Safety Strategies

Safety Planning for
Survivors of Domestic Violence and their Children

A booklet developed by the Family Violence Research Group
UNCG Department of Counseling and Educational Development
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To learn more about the research that went into developing this resource, please visit the Safety Strategies web-site: www.dvsafetyplanning.org
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Introduction to Safety Strategies

Thank you for your interest in this safety planning booklet! This booklet is developed by members of the Family Violence Research Group, which is based in the Department of Counseling and Educational Development at the University of North Carolina at Greensboro. Our research group has included faculty members, graduate students, and counseling practitioners, and we are united by our shared interest in advancing research and practice related to domestic and other forms of family violence.

This booklet is one result of our ongoing research on safety planning related to domestic violence. We believe that safety is one of the most important goals for anyone working with clients impacted by any form of domestic violence, including physical, sexual, and emotional abuse. As such, this was a natural focus for our research, as we wanted to learn more about best practices in promoting the safety of domestic violence victims/survivors and their children.

Over the past several years, we have read existing research on safety planning and conducted a focus group study to identify best practices. You can read more about our research study, which involved focus groups with a total of 62 professionals who work with domestic violence victims in nine different agencies throughout central North Carolina, at the Safety Strategies website: www.dvsafetyplanning.org.

Based on our own research, the other existing scholarly research on safety planning, and the safety planning forms and resources that were provided to us by the agencies in our research and that are available on-line, we advocate for a 4-step approach to safety planning:

Step 1: Discuss the safety planning process with your client.
Clients may not understand what safety planning involves or why it is done. Without this understanding, they may not be motivated or able to implement the safety strategies that are outlined in their plans. In Part 1 of this booklet, we provide a handout explaining safety planning, as well as a general safety planning information sheet (See Getting Started with Safety Planning). See Section 5 on Children, Parenting, and Safety for special considerations regarding safety planning for children.

Step 2: Conduct a lethality assessment to identify the level of risk the client faces.
In 2002, Dr. Jacquelyn Campbell published an article in the Journal of Aggression, Maltreatment, and Trauma, in which she described the importance of basing safety planning on a thorough assessment of the lethality surrounding each client’s domestic violence. Her Danger Assessment is one of the most widely-used instruments for this purpose, and we discuss this instrument and other lethality indicators in Part 2 of this booklet.

Step 3: Co-construct a personalized safety plan with your client.
The professionals in our focus groups consistently emphasized the importance of the safety planning process being a collaborative, individualized process with each client. The client’s unique needs, safety risks, resources, and other life circumstances must be considered in order for safety planning to be effective. With that in mind, the longest section of this booklet, Part Three, includes a number of handouts that practitioners can use.
use to tailor safety plans to the unique needs of each client. When completing the forms in Part Three, we encourage professionals to tailor the forms and information to clients’ unique background characteristics that influence her/his experiences with domestic violence. In particular, characteristics such as clients’ cultural background, sexual orientation, personal goals for the relationship, geographic location (e.g., rural, urban, or suburban), and socioeconomic resources can have a significant impact on their safety needs for the safety planning process.

**Step 4: Maintain an ongoing focus on safety planning for as long as you are working with your client.**

Safety risks can change dramatically over time in domestic violence situations, often very quickly. Therefore, we encourage practitioners to consider a safety plan to be a “living document.” As such, practitioners can re-consult all of the resources in this document as part of the ongoing conversation that they have with their clients about their safety and the safety of their children.

We have created a web-site to disseminate this booklet, and the address for the Safety Strategies web-site is [www.safetystrategies.org](http://www.safetystrategies.org). Also at this site, we welcome your feedback on this booklet and any of our other resources, as our long-term goal is to continue to improve upon these resources to make them increasingly more effective and useful to practitioners over time. Your input and suggestions will be extremely valuable as we work toward reaching that goal!

Again, thank you for using this booklet, and we hope that it will be helpful to you in your work promoting the safety of your clients!

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Part One

Step 1: Discussing the safety planning process with your client
What is Safety Planning?  
An overview for professionals

What is safety planning? The following bullet points provide an overview of safety planning:

**Safety planning:**

- is a way for service providers to help victims and survivors of domestic violence *plan for safety* using a variety of individualized strategies and tips related to victims'/survivors' **specific risks** of domestic violence. Becoming knowledgeable about the safety planning process can also be an important way for friends and family of victims and survivors to be involved in helping their loved ones stay safe.

- is an *individualized process*. No two victims/survivors face identical risks; therefore, it is important for service providers to individualize safety planning for each person, working with the victim/survivor to assess specific risks and develop potentially-useful safety strategies.

- is used both when a victim wants to *leave the perpetrator* and when a victim decides to *stay with the perpetrator*. In addition, safety planning can be done after a victim has left the perpetrator and is still at risk, in stalking situations, with children, and in various other risk situations. It is important for service providers to remain non-judgmental and accepting of victims'/survivors' decisions, remembering the complex and controlling nature of domestic violence and the process of leaving. Service providers should focus on helping victims/survivors plan for safety in any situation they may face.

- is an *ongoing process*. Often times, the risks that victims and survivors face change over time. It is important for service providers to continuously assess for emerging and changing risks and adjust victims'/survivors’ safety plans accordingly.

- may include both tangible documents as well as conversations. Sometimes it may not be safe for a victim to keep a copy of the safety plan at home, so strategies to help clients memorize and become knowledgeable in safety strategies will be essential. Safety plans address individualized risks (for example, if the perpetrator usually becomes physically violent when drinking and when there are weapons in the home) and ways to maximize safety in client-specific situations. Safety plans also include lethality assessments to determine the risk level.

