Safety and Violence Education: SAVE

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The Gift of Fear

Gavin de Becker

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Safety and Perception:

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Purpose of SAVE Training:

Allow you all to be:

- More effective in your roles
- Safer and more prepared
- Equipped for new and unknown engagements
- More efficient with challenging cases
- More satisfied with work

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Training and Education

- Employees should understand concept of "Universal Precautions for Violence"
  - Violence should be expected but can be avoided or mitigated through proper preparation
    - "PPPPP"
  - limit physical interventions in workplace

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Waiting Room and Office 1

6

Waiting Room and Office 2

7

Precursors to Incident?

8

Consequences:

9

Risk Assessment Utilizing:
START

Short Term Assessment of Risk and Treatability

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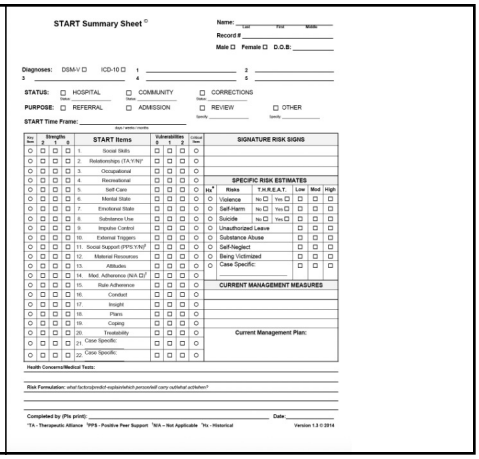

START Summary Sheet ©

Name: _____ Last First Middle

Record # _____

Male ☐ Female ☐ D.O.B: _____

Diagnoses: DSM-V ☐ ICD-10 ☐ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____

STATUS: ☐ HOSPITAL ☐ COMMUNITY ☐ CORRECTIONS

PURPOSE: ☐ REFERRAL ☐ ADMISSION ☐ REVIEW ☐ OTHER

START Time Frame: _____ days / weeks / months

Key Items	Strengths 2	1	0	START Items	Vulnerabilities 0	1	2	Critical Items
○	☐	☐	☐	1. Social Skills	☐	☐	☐	○
○	☐	☐	☐	2. Relationships (TA Y/N)[1]	☐	☐	☐	○
○	☐	☐	☐	3. Occupational	☐	☐	☐	○
○	☐	☐	☐	4. Recreational	☐	☐	☐	○
○	☐	☐	☐	5. Self-Care	☐	☐	☐	○
○	☐	☐	☐	6. Mental State	☐	☐	☐	○
○	☐	☐	☐	7. Emotional State	☐	☐	☐	○
○	☐	☐	☐	8. Substance Use	☐	☐	☐	○
○	☐	☐	☐	9. Impulse Control	☐	☐	☐	○
○	☐	☐	☐	10. External Triggers	☐	☐	☐	○
○	☐	☐	☐	11. Social Support (PPS Y/N)[2]	☐	☐	☐	○
○	☐	☐	☐	12. Material Resources	☐	☐	☐	○
○	☐	☐	☐	13. Attitudes	☐	☐	☐	○
○	☐	☐	☐	14. Med. Adherence (N/A ☐)[3]	☐	☐	☐	○
○	☐	☐	☐	15. Rule Adherence	☐	☐	☐	○
○	☐	☐	☐	16. Conduct	☐	☐	☐	○
○	☐	☐	☐	17. Insight	☐	☐	☐	○
○	☐	☐	☐	18. Plans	☐	☐	☐	○
○	☐	☐	☐	19. Coping	☐	☐	☐	○
○	☐	☐	☐	20. Treatability	☐	☐	☐	○
○	☐	☐	☐	21. Case Specific:	☐	☐	☐	○
○	☐	☐	☐	22. Case Specific:	☐	☐	☐	○

