battered women in the United States. It is still the only program of its kind in the state of Minnesota. These guidelines were developed to help you become efficient and effective advocates.

The role of a hospital advocate at HCMC is to give support and information to battered women. A hospital can be very intimidating to a woman who has just been physically abused. More specifically, an emergency room, with its fast pace, segmented staff, and lack of privacy, may be overwhelming to her. Your support can help her work through her crisis.

The basis of all advocacy is accepting a woman as she is, supporting what she chooses to do, not necessarily what you think she should do, and helping her explore her feelings and possible consequences of her decisions. A battered woman may not realize how potentially dangerous her situation is. However, the information and resources that you provide for her can strengthen her self-confidence and encourage her to protect herself.

Your initial contact with a battered woman may be either by telephone or in person in the Emergency Room (ER), Advocates' Office, hospital patient room, or clinic areas. The majority of hospital advocacy is done in the ER at HCMC.

Occasionally, another hospital will ask for an advocate. As a volunteer or intern you may choose to go to that hospital and do the advocacy personally, talk to the woman over the phone, request a back-up advocate to see the woman, or limit yourself to seeing women only at HCMC. Your primary responsibility is to do advocacy for women who contact HCMC. If you do decide to go to another hospital to do advocacy, ask the staff person who contacts you if there are any procedures particular to that hospital that you need to be aware of. Get the name and phone number of the staff person who calls, in case you need to get further information from her/him.

When you get a call from HCMC to see a battered woman, ask if the woman has been informed of the Women's Advocacy Program and if she is willing to see a hospital advocate. If the staff person has not told the woman about the program, tell the staff

person to call you back after she/he has talked with the woman. Get the staff person's name and telephone number and, if she/he does not call you back, call after ten or fifteen minutes and find out what happened. If a battered woman does not want to see an advocate, ask the staff person to offer her a brochure. Remind the staff person that brochures are behind cubicle 4 in the ER. Also ask her/him to complete a Department of Corrections (DoC Medical Data Collection form, which is also behind cubicle 4 in the ER. Suggest that the staff person ask the woman if she would like to have pictures taken, if she has visible injuries.

If a battered woman does want to see an advocate, get as much information as you can from the HCMC staff person on the phone and record it on the hospital advocacy form. Be sure to ask if the abuser is at the hospital and, if so, get a description of him/her. All of this information will help you in evaluating the woman's immediate situation.

As a reminder to you and the staff person, hospital advocates do not provide advocacy for a woman who is intoxicated or high on chemicals and unable to communicate. Since many of the women we see have been using some kind of chemical, it is important to distinguish between those we can work with and those we cannot. It may be necessary to ask the HCMC staff person for more information about a woman's level of clarity before you can make this judgment. If you come in to see a woman who is intoxicated or high and then realize that she cannot communicate, you may leave a brochure with her or her friends or relatives, if any are present. If the woman is in a lot of pain you may want to stay with her despite her inability to communicate and advocate to see that she receives the medical treatment she needs. If you decide not to come into the hospital at all, ask the staff person to offer the woman a brochure, suggest that she/he ask the woman if she would like pictures taken, if she has visible injuries, and remind the staff person to complete a DoC form.

We also do not provide advocacy for women who have been physically or sexually abused by someone they do not know (i.e. a casual acquaintance or stranger). Ask the staff person to call a social worker to talk with the woman, if necessary. In

the case of sexual assault or rape, HCMC has sexual assault workers available 24 hours daily for the staff person to contact. The ER has their schedule.

Once you reach the hospital, you can expect to be with a woman for two or three hours, depending on the priority of her case in the ER, the extent of her physical injuries, and whether or not she is to be admitted to the hospital.

On top of the filing cabinet in the Advocates' Office there are several small file boxes which contain cards for each woman seen in our program. Before you see a woman, check the file boxes to see if she is listed. If she is, look through her file to get background information that may be helpful. All information on her will be filed under the latest date she was seen by an advocate.