- should be used even in situations where the risk seems low. Remember that the dynamics of domestic violence are complex and often escalate over time. Even if a situation has not yet become dangerous, it should be treated as such. When in doubt, *safety plan!*
Getting Started with Safety Planning  
*Client Handout*

The staff at our agency care about your safety. We want you to be safe, and we want any children involved to be safe, too. For decades, professionals have been helping people who have experienced domestic violence take steps to promote their and their children’s safety. In this plan, we want to work together to think through several areas of your life in which you may be able to use safety-promoting strategies. This written plan will help you to remember these strategies, and you can change it at any time if your safety needs change.

**Some Safety Tips for Anytime**

* Trust your instincts. If you feel unsafe, trust yourself.

* Know who you can call. There is help available, and people are trained to help people in these situations.

* Make your safety and the safety of any involved children a priority.

* You know your abuser best. You likely have a better idea than almost anyone else of how your abuser may respond in certain situations.

* Take active steps to promote your own safety. Although there is no way to predict your abuser’s use of violence, you will often have choices for how to respond in any given situation.

Always try to make the choice that seems most likely to lead to the highest possible level of safety for yourself and any involved children.

* Review your safety plan often, as new needs and risks can change over time.

**Resources and Numbers to Call**

If you are in an emergency:

- 24-hour hotline (Local): ____________________________
- 24-hour hotline (National): ____________________________
- Law enforcement emergency number: ____________________________
- EMS emergency number: ____________________________

*(Please remember to include all relevant numbers if you live and work in different areas)*

If it’s not an emergency:

- Local domestic violence program: ____________________________
- Local sexual assault program: ____________________________
- 24-hour hotline (Local): ____________________________
- 24-hour hotline (National): ____________________________
- Local Domestic/Family Violence law enforcement unit: ____________________________

Other important law enforcement numbers: ____________________________

- Office for Protective Orders: ____________________________
- My work/supervisor: ____________________________
- Supportive friends:  
  
  ______________________________________________________
  ______________________________________________________
  ______________________________________________________

- Minister/Religious leader: ____________________________

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[www.dvsafetyplanning.org](http://www.dvsafetyplanning.org)
Other credible web-sites:
   Your state coalition: ______________________
   National Coalition Against Domestic Violence (NCADV): www.ncadv.org
   National Network to End Domestic Violence (NNEDV): www.nnedv.org
   For legal information: http://womenslaw.org/

Do you have a safe place to keep a copy of this safety plan for your records? Yes/No
   If yes: Where will you keep it? _________________________________________________
   If not: Can you think of any other ways for you or someone you trust to keep a copy of this
           safety plan safely? _________________________________________________
Part Two

Step 2: Conducting a lethality assessment to identify the level of risk the client faces
Assessing and Understanding Lethality

Threats to life and physical safety are a very real part of domestic violence. These threats may be openly stated (“I’m going to kill you!”) or they may be less obvious, like in the case of a perpetrator who has not openly expressed intent to harm anyone, but has access to a weapon and also abuses substances. In order to protect yourself and any children involved, it is very important that you be on the lookout for any signs that your safety may be compromised.

Some Tips for Assessing Lethality

- Never assume that an environment in which domestic violence is present is a safe environment.
- Always be aware of your surroundings, including anything in the space that could be used as a weapon.
- Recognize that threats to physical safety are different for every environment and every situation. Spend some time thinking through all of the possible safety threats that may exist in your specific situation and what triggers may make those threats more dangerous or even lethal. Use this information to inform your personalized safety plan.
- Although it can be hard to think about your home environment as life-threatening, remember that maintaining your physical safety and the safety of any children involved should always be your top priority! It is very important that you be honest with yourself about the safety risks involved in your situation.

Personalized Safety Planning and Lethality Section

The Campbell Danger Assessment is a helpful tool that may assist you in assessing the lethality of your current situation. Seek out a domestic violence advocate, counselor, or other helping professional to assist you in interpreting and understanding the results of the assessment. Below is a list of some of the lethality indicators that are mentioned on the Campbell Danger Assessment and other research on domestic violence lethality. If any of these apply to you, your safety may be at risk. We recommend that you consult with a counselor, advocate, or other trusted helping professional regarding your risk and additional strategies you can use to keep yourself safe.

- You believe that your partner wants to kill you
- Your partner has threatened to kill you
- Your partner has threatened to kill him- or herself
- Your partner has access to lethal weapons
- The violence you are experiencing has becoming increasingly more severe
- Your partner has episodes of rage and/or extreme anger
- Your partner abuses any substances
- Your partner has raped you or someone else
- Your partner seems to view you as his or her only hope in life
- Your partner seems to be obsessed with you and/or your whereabouts and activities
Part Three

Step 3: Co-constructing a personalized safety plan with your client
Note to professionals: Every person’s situation is unique. This safety planning booklet is designed to be tailored to each person’s unique safety needs. Therefore, to begin using this booklet, ask your client the questions below to determine which of the following sections to complete. Once you have identified the sections to complete, go through each of them with your client, and remember to work together with your client to complete them so that you can personalize the safety plan to your client’s unique needs.