SIGNATURE RISK SIGNS

SPECIFIC RISK ESTIMATES

Hx[4]	Risks	T.V.R.E.A.T.	Low	Mod	High
○	Violence	No ☐ Yes ☐	☐	☐	☐
○	Self-Harm	No ☐ Yes ☐	☐	☐	☐
○	Suicide	No ☐ Yes ☐	☐	☐	☐
○	Unauthorized Leave		☐	☐	☐
○	Substance Abuse		☐	☐	☐
○	Self-Neglect		☐	☐	☐
○	Being Victimized		☐	☐	☐
○	Case Specific: _____		☐	☐	☐

CURRENT MANAGEMENT MEASURES

Current Management Plan:

Health Concerns/Medical Tests:

Risk Formulation: *what factors/predict-explain/which person/self-carry-out/what act/when?*

Completed by (Pls print): _____ Date: _____

[1]TA - Therapeutic Alliance [2]PPS - Positive Peer Support [3]N/A – Not Applicable [4]Hx - Historical

Version 1.3 © 2014

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What is Risk?

- The possibility of loss, injury, or other adverse or unwelcome circumstance; a chance or situation involving such a possibility.
  - –Oxford English Dictionary
- Looking at the probability of an uncertain outcome occurring due to risk factors
  - Consideration of risk factors can shape likelihood and severity of potential outcomes for a negative event should one occur
  - Known risk factors can provide opportunity to intervene before something happens
- Risk factors are based on and are individual specific
  - (including family/cultural/community) and include both vulnerabilities and strengths

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Types of Factors

- Factors describe characteristics of an individual, their social environment, and/or circumstances
- Multiple types of factors
  - Risk vs Protective
  - Static vs Dynamic
    - Static:
      - happened in the past, cannot change; may be considered an absolute, lifetime risk
    - Dynamic:
      - can change, may be considered in short-term/current risk.
      - 2 types:
      - Stable (slow change) and Acute (quick change)
    - Distal vs. Proximal (timing of risk)

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Risk and Threat Assessment

- Risk Assessment focuses on the probability of violence of an individual based on comparison to a larger group
- Threat Assessment focuses on targeted violence of an individual of concern
  - We look to determine nature and degree an individual may have risk towards violence, based on various factors/conditions:

Nature: What *type* of violence might occur?

Severity: How *serious* might the violence be?

Weapon access: Does the individual have access to the weapon?
What is the lethality of the weapon?

Targets: Who may be the target of violence? (family, friend, employer, or stranger?)

Imminence: *How soon* might the violence occur?

Frequency: *How often* might violence occur?

Contextual: *What context*, if any, does the risk for potential violence increase or decrease?

Likelihood: What is the *probability* of violence occurring?

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Violence Risk Assessment Tools

- **Actuarial Assessments**
  - Structured assessments designed to predict outcomes of a specific population over a specific time. Risk factors are used based on theory/experience or events in sample population used to develop specific assessment.
  - Risk factors are scored and weighed and then totaled via algorithm, final scores estimate likelihood of violence over specific period by comparing with rates of violence in samples used to develop instrument
  - Removes human judgement biases from clinical decision making, however also does not account for items not included in instrument/screening tool or consider context/situation.
  - Examples: **Violence Risk Appraisal Guide-Revised (VRAG-R), STATIC-99**
- **Structured Professional Judgement**
  - Created with risk factors using empirical support versus only significance in development sample
  - Allows for professional judgment when making decisions and uses guidelines versus more strict cutoffs/algorithms to determine violence risk
  - Individualized (looking at past/present/future and each risk factor independently) to develop risk management strategies and have demonstrated reliability and validity
  - Examples:
    - **START (Short Term Assessment of Risk and Treatability)**
    - **Historical Clinical Risk-20 (HCR-20)**

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START Assessment

- **Structured Professional Judgement instrument**
- 20+ risk and protective factors of an individual.
- Created in the mid-2000s START has adult and adolescent versions (2014), has been translated into >10 languages and used globally. It has been shown to have good interrater agreement and predictive validity. Ideal to create a common language among providers for risk assessment and care planning.
- Demonstrated to be able to distinguish between persons at lower and higher risk and predicts outcomes better (compared to other measures)

Used to Estimate and Mitigate the Likelihood of:

- Externalizing behaviors (violence towards others)
- Internalizing behaviors (suicide, self-harm, substance use)
- Related high-risk behaviors (self-neglect, being victimized by others, unauthorized absences)

- Used in diverse settings (civil and forensic psychiatric inpatient units, corrections, community)

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When should START be completed?

