

Developing a Safety Plan

1. Recognizing the Danger

- a. Do you feel like you are in immediate danger?
- b. What are the immediate threats or concerns?
- c. What are some specific signs or behaviors that make you feel unsafe?
- d. Does your partner have any weapons in the home (knives, guns, threats using weapons, etc.)?
- e. Has your partner ever threatened to hurt you (or the children or themselves)? If so, what happened?

2. Existing Safety Measures

- a. Do you currently have any safety measures in place? If so, what are they (e.g., changing locks, installing a security system, keeping a phone nearby)?
- b. In your home, are there specific rooms or areas where you would feel safer if an incident were to occur? Why these areas?
- c. Is there a place outside of your home where you would go for a short period (e.g., a friend's house or a neighbor's)?
- d. What have you done in the past to keep yourself and your children safe?
- e. Do you have a plan for how you would leave your home quickly in an emergency (do you have a go-bag, important documents, extra medication, etc.)?
- f. What transportation options do you have available if you need to leave?
- g. Have you thought about what important items you would take with you? What are they?

3. Emergency Contacts

- a. Do you have a list of people you can contact in case of an emergency? Who are they? Are their phone numbers readily available to you?
- b. Do you know the phone number for the local police department or a domestic violence hotline?
- c. Is there someone in your life (friend, family member) you can trust to help if needed?
- d. Do you have important phone numbers WRITTEN DOWN somewhere in case your phone is lost or broken? Do you have the number for a domestic violence hotline written down?

4. Safe Places to Go

- a. If you need to leave quickly, do you have a place you can go long-term? Where is it?
- b. Where can you hide important documents, keys, or other items you may need to leave quickly?
- c. Have you ever considered going to a shelter? Do you know where the nearest one is?
- d. Are there any public places (police station, hospital) where you feel safe?
- e. Who in your life could provide emotional or physical support if you needed it?
- f. Are there any local organizations or hotlines you would reach out to for assistance?

5. Communicating with Others

- a. Have you established any code words or signals with trusted friends, family, or co-workers to indicate you're in danger? (brainstorm code words/phrases with them: "I left the stove on," "I'm heading to the gym now," "Can I borrow your makeup," "Pineapple"; texted code word = call 911)
- b. How do you ensure that your communication with others remains private and safe?
- c. Do you feel comfortable using your phone or the internet to communicate? What precautions do you take? (incognito browser, secret email, deleting texts, etc.)

- d. What else can you do to ensure that your communication with others remains private and safe?

6. Financial Safety

- a. What financial resources do you have access to (e.g., personal savings, family support)?
- b. What steps can you take to secure your finances (e.g., opening a separate bank account or freezing credit)?

7. Job and Career Planning

- a. What steps can you take to maintain or secure employment safely?
- b. Are there any workplace resources available to you (e.g., HR support, flexible hours)?

8. Children's Safety

- a. Have you talked to your children about what they should do in case of an emergency?
- b. What steps can you take to ensure your children's safety (e.g., teaching them how to dial 911, having a safe word)?
- c. Is there a safe place your children can go if something happens? Do they know about this place? How can they get themselves there?
- d. Have you informed your children's school about your situation to ensure their safety?
- e. What measures can be taken to ensure the safety of the children at school or childcare (e.g., alerting staff, having a pickup plan)?

11. Legal Protections

- a. Have you considered getting a restraining order? Would you like more information on how to do that?
- b. Do you know where to find legal aid or support if you need it?

12. Self-care and Emotional Support

- a. Are you currently seeing a counselor or attending any support groups? Would you be interested in these resources?
- b. What do you do to manage stress or take care of your emotional well-being?
- c. How are you feeling about your current situation? Do you have someone to talk to about your feelings?

13. Long-Term Considerations

- a. What are your thoughts about your long-term living situation? Have you considered moving?
- b. How does your situation impact your work or education? What support might you need?
- c. Have you thought about financial planning or resources if you decide to leave?

14. Follow-Up and Adjustments

- a. After discussing your safety plan, does it address your needs?
- b. Are there any changes or adjustments you would like to make to this plan?
- c. Would you like to schedule a follow-up discussion to review or update your safety plan?