Questions to Ask to Determine Which Safety Planning Pages to Complete:

1. Are you currently living with your partner?
   * Complete Section 1 on Safety When Living with an Abusive Partner

2. Are you currently planning to leave your partner?
   * Complete Section 2 on Safety When Leaving an Abusive Partner

3. Are you currently living in a domestic violence shelter?
   * Complete Section 3 on Domestic Violence Shelters and Your Safety

4. Does your partner use physical violence against you?
   * Complete Section 4 on Safety during a Violent Incident

5. Do you have minor children?
   * Complete Section 5 on Children, Parenting, and Safety

6. Do you think your partner may be stalking you or be able to track you down?
   * Complete Section 6 on Stalking

7. Is there, or are you considering, a protection order (or restraining order, etc.) taken out on your partner?
   * Complete Section 7 on Domestic Violence Protection/Restraining Orders

8. Do you work outside the home or go to school?
   * Complete Section 8 on Safety at Work and School

9. Do you have any concerns about your physical health, your emotions and feelings, your use of drugs and/or alcohol, and your relationships with friends, family members, or others in your community?
   * Complete Section 9 on Your Physical, Emotional, and Social Wellbeing

10. Do you use any forms of technology that may put you at risk for additional abuse?
    * Complete Section 10 on Safety and Technology
Section 1: Safety When Living with an Abusive Partner

**Introduction:**
Living with an abusive partner requires heightened levels of awareness and vigilance in order to reduce the risk of physical harm. Violence in an abusive household can be unpredictable and sudden. By thinking through and planning for as many contingencies as possible, you can learn to recognize risks and anticipate necessary actions to keep you and your family safe.

**General Tips:**
- Learn about common signs of power, control, and violence. The *Power and Control Wheel* is one good resource.
- Learn about area resources. Have a go-to list (including contact people and phone numbers) of places you can turn to for help if violence should escalate.
- Replace wood doors with steel/metal ones. If you need to protect yourself within your home, these are more difficult to break through.
- Have an escape plan ready to help you quickly evacuate the home if needed. Remember to include plans for evacuating children as well.
- Consider transportation limitations. If you needed to get away quickly, would you have the means to do so? If not, consider alternate transportation options as part of your personalized safety plan.
- Keep a small bag packed with important documents and items (See the *Leaving* section for what to include) in a safe and secure place. If you need to leave quickly, you will already have these important things in one place.
- Keep a small can of pepper spray or wasp spray handy to defend yourself if needed. Wasp spray was recommended by some of our focus group participants because it typically has a longer spray range than pepper spray.
- If possible, leave the home if a perpetrator is under the influence of substances.
- Memorize the phone numbers of 3 to 5 people you can call for help in an emergency.
- Try to keep a charged phone with you at all times if possible (in your pocket, near your bed, etc.). Note, however, that many cell phones contain built-in GPS tracking systems that may aid a perpetrator in locating you if you are trying to get away. For this reason, use caution in relying on cell phones after you have escaped immediate danger.
- If your partner has engaged in reproductive coercion – that is, any attempts to control the outcome of a pregnancy or to tamper with birth control methods - you may choose to purchase emergency contraception (i.e., “the morning after pill”) to keep on hand in a safe place in order to avoid unwanted pregnancy by a perpetrator.
- Although it can be difficult to discuss safety concerns with others, there is also power in numbers. Finding one or two trusted people with whom you feel you can be honest about your circumstances and concerns ensures that you are not the only one who knows of the potential danger.
- Get to know your neighbors and come up with a signal you can use to communicate to them that you need help (e.g., flashing lights, curtains closed).
- Come up with a code word for significant others (e.g., children, their caregivers, co-workers) to know that you are in an unsafe situation.
• Talk with your children, at an age-appropriate level, about safety in the home. If they are old enough, talk through escape strategies and emergency plans with them and role play scenarios to prepare them for what to do in case of an emergency.

• Imagine what it would be like for you to call for help in an emergency situation. How would you get to the phone? Who would you call? What would you say? Imagining different scenarios may help prepare you to act quickly in a dangerous situation.

• Be cautious about where you keep written materials related to your safety plan. Be sure these are in a safe space where a perpetrator cannot find them. We recommend that you memorize some key contacts and information just in case.

• Likewise, be wary of accessing safety planning materials and domestic violence resources through your home computer or smart phone. A perpetrator may be able to search your browser history. If possible, find a safe computer outside of your home or work on which to explore potential resources.

**Personalized Safety Planning Section:**

1. **List each of the exits in your home and where they are located, from most accessible to least accessible:**

   Exit 1: _______________________________________________________
   Exit 2: _______________________________________________________
   Exit 3: _______________________________________________________
   Exit 4: _______________________________________________________
   Exit 5: _______________________________________________________
   Exit 6: _______________________________________________________
   Exit 7: _______________________________________________________
   Exit 8: _______________________________________________________

2. **List each of the telephones (cell and landline) in your home and where they are usually located:**

   Phone 1: _____________________________________________________
   Phone 2: _____________________________________________________
   Phone 3: _____________________________________________________
   Phone 4: _____________________________________________________
   Phone 5: _____________________________________________________

3. **What are at least 2 places you could be safe if the power went out in your home? How would you get to each of them?**

   Location 1: ___________________________________________________
   I would get to location 1 by ________________________________________
   _______________________________________________________________

   Location 2: ___________________________________________________
   I would get to location 2 by ________________________________________
   _______________________________________________________________
4. List each of the weapons you know to be kept in your house. Where is each located? Would you know if each had been moved?