Assessment	Purpose	Information for Items
Within 7-14 days of intake	•Inform risk & case management	•Past 3 months
Quarterly review	•Inform amendment to risk & case management plans	•Past 3 months or since last START
Prior to transfer, transition, or reentry	•Inform transition/reentry planning •Summary of current risks and needs	•Past 3 months or since last START
Change in well-being, status	•Inform amendment to risk & case management plans •Summary of current risks and needs	•Past 3 months or since last START

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START Items

- START is looking at person's functioning over the past 3 months based on all available information but focusing on present attitudes, functioning and behaviors.
  - Collateral/prior records may be helpful for information gathering for current and past risk factors
- START items are scored on both strength and vulnerabilities
  - Scored independent of each other
  - May be scored high (or low) in strength/vulnerabilities in the same item
- There is no totaling of scores for the items, rather they are looking at whether someone has minimal evidence of a problem, some occasional problems/strengths or chronic/severe problem/significant strengths

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Summary Sheet

- 1-page snapshot of:
  - Current psychosocial functioning
  - Future risks
- Completing START involves integrating
  - **past** and **current** evidence
  - to estimate and manage **future** risks

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Item Scoring Guidelines

	Vulnerabilities	Strengths
0	•Minimal evidence of problem •"No" or "Not really"	•Minimal evidence of strength •"No" or "Not really"
1	•Some / transient / occasional problem •"Sometimes"	•Some / emerging / occasional strength •"Sometimes"
2	•Chronic and / or severe problem •Clinically significant •"Yes"	•Significant / reliable strength •Clinically significant •"Yes"

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Item Examples for Scoring: *Substance Use*

Key Features: Misuse of illegal substance(s), alcohol, prescribed medications, over the counter drugs.

STRENGTHS				VULNERABILITIES			
Key Item 0	2 Maximally Present	1 Moderately Present	0 Minimally Present	0 Minimally Present	1 Moderately Present	2 Maximally Present	Critical Item 0
Abstains. Drinks in moderation. Restricts intake. Remains responsible. Respects pertinent laws. Protects others from ill effects (i.e., is aware of the consequences of irresponsible use). Accepting of treatment (if needed).				**Adverse effects on self or others when under influence. Uses illegal substances. Indiscriminate in intake. Takes prescription/non-prescription drugs improperly. Denies need for treatment (if indicated). Use is out of control. Intoxicated. Dependent.**			

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Item Example: External Triggers

Key Features: Degree to which client is affected by changing circumstances, external/environmental influences.

STRENGTHS				VULNERABILITIES			
Key Item 0	2 Maximally Present	1 Moderately Present	0 Minimally Present	0 Minimally Present	1 Moderately Present	2 Maximally Present	Critical Item 0
Prosocial associates. Suitable living conditions. Acts independently of changing circumstances and pressures. Is not easily influenced to act irresponsibly or unlawfully.				**Influenced by disruptive peers. Seeks out unsuitable environments. Affected by specific destabilizers (e.g., access to weapons) and changing demands in the environment.**			

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START Scoring: Key and Critical Items

- Key Items are relevant strengths (present or historically) that could be useful in treatment and/or risk management
  - "Therapeutic Levers"
- Critical Items are vulnerabilities (present or historically) that should be given specific attention for treatment planning and supervision
  - "Red Flags"
- These items are considered independently of each other as well as strength and vulnerability ratings (current evidence)

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START Scoring: Signature Risk Signs and T.H.R.E.A.T.