During your initial contact with a woman, introduce yourself and explain to her that the purpose of our program is to help her in whatever way we can by providing her with support and information. We believe the woman is the expert when it comes to making decisions for herself and her children. Among other things, a woman may ask you to watch her children, be with her during an exam, call a relative, stay with her during a police report, call her landlord to lock her apartment, find shelter for her, or transport her to the shelter.

Initially a woman may be very quiet. You need to assess if she is in too much pain to talk, if she is emotionally frozen by the crisis, or if she is hesitant to talk with others nearby (i.e. nurse, doctor, abuser, etc.). All you may need to do at this time is to simply stay with her. As a women's advocate, you may go with her in the hospital wherever she wants you to, except x-ray and surgery. Do not take a woman from the ER without first informing the charge nurse or station clerk of the woman's whereabouts. This is particularly important since the examination or procedures may not yet be completed.

If you think that a woman seems reluctant to talk to you, it may help if you tell her that you are not a hospital staff person and that what she shares with you will not become a part of her medical records. All information will be shared only with staff from this program.

In the ER cubicle emergency procedures are performed, including minor suturing of wounds. If a particular procedure is upsetting to you, excuse yourself until it is finished. Be honest with the woman about why you are leaving. Respect your limits.

If a woman is accompanied to the hospital by friends, relatives, or the abuser who wish to talk to someone, and you do not have time or you do not feel comfortable talking with them, take them to the Crisis Intervention Center (CIC) at the hospital. Your primary concern is the woman.

If a woman comes into the ER with her children, you may be able to have a staff person from the Pediatrics Emergency area watch them, if someone is available.

If you know the abuser is present at the hospital, you may not want to wear your "Women's Advocate" pin. You also can ask the ER staff to help isolate a woman from her abuser. The ER staff is usually very cooperative in moving a woman to a cubicle off the mainstream of traffic. You can suggest that they inform the abuser that the woman needs a special medical procedure done elsewhere. Separating a woman from the abuser may alleviate some of her fear, and she may be more likely to open up to you. You may be the first person she has ever talked to about her situation.

If an abuser is harassing you or the woman, tell the ER charge nurse. You may suggest calling someone from CIC to come and talk with the abuser, or, if necessary, walk the abuser to CIC yourself. If you anticipate a potentially violent confrontation, or if one erupts, you can call HCMC Security for assistance. Security's presence can further aggravate a situation, so do not call unless absolutely essential.

During the initial contact with a battered woman, try to get a firm grasp of the facts and circumstances surrounding the battering incident to help you evaluate her immediate situation and needs. Ask her what her needs are before offering resources. She knows what she is capable of doing.

When doing hospital advocacy with battered women communicate these important messages:

She is in a safe environment and you will stay with her;

Although you work in the hospital, you are not a hospital staff person;

No one deserves to be hit for any reason;

She is not responsible for the abuse;

Child abuse is the only information you are required to report; all other information she gives you is confidential;

Physical abuse is a crime against her and she has the right to protect herself;

She is her own personal expert;

You are concerned for her safety; and

You will support her decisions.

In some cases a woman will need information from you before she can make a clear decision about what she wants to do. For example, if she is afraid of taking legal steps, you may want to tell her that she can have pictures taken of her injuries and a police report filed, for documentation of the battering, without the abuser being notified. Only if she presses charges will the police go after the abuser.

If a woman decides to have photographs taken of her injuries, she must sign a consent form. The ER nurse will take two instant photographs of each injury. One set is for the medical record and the other set is given to the woman. Be sure she receives her set. If a woman decides not to go through any medical procedures but has visible injuries and wants pictures taken, you can ask an ER nurse to take pictures of the injuries. If a woman is afraid to take the pictures with her because the abuser might find them, we can keep the pictures with her hospital advocacy form.

If a woman wishes to file a police report and the abuse occurred in Minneapolis, call the downtown Minneapolis police precinct, tell them that you are a women's advocate at HCMC, and request that an officer come to HCMC to take the report. Give them the woman's name and tell them whether or not the abuser is living with her. This fact is important because it will determine whether they will send a police squad from the Family Violence Unit (if the woman was living with the abuser at the time of the abuse) or Homicide (if the woman was not living with the abuser at the time of the abuse).