Weapon 1: ____________________ Location: ______________________

Weapon 2: ____________________ Location: ______________________

Weapon 3: ____________________ Location: ______________________

Weapon 4: ____________________ Location: ______________________

Weapon 5: ____________________ Location: ______________________

5. Location of packed bag in the event of an escape; ____________________________

6. List at least 4 different escape routes from your home (it may help to draw out a diagram of the floor plan and map the escape routes):

Example: If in master bedroom: Go through bathroom to son’s bedroom, then climb out window

Route 1: __________________________________________________________

Route 2: __________________________________________________________

Route 3: __________________________________________________________

Route 4: __________________________________________________________

7. Name at least one neighbor that you trust to help you if needed:

How will you communicate to this person that you need help if you cannot call her/him?

________________________________________

________________________________________

8. Are there any significant others with whom you may need to communicate during an emergency (e.g., children, co-workers)? If so, list each of them here along with any code words you will use with them and all of the people who may need to know those code words.

Name: ____________________________ Code: ____________________________

Those who need to know: ______________________________________________

________________________________________

Name: ____________________________ Code: ____________________________

Those who need to know: _____________________________________________
Name: ______________________________  Code: ______________________________
Those who need to know: ____________________________________________________
________________________________________________________________________
________________________________________________________________________

9. **Do you have a two-story house?** __________
   If so, could you safely purchase and hide a rope ladder on the upper floor?
   Yes  No
   Where could you keep the ladder? __________________________________________
   ______________________________________________________________________

10. **Are your smoke detectors current?**  Yes  No

11. **Do you have a fire extinguisher?** Yes/No  If so, where is it/are they located? _______
    ______________________________________________________________________
    ______________________________________________________________________

12. **What do you notice about your partner’s moods?** How do they change before a violent incident? Can you determine any warning signs that violence may occur?
    ______________________________________________________________________
    ______________________________________________________________________
    ______________________________________________________________________
    ______________________________________________________________________
    ________________________________________________________________
    ________________________________________________________________

13. **Has your partner ever tried to get you pregnant against your will, tried to control the outcome of a pregnancy through threats or intimidation, or tampered with your contraceptive (birth control) methods?**
    Yes  No
    If needed, where could you purchase emergency contraception?
    ______________________________________________________________________
Section 2: Safety When Leaving an Abusive Relationship

Introduction:
The decision to leave an abusive relationship can be a difficult and highly emotional one, evoking a range of feelings from relief to worry, fear, and doubt. The process of leaving can also raise the level of safety risk. Having a plan in place prior to leaving can help to alleviate some anxiety and to promote your safety and that of any children involved.

General Tips:
- Make a safety plan specifically for leaving the abusive relationship, even if you are not yet ready to leave. If and when that time comes, the plan will help to keep you organized and intentional.
- Consult with your local domestic violence agency in developing your plan. This also can serve as an important resource for local shelters, service providers, and other services that can support you through the process of leaving.
- Open a private savings account.
- Open a post office box for your use only.
- If relevant, remember to include the safety needs of children and/or pets as part of your plan to leave.
- Plan the safest possible time, place, and way to leave.
- Consider transportation limitations.
- Make sure you always have a full tank of gas.
- Consider having a friend be present with you when you leave.
- As much as it would help to bring various items with you when you leave, always remember that your life and the life of your children are the most important things to save. Do not risk your or your children’s safety for any item.
- If you carry a cell phone, keep it charged. Also keep in mind that many of them are equipped with GPS tracking systems that can trace your location, even when the phone is turned off. Non-traceable cell phones for emergency use are available through numerous domestic violence assistance organizations and some cell phone providers, including the following: HopeLine from Verizon, DOVE - Domestic Violence Ended.
- Laptop computers, tablets, and other electronic devices may also be traceable via GPS, even when turned off.
- Keep a small bag packed with important documents, a few clothes, and essential hygiene items (see checklist below) in case you need to leave quickly and/or unexpectedly.
- Take a self-defense class.
- Keep a small can of pepper spray or wasp spray handy to defend yourself if needed. Wasp spray was recommended by some of our focus group participants because it typically has a longer spray range than pepper spray.
- Identify several locations to which you would feel safe going for a few days and nights. These may include the homes of family members or friends, local shelters, hotels, or other accommodations. Think creatively, and keep in mind that the safest location may involve traveling outside the immediate area. If planning to stay at a hotel or shelter, try to research options beforehand. Not all shelters accept children, and not all accommodations can take pets.

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• Educate yourself about the laws for obtaining a restraining order or protective order in your state. Learn the steps you would need to take to initiate a restraining order with little notice.

• Notify others about your plan to leave, but only those you know you can safely trust with that information.

• After you’ve left:
  o Avoid being alone.
  o Ask your neighbors, friends, coworkers to call the police if your abuser shows up.
  o Meet your partner in public if you need to see her/him.
  o Change up your routines.
  o Consider ways to keep yourself safe while in public.
  o If you are going to remain in the home, consider upgrading security by changing the locks, installing a security system, changing the code to an existing system, replacing wood doors with steel/metal ones that are harder to break through, and installing additional lighting.

• Commit your escape plan to memory. If possible, practice your plan.

• The decision to leave may be made abruptly or over an extended period of time (days, weeks, months). When that moment comes, your immediate safety needs and those of any children involved are usually the most urgent concern (as they should be). However, it’s important to keep in mind that the process of leaving an abusive relationship can be extended and complex, and often involves planning for much more than a safe location for a few nights. Be sure that your plan for leaving covers as many contingencies and details as possible.