- Signature Risk Signs:
  - Behaviors, situations, beliefs or concerns that are recognized over time as an early and reliable sign of impending relapse and/or increased risk
  - Unique to each person, some people may have insight and be able to identify their own signature risks
- T.H.R.E.A.T.
- (Threats of Harm that are Real, Enacatable, Acute, and Targeted)
  - If yes, defer or accelerate START assessment (requires immediate intervention)
  - *Always complete even if there is no history*

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Item Scoring: Specific Risk Estimates

- Risk is scored as *low, moderate or high* for each domain over the next 3 months
  - Scoring based on all available information: strength/vulnerability ratings, key/critical items and historical factors
  - Estimates should be based on person's condition **right now** and historical factors for the agreed upon time-period
  - Specific Risk Estimate must always be completed even if there is no history

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Risk Estimate Scoring Guidelines

Estimate	Definitions	Implications
Low	•Minimal risk	• No supervision or management strategies required.
Moderate	•Greater than average risk	•Development and implementation of risk management plan necessary.
High	•Serious/ imminent risk	•Urgent and immediate management strategies necessary.

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Specific Risk Estimate *Definitions*

VIOLENCE: Any actual, attempted, or threatened harm to others

SELF-HARM: Any behaviors involving intentional injuring of one's own body without apparent suicide intent *Excludes substance abuse, self-neglect, and sexual promiscuity

SUICIDE: Self-injurious behavior for which there is evidence (either explicit or implicit) that the individual intended at some (non-zero) level to kill himself or herself

UNAUTHORIZED LEAVE: Escape, elopement or absconding from hospital or a community setting

SUBSTANCE ABUSE: Consistent with DSM criteria; includes use of illegal drugs, or misuse of alcohol, over the counter as well as prescription medications.

SELF-NEGLECT: Gross negligence in attending to personal well-being; includes diet, shelter, medical care, and hygiene

BEING VICTIMIZED: Acts of verbal, physical, or sexual aggression against the person. Also consider actions that result in fear, intimidation, property damage, or other harm.

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Management Measures

- Using Key & Critical Items:
  - Recommended treatment plan outlined under Current Management Plan (brief)

Use of **R-N-R Model:**

- Risk does the level of intervention match risk level?
  - *Need to focus on moderate and high-risk items*
- Need: "Gets person into trouble"
  - Target individual risk factors relevant to risk of adverse outcomes (key and critical items)
- Responsivity: "Items that keep people out of trouble"
  - Adapt treatment individually with consideration of factors that may affect treatment outcomes

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Health Concerns

- Document any specific health issues that may contribute to risk to self or others (or that require follow-up)
  - May need to be considered before completing specific risk estimates
  - Do these issues contribute to gross negligence to self?
  - Are there physical health issues that escalate behavioral risks?

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Risk Formulation

- Write short summary and conclusion outlining:
  - Who is at risk from which person(s)?
  - Under what circumstances?
  - With what likely adverse effect(s)?
  - Over what period?
- *Important to consider what behavior is being prevented and specify what will be the focus in treatment*
- Risk formulation helps in monitoring and evaluating change(s) in persons
  - Must include Critical Items and any Specific Risk Estimate ranked moderate or high

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References

Centers for Disease Control and Prevention. (2024, May 16). *Violence risk assessment tools*. Centers for Disease Control and Prevention. https://wwwn.cdc.gov/WPVHC/Nurses/Course/Slide/Unit6_8

Desmarais, S. L. (2025, May). *Introduction to the Short-Term Assessment of Risk and Treatability (START)*.

Risk assessment: Start manuals. BC Mental Health and Substance Use Services. (n.d.). https://www.bcmhsus.ca/health-professionals/clinical-resources/risk-assessment-start-manuals

Webster CD;Nicholls TL;Martin ML;Desmarais SL;Brink J; (n.d.). *Short-term assessment of risk and treatability (START): The case for a new structured professional judgment scheme*. Behavioral sciences & the law. https://pubmed.ncbi.nlm.nih.gov/17171764/

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Violence Risk Factors for Individuals with Co-occurring Disorders

- Treatment non-adherence
- Recent (6 months) history of violence
- Homelessness (survival mode)
- Active symptoms of mental disorder
- Limited coping skills
- Antisocial attitudes, cognitions and personality
- Substance use
- Limited intelligence