If the woman was not assaulted in Minneapolis, she may need to file the police report at the police station of the suburb or the sheriff's office in the county where

the abuse occurred. Call them first to find out what procedures they use.

Before the police arrive to take a report, explain to the woman what to expect. Ask her to try to remember everything that happened. The police will ask for the location and time of the incident, physical characteristics of the abuser, his/her age, employer, etc., witnesses to the abuse, history of the abuse, and her intent to press charges. If a woman does not want to press charges, encourage her to tell the police that she is still thinking about it but she is not sure. Otherwise the police may refuse to take the report at HCMC, and the woman will have to go to the Courthouse downtown to file it.

Since police can be very intimidating, a woman may need lots of support. Tell her that filing a police report is a means of documenting the battering incident. It does not obligate her to press charges, but the report will be on file if she changes her mind or if another assault occurs. The abuser will not be prosecuted unless she decides to press charges.

There is no time limit for pressing charges, but a woman will have more credibility with the police and the courts if she files the report and presses charges as near as possible to the date of the assault.

A battered woman may also need information about what to do if child abuse is occurring in her family. Before you ask her if she or the abuser is abusing their children, explain that you are required by law to report the abuse to Child Protection if she says yes. If she says yes anyway, call Child Protection or have her call, if she is willing, and report it. If you cannot get hold of anyone at Child Protection, leave a note in the message file for the paid hospital advocates to call the next work day.

When talking to a battered woman, it can be helpful to identify what phase of the relationship she is in. Understanding where she is may help you accept the choices she makes and allow you to do more effective advocacy. Lenore Walker's cycle theory of violence notes three phases a woman goes through. They are described as follows:

1. The tension building phase, where minor battering incidents may occur.

A woman believes she can control the abuser's anger by being nurturant, compliant, placating, or avoiding the situation altogether. As tension builds in the relationship it becomes more difficult for these coping techniques to work. Provide a woman in this phase with information on resources available to her. More importantly, build a trusting relationship, one in which she can turn to you when she needs to. Support and self-help groups may be very helpful during this phase.

2. The explosion phase, where acute battering occurs. It is usually set off by an external event pertinent to the abuser but not necessarily connected to the woman. We see most of the women in the hospital advocacy program during this phase, because women come to the hospital with injuries requiring medical attention. Support a woman through her crisis and help her make changes by utilizing resources available to her.
3. The calm, loving respite phase, where the abuser pleads for the woman's forgiveness, assures her abuse will never happen again, and promises to make changes. In this phase a woman usually has mixed feelings. On the one hand, she is angry because she was assaulted. On the other hand, she is getting positive attention from the abuser. This is sometimes a good time to suggest counseling for the abuser or the couple.

In working with battered women in each of these phases, you may identify a variety of feelings from the women, such as shock, disbelief, guilt, anger, fear, frustration, and resignation. Certain resources will be utilized more appropriately in one phase than another. Each woman is coping with her situation in her own way and at her own speed. She will make changes only when she is ready.

If, when working with a woman, you have concerns about her emotional or psychological status, ask her to go with you to CIC for an assessment. Work with CIC counselors and the woman to develop an appropriate plan and referral. If she needs a safe place to stay but would not get enough support in a shelter, she may be able to stay at one of CIC's crisis homes for 4-5 days. Then, if she and CIC staff feel she is ready, she may be able to go on to a shelter.

We do advocacy with women of many races. Increasing awareness of and sensitivity to needs of women of color can result in more effective advocacy. If you find it difficult to communicate with a woman of color, contact other advocates. For instance, Lorraine Rivera is the Indian Advocate at HCMC. We share an office together and often combine resources when working with an American Indian woman. Lorraine's hours are 9a-5p, Monday through Friday. During weekdays she is available at her office number, 347-3367, or through her beeper, #6366. She is on call for dire emergencies 24 hours

a day through her home phone number, 872-0422. Interpreters and other advocates from the hospital advocacy program may also be contacted. Black, American Indian, and Latina battered women's programs can be additional resources. Information on these programs is in our office resource file. For specifics on how to work with women of color, refer to appropriate chapters in Battered Women: An Effective Response, by the Department of Corrections Programs and Services for Battered Women.