**Personalized Safety Planning Section:**

1. **List the name(s) and contact information for at least 2 local agencies that could provide support and resources for you before and after you leave:**
   
   Agency 1: ________________________________________________________________
   
   Agency 2: ________________________________________________________________

2. **Write down the address of the location where you could file an application for a protection order/restraining order if needed:**
   
   ________________________________________________________________

3. **What are some ways you can create an independent life from your partner in order to establish and maintain your privacy before leaving (e.g., opening a post office box or a private bank account)?**
   
   ________________________________________________________________
   
   ________________________________________________________________
   
   ________________________________________________________________
4. Where can you keep essential items in case you need to make a quick escape (e.g., keep your purse with your keys by the door)?

______________________________________________________________________

5. You may also consider packing a small bag with some essential documents and items and keeping it in a secure place. Imagine if you had to start over today – what would be the essentials you would need? Below is a checklist of some items you may want to include:

**NOTE:** If it is safe to do so, you may want to consider scanning and saving documents onto a thumb drive or online system such as Google Drive or DropBox.

- Medications: ___________________________________________________________
- Medical devices: _____________________________________________________
- Medical records for you and your children
- Keys to your house and car
- Money (at least $50 in cash, although individual circumstances may require more)
- Credit cards
- Debit cards
- Check book
- Important financial records (i.e., recent statements, account numbers)
- Items you might sell to quickly get some cash
- Important, meaningful items (jewelry, pictures)
- Contact information for important people in your life
- Copies of important documents
- Extra clothes
- Your social security card and your children’s cards
- School records for your children
- If you have a disability, documentation of it
- Driver’s license
- Car registration
- Birth certificates for you and your children
- Documents to verify where you live (e.g., a rental agreement, deed)
- Immigration paperwork (e.g., work permit, green card)
- Divorce papers/separation
- Passport
- Toys or supplies for your children
- Welfare documentation/Public assistance/Medicaid/Medicare
- Toiletries
- Pay stubs for proof of income
- Health insurance cards
- Police reports

6. Where will you keep your packed bag (make sure it’s kept in a secure place; consider keeping it with a trusted friend or neighbor)?

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7. When do you plan to leave (day, time)?

____________________________________________________________________

8. From what location will you be leaving?

____________________________________________________________________

9. Specifically, how will you get out of this location (come up with at least 3 different routes from different parts of the area)?
   Route 1: ____________________________________________________________
   _________________________________________________________________
   _________________________________________________________________
   Route 2: __________________________________________________________
   _________________________________________________________________
   _________________________________________________________________
   Route 3: __________________________________________________________
   _________________________________________________________________
   _________________________________________________________________

10. Will the perpetrator be there when you plan to leave? ______
    IF YES, how will you protect yourself if the perpetrator becomes aggressive?____________________________
    How will you call for help? ________________________________________
    _________________________________________________________________
    IF NOT, is there a chance the perpetrator could arrive while you are leaving? ______
    How will you protect yourself if needed? ______________________________
    How will you call for help if needed? __________________________________
    _________________________________________________________________

11. Do you think it would be helpful to hide a weapon to help protect yourself? If so, consider carefully how you would do so safely. ____________________________

12. Are there children involved that will need to be evacuated as well? ______
    If so, list their names along with a plan for how you will get each one out:
    Child 1: __________________________________________________________
    _________________________________________________________________
    Child 2: __________________________________________________________
    _________________________________________________________________
    Child 3: __________________________________________________________
    _________________________________________________________________
Child 4: ________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
Child 5: __________________________________________________________________
________________________________________________________________________
________________________________________________________________________

13. Are there pets involved that will need to be evacuated as well? ______
   If so, list their names along with a plan for how you will get each one out:
   Pet 1: __________________________________________________________________
       _______________________________________________________________________
   Pet 2: __________________________________________________________________
       _______________________________________________________________________
   Pet 3: __________________________________________________________________
       _______________________________________________________________________
   Pet 4: __________________________________________________________________
       _______________________________________________________________________
   Pet 5: __________________________________________________________________
       _______________________________________________________________________

14. What will you do if you are unable to evacuate all children and/or pets?
   _________________________________________________________________________
   _________________________________________________________________________
   _________________________________________________________________________

15. What vehicle or other means of transportation will you use to get away?
   _________________________________________________________________________

16. Do you have access to the keys if you will be using a vehicle to leave?  
    Yes  No
    Does the perpetrator have a copy of the keys? ________

17. Is the vehicle filled with gas? 
    Yes  No

18. If you do not have a private vehicle available, is there public transportation
    nearby? 
    Yes  No
How would you get yourself and any children/pets to the public transportation and how long will this take? ______________________________________________________
______________________________________________________________________
______________________________________________________________________
If relevant, are pets allowed on the public transportation system? ________
Can you purchase tickets for public transportation ahead of time? ________

19. Who will you tell about your plan (make sure anyone you tell is trustworthy)?
______________________________________________________________________
______________________________________________________________________

20. Is there a code word or words you could use with these people to indicate that you are leaving or that you need help? If so, what is it/are they?
Code word 1: _____________________  Meaning: _____________________________
Code word 2: _____________________  Meaning: _____________________________
Code word 3: _____________________  Meaning: _____________________________

21. Is there anyone who can be with you as you’re leaving and help you execute your plan? If so, who?
______________________________________________________________________
______________________________________________________________________

22. Think of at least 3 possible safe places to go so that you will have a back-up plan:
Location 1: _____________________________________________________________
Location 2: _____________________________________________________________
Location 3: _____________________________________________________________

23. If you will have children and/or pets with you, will they be able to stay at each of these places too?
Location 1 – Children? ______  Pets? ______
Location 2 – Children? ______  Pets? ______
Location 3 – Children? ______  Pets? ______

24. Will you have cell phones or other electronic devices with you as you leave that could be traced?
   Yes  No
   If so, is there somewhere you could leave them for safekeeping? Where? __________
   Can you get access to an untraceable cell phone to keep with you before and after you leave? ______

25. How do you anticipate your partner will respond if you leave?
26. If you will be staying at home instead of going somewhere else, what measures will you take to protect yourself and any children who will be staying with you (e.g., changing the locks, installing a security system, changing the code to an existing security system, and installing additional lighting around the home)?