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Tips on Evaluating Dangerousness:

- All threats should be taken seriously
- All details should be elucidated
- Inform individual and assess his ability to appreciate the consequences
- Grudge lists
- Investigate fantasies of violence
- Assessment of future victim if identified
- Assess for suicidal risk in any homicidal patient
  - High correlation (attempts and ideation)
- *Your experience does not always save you!*
- *Each situation is new and unique!*

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Proactive Team Approach:

- Roles of team staff
  - Who brings what to the team?
- Synergy:
  - Experience + Education = Proactive Collaboration
- Communication skills for safety
  - Team approach
  - ***Information must flow freely among ALL staff on team***
- Unified front for Universal Violence Precautions
- Maintaining trust and boundaries

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Team Work:

- Can be used in new and difficult situations
- Team up with co-worker
- Team up with others
  - AOT, parole, probation, security, law enforcement
- Allow providers the discretion to ask for assistance or to discontinue a visit

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Outreach Safety

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Assessing the Situation:
A.W.A.R.E.

- Assess from a safe space / Approach with caution
  - Make first observation from a distance
  - Face to face
    - Maintain appropriate social space
  - Approach
    - Assessment informs approach
    - Rate
    - Proximity
    - Posture and body language

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Assessing the Situation:
A.W.A.R.E.

- W's: Where, What, Who, When?
  - Where are the exits?
  - Where is help?
  - What are potential weapons?
  - What is my relationship with this person?
  - What is the intensity of verbal/physical behaviors?

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Assessing the Situation: *A.W.A.R.E.*

- Who:
  - Else is there (friends and family…)?
    - Avoid being drawn into family issues
  - Needs to leave?
    - Removing instigators
    - Person involved with escalated behavior
    - Diminish stimulation

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Assessing the Situation: *A.W.A.R.E.*

- Ask
  - Ask for help
    - Plan ahead for sources of help
      - (partner, supervisor…)
  - Ask yourself
    - Do I feel afraid?
    - Do I feel angry?
    - Should I enter the situation?

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Assessing the Situation: *A.W.A.R.E.*

- Respond
  - Use knowledge and skills
    - Safe space
    - Verbal defusing
    - Personal safety
  - Use Crisis Plans
    - Agency
    - Team
    - Individual
  - Use Self
    - Relationship
    - Respect

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Assessing the Situation: *A.W.A.R.E.*

- Evaluate
  - Damage
    - Property
    - Personal injury
    - Psychological injury
  - To whom
    - Staff, recipients, others
  - Skills
    - What went well?
    - What could have been done differently?
    - Do plans need reevaluation?
  - Restoration
    - Safety, health, control of arena (Court)?

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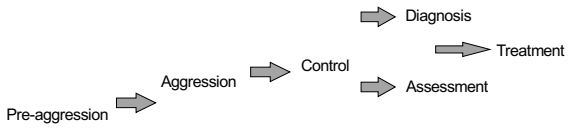
Linear Aggression Sequence: De-escalation



Maier, Stava, Morrow, et al (1987)

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Preaggression:

- Most violence has a prodrome
- Not necessarily step wise
- Progression is usually obvious

OBSERVATION IS ESSENTIAL

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Preaggression - Phase 1 (early)

- Tenseness of muscles
- Rigid posture
- Clenching of fists and teeth
- Statements of fear of losing control

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Response:

Phase 1

- Utilize empathy
- Include the person's input

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Preaggression - Phase 2

- Verbally abusive - **LOUD**
- Boasting of prior violence
- Makes a mess, scatters clothes or objects
- Engenders most negative staff reactions

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Response:
Phase 2

- Safe Space
- Safe Place
- Limit setting / Directive Statement (cautious)
- Offer choices & consequences
- Include person's input

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Preaggression - Phase 3

- Extreme hyperactivity (fight or flight)
  -Pacing -red flag of impending violence
- Threatening gestures
- Throws objects down, banging, kicking walls or furniture
- Vicious cursing
- Makes clear threats to others

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Response:
Phase 3

- *Crisis Plan*
- Exit strategy – Back off
- Call for assistance (911, local security…)
- Attempt to minimize collateral damage
- Do not attempt physical control or pursuit unless properly trained to do so!