The more you do advocacy, the more familiar you will become with resources available for battered women. Utilize the resource file and brochures in the Advocates' Office to find appropriate resources for a woman. You can also call the women's advocates at other shelters, the back-up hospital advocates, the paid hospital advocates, or you can leave a note for the paid hospital advocates if you are having difficulty finding resources for a particular woman.

In all advocacy situations you need to put yourself in the woman's shoes and think: "Am I getting the information I need? Are procedures being explained clearly? Do I understand what is happening and what is expected of me? Are my questions being answered and my concerns dealt with?" If you come up with any negatives, ask the woman you are advocating for if she has the same reaction. Encourage her to ask questions, or simply ask them yourself. She may not be in any position at that moment to be assertive.

The main systems in which we do advocacy for battered women are health care, police, legal, shelter, and counseling. In working with resource people from each system our main concern is supporting the woman. But we hope at the same time to educate others to become more sensitive to battered women, their children, and violent relationships.

Generally, the only person who has the right and the authority to tell an advocate to leave is the woman you are doing advocacy with. If anyone else asks you to leave, it may be because that person does not know about our program or procedures. Explain them and tactfully inform the person that the woman wants you there.

When providing advocacy involving the health care system, you may be working with doctors, nurses, nursing assistants, technicians, station clerks, chaplains, social workers, and mental health workers. When you work with a woman in the ER, you may stay

with her through the entire procedure if the woman wishes. Your role as an advocate is to ask questions on behalf of the woman if procedures are unclear, if information is inadequate, or if the atmosphere is intimidating. If you feel that the woman is being patronized or intimidated, check it out with her and then speak up, or ask her if she will speak for herself. If the woman does not want you to say anything, but you feel strongly about the specific incident, wait until you have finished advocating for the woman and then speak to the individual about your personal concerns. Try to help the staff understand the woman's situation and how she might interpret their attitude or manner.

For example, if a woman does not seem to be getting the attention she needs, go to the ER desk and ask to see the nurse in charge or the attending physician. Either of them may be able to explain why there is a delay. There may be a patient in critical condition in the Stabilization Room, which takes first priority in the ER. On the other hand, they may have forgotten about the woman. Sometimes procedures are not explained because they are complicated or because health care staff assumes the woman (or the advocate) knows what is happening. This can leave a woman with unanswered questions which you may be able to clear up by speaking to nurse, clerk, or doctor.

Occasionally you may have difficulty working with the staff at HCMC. They may not understand the woman's situation or the purpose of our program as well as you do. It is your responsibility to educate them. An example is a woman who has lost consciousness during the battering incident. If she has no one to stay with her at home and if she would like to stay in the hospital overnight, tell the nurse or doctor and suggest that she be admitted for 24 hour observation. If a staff person openly insults a woman or obviously minimizes her injuries, you need to take action. Either talk with the person yourself or discuss the situation with the paid advocates so they can follow up on it.

Another important point in working with the health care personnel is to remind them to fill out a DoC form. The form must be filled out by HCMC staff. Do not fill

it out yourself. If necessary, take the form to the nurse and ask her/him to fill it out. You may inform the staff person that most of the necessary information is on the woman's chart. The ER staff places completed forms in the manila envelope behind cubicle 4. In other areas of the hospital, the staff person should send the form to the Women's Advocacy Program through the intra-hospital mailing system and address it to Women's Advocates, #050.

Generally the health care personnel at HCMC are very receptive to our program. They know they do not have time to do both medical procedures and advocacy for a battered woman. So most of them welcome hospital advocates to work with them to meet the needs of battered women.

Of all the systems in which we do advocacy the legal system is the most confusing and complex. You will be expected to know basic information about filing a police report, pressing charges, and the Order for Protection. Refer to your hospital advocacy resource list for specific procedures and telephone numbers. As hospital advocates you are not expected to accompany a woman to court.