27. After you’ve left, how can you stay away from your perpetrator, especially when you are out in public (e.g., changing your route to work, using different stores)?

28. What places or situations might be particularly dangerous?

29. What other potential safety threats can you think of?

30. If you will need to exchange custody of children, how will you handle this in order to limit your exposure to the perpetrator? Is there someone who can assist with or monitor visitation and/or custody transfers?
Section 3: Domestic Violence Shelters and Your Safety

Introduction:
Shelters for victims of domestic violence can be a secure and reliable option if you are planning to leave an abusive relationship or need a safe place to stay. Most shelters offer respite for at least a few days and nights; and some have longer-term programs to help people transition out of abusive situations.

General Tips:
- Do your research! If you believe you may need to use a domestic violence shelter, learn about the options in your area including average length of stay, services offered, and residential requirements.
- Consult your local domestic violence agency. They should be able to offer information and resources for area shelters, and they may have the inside scoop on some things you might not otherwise know or think about when seeking shelter.
- Some shelters are more public than others. If you would feel safer in an unmarked and relatively unknown location, ask your counselor or advocate about these options.
- For the safety of their residents, shelters rarely market publicly, and many don’t have websites. This is another reason to consult with an advocate or counselor who may know about these relatively unknown resources.
- There can be a lot of variation in the services shelters offer and in their residential requirements. For instance, many shelters do not accept pets, and some do not accept children over a certain age. You may have to do some research and even travel a bit to find the nearest shelter that fits your specific needs.
- Average length of stay at a shelter can vary from a few days and nights to weeks or even months. Some shelters have limits on how long you can stay. Some also have transitional programs to aid those who are trying to permanently leave an abusive situation.
- Some shelters are better equipped to take large families (i.e., they have larger living quarters).
- Most shelters have a strict set of rules and guidelines that they expect residents to follow. These may include chores and other responsibilities around the shelter, adherence to curfews, and regular meetings with staff and counselors. These rules may feel more restrictive than what you’re used to, but they are in place for the wellbeing and protection of all residents at the shelter.
- While staying at a shelter, remember that it is important to maintain the privacy of the location. Think carefully before telling a friend or family member where you are. You may also need to talk with children about what to tell others (including the perpetrator) if asked where they are staying.
- Likewise, remember that cell phones and other electronic devices often have built-in GPS tracking systems that can be used to locate you, even if the device is turned off. For your own security and that of others staying in the shelter, you should consider leaving laptop computers, tablets, and phones in another location. Shelters usually have phones and computers available for limited use, and you may also request an emergency cell phone via organizations like the following: HopeLine from Verizon, DOVE - Domestic Violence Ended.
• Some social media sites can also track your location. Be careful accessing these sites via smartphone or computer while you are staying at a shelter. If you have older children, it may be important to talk to them about the safety risks of using social media as well.
• Remember that a domestic violence shelter is never a permanent solution. In most shelters, you will be expected to work closely with counselors, advocates, and other professionals to develop a longer-term plan for your safety after leaving the shelter.

Personalized Safety Planning Section:

○ Do you have children and/or pets that you will need to bring with you to the shelter?
  Yes  No

○ What are the ages and genders of any children who will be staying with you? Some shelters do not accept teenagers, specifically teenage boys beyond a certain age.
  Child 1: ____________________________  Age: ____________________________
  Child 2: ____________________________  Age: ____________________________
  Child 3: ____________________________  Age: ____________________________
  Child 4: ____________________________  Age: ____________________________
  Child 5: ____________________________  Age: ____________________________

○ What are the ages, types, and breeds of any pets you would like to bring? Shelters that accept pets often have restrictions on certain types of animals or breeds, as well as the number of pets you can keep with you.
  Pet 1: ____________________________  Age: _____  Type: _____________  Breed: ______________
  Pet 2: ____________________________  Age: _____  Type: _____________  Breed: ______________
  Pet 3: ____________________________  Age: _____  Type: _____________  Breed: ______________

○ Do you have any special needs for which you would like to request accommodations (e.g., disabilities)?
  ____________________________________________________________________________

○ What are the safety and privacy policies of the shelter(s) you are considering?
  ____________________________________________________________________________

○ How far is it from your home to the nearest shelter?
  ____________________________________________________________________________

○ How far is the nearest shelter that will meet the above needs?
o How will you get to the shelter (again, consider distance from your home as well as how many children/pets you will have with you)?
______________________________________________________________________

o Is there anyone you trust to transport you or to help you get to the shelter safety? If so, who?
______________________________________________________________________

o What will you need to bring with you to the shelter (see list of documents and items you may want to pack ahead of time under Leaving)?
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

o Do you have any cell phones or other electronic devices that can be used to track your location? (Note: Remember to consider children’s electronics as well.)
Yes  No
If so, where is a secure place you could leave them? ______________________
______________________________________________________________________

o What other precautions do you need to take to maintain your safety and the safety of others while you are staying at the shelter (think about what you need to do to maintain the privacy of the location)?
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

o Who will know where you are staying? Can he/she be trusted with this information?
______________________________________________________________________

o If you leave the shelter during the day, what precautions do you need to take to maintain your safety while in public? How will you return to the shelter without someone following you?
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

o What do any children involved need to know about talking to others while they are staying at the shelter? What should they tell someone (including the perpetrator) when asked where they are staying?
______________________________________________________________________
o **How long do you plan to stay at the shelter?** ____________________________