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COMMON MISTAKES:

- Arguing

- Lose Composure
- Resort to power
- Move in too closely
- Minimize potential for danger

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Talking with person in crisis:

- Calm Approach
- Appear to be in control:
  - "Passive Control"
- Lower voice – Keep it S&S
- Comment on obvious neutral items:
  - empathy
- Provide adequate space
  - speak only to a sitting person
  - difficult in jail/forensic settings

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Limit Setting:

Strategy for deescalating behavior

- Polite Requests
  - "Please and thank you"
  - Avoid authoritative stances initially:
    - Parental responses may fuel or escalate situation
- Save Face
  - Allow person to do so if limits are being set
  - Avoid anger/arrogance that may impede this
- Communicate Respect

It's not about you

- Avoid personalizing person's behavior
- Back off and get assistance if necessary!!

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Talking with person in crisis:

- **Respect** patient and avoid direct eye contact at first
  - May be perceived as challenging?
- **Listen** to person initially and avoid interpretations or interruptions.
- **NEVER PROMISE WHAT YOU CAN'T DELIVER**
  - $, Housing, Special favors... It may come to haunt you.

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"When in Doubt - Get Out and Shout!"

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Prepare Your Area:

- A surgeon has a predictable place to work
  - Create safe practice and work areas
- Identify a go-to person in case of emergency
- Have a backup plan (Code, 911, Alarm…)
- DON'T BE A HERO –
  - Avoid confrontation
  - Recognize when to exit and call for backup!

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Requesting Emergency Assistance: *Steps*

- Don't panic – Adrenaline is flowing
  - Obtain space from the emergency - if possible
- Find a phone and ID your number
- Dial 9-1-1:
  - **Do *not* hang up if you do not connect immediately!!**
- Plan what you will say to the dispatcher
- Know what you will be asked:
  - Where is the emergency?
  - What is the nature of the emergency?
  - What happened or is happening?
  - Where you are located?
  - Listen to dispatch and follow orders
  - Do not hang up until instructed to

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Incident Review: *Reactions to Trauma*

- Individual Responses
- Emotional /Psychological
  - Anger, guilt, vulnerability, loss of trust in team
  - Anxiety, irritability, depression, shock, disbelief, apathy, self-blame, fear
- Psychosomatic
  - Insomnia, substance abuse, absenteeism
- PTSD

Engle, 1986 and Warshaw, 1996

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Incident Review: *Response*

- Medical attention immediately if needed
- Process all incidents!
  - Involve victim/s and client if appropriate
  - Avoid denial by team members or leaders
  - Administrational support
  - Informal supports
- Utilize Trauma Preparation or trained individuals
- Referral to EAP or similar counseling services
- Planned time off and return to work

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Debriefing:

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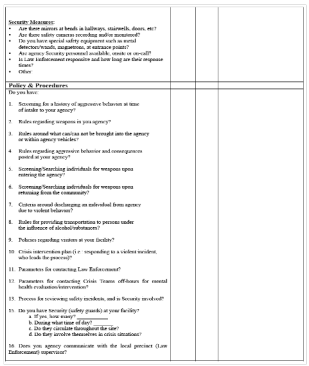
Tour for Safety (2)