As you advocate for a woman, she may want you to stay with her while she is giving a report to the police or to call the city jail to find out if the abuser is being held. If a woman needs help filling out legal forms or going through legal procedures, you can refer her to Crime Victim Center. If a woman is requesting legal advice, you can refer her to Chrysalis' legal advice clinic. Both of these agencies are sensitive to needs of battered women and are knowledgeable about issues related to violence.

Since many of the women we see go home immediately or after a few days' stay with friends or relatives, you may need to help them develop safety plans, e.g. 1) Gathering keys, money, and important papers, such as birth certificates, marriage license, social security numbers, checkbook, insurance papers, etc. and putting them in one place; 2) Hiding diapers, baby bottles, or essential clothing where she can pick them up quickly; 3) Planning where she can go and who she can call if she needs to get away fast; 4) Installing a telephone; 5) Notifying neighbors to call the police if they hear arguing; 6) Having a friend or relative move in with her; 7) Getting her

locks changed.

Finding shelter for a woman is another area of advocacy. Refer to your hospital advocacy resource list for names and phone numbers of the shelters in the area. Explore all resources a woman has for safe space before calling the shelters. If she has a safe place to go, such as a home of a friend the abuser does not know, she is not usually eligible to go to a shelter. If a woman is not in physical danger from the abuser, she also is not usually eligible to go to a shelter. Lewis House and Sojourner Shelter may take a woman who is not in physical danger. Generally a shelter is a last resort for a woman who is physically unsafe anywhere else.

Shelters will not allow women under 18 years of age to stay beyond 24 hours unless they are married or emancipated minors. Shelters are required by law to report a minor's location to police, parents, or Child Protection if they shelter minor women longer than 24 hours. The Bridge for Runaway Youth is a good resource for these younger women.

It is better if a woman calls a shelter herself, but she may not feel up to it. In that case tell her that you will make the call, but at some point she will need to talk to a shelter staff person directly to get information about the shelter before she goes there. When calling a shelter, identify yourself and tell them you are with the Women's Advocacy Program at HCMC. Give the name of the woman looking for shelter and the number and ages of children, if any.

If you suspect or learn that a woman is chemically dependent and she is also in need of shelter, tell her that the shelter is a chemically-free environment and she will not be able to use chemicals while there. She will be expected to address her dependency as part of her plan at the shelter and as a condition of her stay. That is, she must have a chemical dependency evaluation and begin treatment, if indicated.

Usually you will need to find transportation to the shelter for a woman. You may drive her there yourself, if you choose to do so. Other options are: 1) To obtain a cab voucher from the head nurse in the ER, the station nurse on the floors, or HCMC social services; 2) Give the woman money for bus fare (The program will

reimburse you); or 3) Call NEON (339-0895) for transportation needs which occur between 8p and 8a.

You are not responsible for any transportation for women who are not being seen at HCMC. If you receive a call from a shelter, the police, or anyone else asking you to transport a woman who is not at HCMC, you may refuse to do the transporting.

Sometimes a battered woman will want referrals to counseling resources. Individual counseling, couples counseling, chemical dependency counseling, support groups, and self-help groups are available to all women. Some counseling resources are designed to work with Black and American Indian abusers and women who are in relationships with them. Refer to your resource list and the resource file for specific counseling resources. Encourage a woman to call the counseling resource herself. She may want you to be there for support when she makes the call.

As a hospital advocate you will be working with a variety of people. Different people have different attitudes and value systems. Keep in mind that you need to be understanding and patient. Help others to understand the battered woman's situation so you can work cooperatively. Your primary concern is supporting the woman in whatever she decides to do.

You may be called to see a woman in the hospital who has been admitted for some reason other than abuse but who has a history of abuse or is currently in a violent relationship. When you see a woman who has been admitted to the hospital, make a note in the "Progress Notes" section of her chart on the pages marked "Narrative Notes", and state who referred her to you and what plans, if any, are being made for continued contact with her. Be brief in order to honor her right to privacy. A notation might look like this:

Date Women's advocate saw patient. Referred by nurse on station 21B. Women's advocate will continue to meet with patient to determine needs and work out plans. Signature. Phone x6022.