Do the shelter policies allow you to stay at the shelter this long? ____________________________

o **Finally, what are your plans for leaving the shelter?** Where will you go, and how will you stay safe? If you do not yet know your plans for life after leaving the shelter, who can you talk to about these plans? 

______________________________________

______________________________________

______________________________________

______________________________________

______________________________________
Section 4: Safety during a Violent Incident

Introduction:
It is not possible to predict everything that might happen during a violent incident. Also, it’s likely that in the middle of a violent episode, you’ll be very focused on what is happening at that moment and may not remember every safety strategy that is included in your safety plan. However, you can think through some possible violent scenarios and plan some easy-to-remember ways to reduce risks to your safety during these scenarios.

General Tips:

- Keep your safety planning strategies for during a violent incident very simple and easy to remember.
- When your partner becomes violent, remember that things can change very quickly. For example, what begins as a slap can escalate to more severe forms of violence very quickly. Be especially mindful of the possibility of escalating risk if your partner gets access to a weapon (or even a household item that s/he could use as a weapon).
- Trust your instincts in the moment. If something you included in your safety plan doesn’t feel right in the moment, trust your judgment and focus on what seems most likely to promote your safety at that time.
- Remember that a safety plan is no guarantee of safety. Stay focused on the present moment, and take whatever steps you can take to try to increase your safety.
- If you are injured or think you may be injured, seek medical help as soon as possible following the violence. Be especially mindful of possible signs of a concussion, such as dizziness, a headache, or temporary loss of consciousness. Don’t wait to seek help for injuries or possible concussions, as immediate help can increase your chances of recovery and healing.

Personalized Safety Planning Section:

1. Describe the most recent violent incidents. What similarities do you notice?

________________________________________________________________________
________________________________________________________________________

2. Based on those previous incidents, what are some signs that a violent incident might be about to happen?

________________________________________________________________________
________________________________________________________________________

3. If you sense that your partner may be getting ready to become violent, or if s/he has already started using violence, ask yourself: “Would my partner respond if I offered to leave and give him/her time to calm down?” If you think this is possible, what are some ways that you might be able to ask your partner this question in words you would feel comfortable using?

________________________________________________________________________
________________________________________________________________________
4. Think about your house or surroundings (e.g., your partner’s house if you do not live
together, or out in public). For each space in which you might imagine your abuser
could become violent, answer the following questions:

What are the safer rooms and areas in this space? For example, some domestic violence
professionals suggest that people avoid bathrooms (because they often have many hard
surfaces), kitchens (because knives and other kitchen may be used as weapons), rooms
where weapons are located, and any rooms where there is no way to exit the house. In this
space, what rooms and areas do you think would be most safe? And what are your ideas of
ways you could move into these areas during a violent incident?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

For each room in your house, what would be the quickest escape routes if you are able to
make a quick exit during the violent incident?

Room: ________________________________  Exit: ______________________________
Room: ________________________________  Exit: ______________________________
Room: ________________________________  Exit: ______________________________
Room: ________________________________  Exit: ______________________________
Room: ________________________________  Exit: ______________________________
Room: ________________________________  Exit: ______________________________
Room: ________________________________  Exit: ______________________________
Room: ________________________________  Exit: ______________________________
Room: ________________________________  Exit: ______________________________

5. Consider how you could call for help (e.g., from the police, a friend, neighbor, or
other someone else you identify).

Location of phones in the home:
________________________________________________________________________
________________________________________________________________________

Where you typically keep your cell phone: _________________________________________

Steps you can take to ensure your cell phone is with you most of the time:
________________________________________________________________________
________________________________________________________________________

If you have a cell phone, have you programmed the phone with emergency numbers?
Yes/No
Do you know from memory the emergency number to call in your community? (In some communities, this is 911, but other numbers are used in other communities.)

What is the emergency number in your community? ___________________
Do you think you can memorize this number? Yes/No

What are some code words or signals you could use to alert neighbors to the fact that you need them to call for help for you? For example, you might flash your exterior lights or yell a code word.

___________________________________________________________________________
Section 5: Children, Parenting, and Safety

**Introduction:** Parenting in the presence of family violence is fraught with difficulty. Victims/survivors and their children are living under a great deal of stress. Victims/survivors frequently report feeling stuck between the need for safety for their children and their children’s need for the other parent. Ultimately, one of the reasons victims chose to leave an abuser is because of concerns for their children’s safety. Once they are not living with the abuser, many victims/survivors are unsure of what to say to their children for fear of telling them too much, saying something ‘wrong,’ or hurting the child by speaking negatively of the other parent. Victims/survivors are often grateful for practitioners’ help in addressing family violence with their children.