Security Measures: • Are there mirrors at bends in hallways, stairwells, doors, etc? • Are there video cameras recording and/or monitored? • Are there other special safety equipment such as metal detectors/wands, magnetometer, at entrance points? • Any agency Security personnel available, onsite or on-call? • Is Law Enforcement responsive and how long are their response times? • Other:			
Policy & Procedures. Do you have:			
1. Screening for a history of aggressive behaviors at time of intake to your agency?			
2. Rules regarding weapons on you agency?			
3. Rules around what can/can not be brought into the agency or within agency vehicles?			
4. Rules regarding aggressive behavior and consequences posted at your agency?			
5. Screening/Searching individuals for weapons upon entering the agency?			
6. Screening/Searching individuals for weapons upon returning from the community?			
7. Criteria around discharging an individual from agency due to violent behavior?			
8. Rules for providing transportation to persons under the influence of alcohol/substances?			
9. Policies regarding visitors at your facility?			
10. Crisis intervention plan (i.e. responding to a violent incident, who leads the process)?			
11. Parameters for contacting Law Enforcement?			
12. Parameters for contacting Crisis Teams offshoots for mental health evaluations/intervention?			
13. Process for reviewing safety incidents, and is Security involved?			
15. Do you have Security (safety guards) at your facility? a. If yes, how many? ____ (# day) b. During what time of day? c. Do they circulate throughout the site? d. Do they involve themselves in crisis situations?			
16. Does you agency communicate with the local precinct (Law Enforcement) supervisor?			

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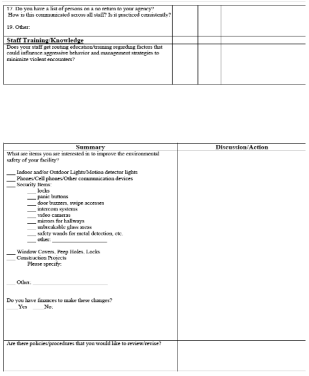
Tour for Safety (3)



17. Do you have a list of persons on a no return to your agency? How is this communicated across all staff? Is it practiced consistently?			
19. Other:			
Staff Training/Knowledge			
Does/who staff get routine refreshers/training regarding factors that contribute to aggressive behavior and management strategies to maximize violent encounters?			

Summary	Discussion/Action
What are items you are interested in to improve the environmental safety of your facility? ___ Indoor and/or Outdoor Lights/Motion detector lights ___ Phones/Cell phones/Other communication devices ___ Security items ___ locks ___ panic buttons ___ door buzzers, swipe accesses ___ intercom systems ___ cameras ___ mirrors for hallways ___ unbreakable glass areas ___ safety wands for metal detection, etc ___ other: _____ ___ Window Covers, Peep Holes, Locks ___ Construction Projects Please specify: Other: _____ Do you have finances to make these changes? Yes ____ No_	
Are there policies/procedure that you would like to review/revise?	

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Office Space:

Do's and Don'ts

- Office *Feng Shui* for Safety
  - Location of provider : patient
  - Doorway and Peephole
  - Security buttons or alarms
    - Regular Testing
    - Security/Staff Response
  - Overhead Paging and Alerts
  - Necessary vs. Luxury Items
    - Cords and Utilities
    - Hazards
    - Items as weapons

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Mi Casa:

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Good or Bad Stuff?

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What's the Problem?

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What's the Problem?

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Real Good Stuff:

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Good Stuff:

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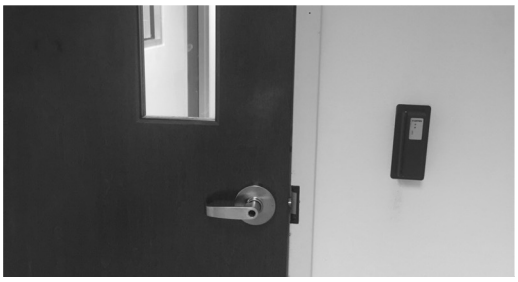
Secure Passthroughs:



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Team Mental Health:

It is up to all staff to recognize signs and symptoms of burnout

- *Apathy and lethargy may lead to poor judgment and bad outcomes*

- Offer assistance to overworked staff:
  - "mental health" days and extra supports
- Consider educational retreats or team building events to reduce burden
  - Outings and collective recreational activities can ease work related burnout, while improving staff relations and team morale!!

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Violence Prevention:

Summary

- Unique Case

- Safety First
- Assess Risks and Document
- Violence Escalates
- Escape if Necessary
- Do No Harm

- Inform Each Other
- Take All Precautions

Better put a strong fence 'round the top of the cliff' than an ambulance down in the valley.

John Milins

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