If you talk to a woman on the floors and then discover that it is not appropriate for you to see her, make a note in the chart stating where you are referring her. For instance, if you see a woman who was sexually assaulted by anyone other than a

significant other (i.e. a casual acquaintance or stranger) and who is not otherwise physically battered, refer her to the sexual assault worker if she is interested, note that referral in her chart, and ask the station nurse to contact the sexual assault worker.

If you come to the hospital to see a woman on the floors and then discover that she was assaulted (but not sexually assaulted) by someone who was not a significant other, refer her to Social Services. Social workers are available Monday through Friday, 8a-4:30p, and are on call during weekends. At other times leave a note for the paid hospital advocacy staff, and they will make the referral contact the next working day.

If you see a woman who is hospitalized on Friday night or Saturday, call one of the advocates who is working the next day and ask that advocate to contact the woman. This is important for two reasons: 1) In case the woman is going to be discharged over the weekend and she needs shelter and 2) So that she gets on-going support.

If a hospitalized woman is not in her room when you go to do advocacy, try to find out where she is by asking her nurse or the station clerk. Sometimes a woman is kept busy with different medical procedures and tests. It may be difficult for you to find a time to meet with her. If that occurs, leave a note in the woman's room asking her to contact us when she is available. Ask her nurse to check with the woman before she is discharged to see if she wants to talk to an advocate. Occasionally a woman is discharged before we get to talk with her.

Many of the women we work with are in extreme danger. This consideration should always guide your thinking and actions, especially in terms of confidentiality. Never give out information about a woman to anyone other than staff in the hospital advocacy program. If someone insists on getting in touch with a woman, offer to contact the woman, if you know where she is, and give her a message. This leaves the woman with the option of choosing whom she wants to contact.

If a woman is hospitalized and is afraid her abuser will find out she is in the hospital and harass her, you need to contact Security and let them know where she

is located so they can keep an eye out for her safety. You should also contact ER Admissions (347-2224), Inpatient Admissions (347-2239), Outpatient Admissions (347-2226), the Information Desk (347-2913), and the station nurses and clerks and request that an information hold be placed on the woman's name and location. Get a description of the abuser and pass that on to the station nurses and clerks, Security, and the Information Desk. This information hold includes family and friends. If the woman wants visitors and phone calls, she will have to contact people directly and give out her room number and/or phone number.

Whenever you do advocacy with a battered woman, you need to record the information on the hospital advocacy form so other advocates working with the woman will know what her situation is and what information has been given to her.

When you do telephone advocacy at home, fill out a hospital advocacy form and a Human Service DoC form and mail them that day or drop them off at the office the next day. If you do any follow-up with women, make sure to document it on their forms so that we will know the most recent contact they have had with the hospital advocacy program.

If you do advocacy with a woman who does not go through any medical procedures, or who is hospitalized for something other than abuse but has been abused by someone she knows, you need to complete a Human Service DoC form and return it to the Advocates' Office so data can be recorded.

Summarizing the role of a hospital advocate: Support a battered woman in coping with her emotional reactions to violence --

shame and guilt about being abused,  
confusion and sense of powerlessness,  
fear, anger, and ambivalence,  
lack of energy and low self-esteem, and  
grief over the loss of a love relationship.

Help the woman regain her self-esteem by supporting her efforts to become more self-sufficient. Strengthen her means of self-defense by asking her to identify potentially threatening situations and by discussing various ways that she can take responsibility for her own safety. Encourage her to discover her own strengths and

give her support to act on them.

At times you may feel frustrated when you are working with a battered woman. She may choose to return to a violent relationship. She may be too afraid of the abuser to take legal steps and risk the possibility of the abuser's retaliation. It is important to remember two things: 1) Women know best what is appropriate and safe for them to do and 2) Until we change social service and legal systems which condone violence against women, no woman is safe taking steps to end a violent relationship.