**General Tips:**

- Children often know much, much more than parents realize about what has been happening in the home.
- Recent research indicates that even sleeping infants and children show increased stress responses when raised angry voices are in the home.
- Very often, children have behavioral reactions to family violence. These responses can be externalized, meaning the reactions are directed outward toward others as in increased aggression, fighting, and angry words. Children’s responses to family violence also can be internalized, meaning an increase in sadness, depression, and anxiety, including separation anxiety. See [http://cdv.org/signs-of-cdv/](http://cdv.org/signs-of-cdv/) for more information.
- The most common response from children/teens is that they feel the family violence was their fault. Children/Teens should learn that violence is never the way to solve family problems and that they are not responsible for the arguments and fighting in their home.
- It is frequently recommended that the child make the safety plan with a practitioner and then share it with the safe parent. This allows the child to address their fears and concerns in front of a neutral party and then gather their parent’s support.
- In general, the younger the child, the shorter the safety plan. A child’s age and developmental level must be taken into account when developing the safety plan. Each situation and child is different.
- A child/teen’s relationship with the abuser must also be taken into account when developing a safety plan.
- Preschoolers, even after a safety intervention, will not necessarily remember their safety plan reliably. Practice safety plans frequently with young children.
- Schools, pediatricians, friends, and neighbors can all be a great source of support. Make sure the schools are aware of who can pick up the child.
- Some practitioners laminate the child/teen’s plan when it is finished.
- Visitations with the other parent (i.e., custody exchanges) are an especially volatile time. Be sure to answer the safety questions in light of visitations.
Personalized Safety Planning Section:

Safety Plan for Preschoolers (ages 3-5)

1. When you feel scared where can you go to feel safe?

________________________________________
________________________________________
________________________________________

2. When you feel scared, who is safe to talk to?

________________________________________
________________________________________
________________________________________
________________________________________

3. Let’s practice calling for help. 9-1-1.
   Dial: 9-1-1
   They will say: Police, Fire, Ambulance.
   You say: Police
   My name is ____________________. I am __________years old.
   I need help. Someone is hurting my ________________.

Safety Plans for School-Aged Children

1. Who are the safe adults you can talk to?

________________________________________
________________________________________
________________________________________
________________________________________

2. Where can you go in the house to feel safe?

________________________________________
________________________________________
________________________________________
________________________________________

3. Where can you go outside the house to feel safe?

________________________________________
________________________________________
________________________________________
________________________________________
4. Do you have a phone, computer, tablet, or iPod that lets you communicate with other safe grown-ups who know about your situation? If so, are their numbers in your device?

_________________________________________
_________________________________________
_________________________________________
_________________________________________

5. What is the code word you use with safe friends, family, and neighbors to let them know you need help?

_________________________________________

6. What is your address and phone number?

_________________________________________

7. When you feel scared or sad or upset, you can do these things to help feel better:

_________________________________________
_________________________________________
_________________________________________
_________________________________________
_________________________________________

8. What are the reasons you should not try to stop a fight between adults?

_________________________________________

9. If you had to leave home quickly, what would you take with you?

_________________________________________
_________________________________________
_________________________________________

10. What is a threat? If you hear a threat, what can you do?

_________________________________________
_________________________________________

11. Let’s practice calling for help. 9-1-1.

Dial: 9-1-1
They will say: Police, Fire, Ambulance.
You say: Police
My name is ____________________. I am _________ years old.
I need help. Someone is hurting my ____________________.
The address here is ______________________________.
The phone number here is __________________________.
Stay on the phone if you can. If not, set the phone down but don’t end the call.
Safety Plan for Teens: Begin with the questions above and consider adding these questions:

1. What would you do if you found yourself feeling unsafe in a dating relationship?
   __________________________________________

2. What are some ways you could stay safe at school?
   __________________________________________

3. If you had to leave the house in a hurry, where could you go at any time of the day or night?
   __________________________________________

4. Will you be responsible for others if there is danger? i.e., Younger siblings? Pets? Older grandparents? If yes, what will you do?
   __________________________________________
   __________________________________________
   __________________________________________

5. What can you do if there is a weapon involved?
   __________________________________________

6. Where is a safe place to store medicine, a change of clothes, important papers?
   __________________________________________

7. What will you do for money if you have to be briefly separated from your parents?
   __________________________________________
   __________________________________________
   __________________________________________

8. If one parent is in the shelter, and you still have contact with the other parent, how will you keep the parent in the shelter safe?
   __________________________________________
   __________________________________________
   __________________________________________
Section 6: Stalking

Introduction:
According to Mindy Mechanic at the National Violence Against Women Prevention Research Center, “Stalking is a repetitive pattern of unwanted, harassing, or threatening behavior committed by one person against another. Acts include: telephone harassment, being followed, receiving unwanted gifts, and other similar forms or intrusive behavior.” If you believe you are being stalked or at risk of being stalked in the future, talk to a trained professional (e.g., a domestic violence victim advocate and/or law enforcement professional) as soon as possible to understand your risks and develop some potential safety strategies.

General Tips:

- Trust your instincts. Stalking may not be immediately obvious and can be difficult to prove, so trust your intuition, and if you have a feeling you may be being stalked, take precautions for your safety.
- Whenever possible, do not respond to or reciprocate any communication with your stalker. This may reinforce his/her behavior and lead him/her to intensify efforts to communicate with you. This means that, in general, you should not answer phone calls or respond to text messages or e-mails. However, as you will see below, it is important to not delete these communications without keeping a copy or otherwise documenting them for your own records.
- Learn about relevant laws in your state that may offer you protection from stalking. If you do not understand the language of the legal information you can find through sources such as the Internet, be sure to ask a trained professional to help you understand your rights.
- Seek immediate help if you ever feel you are in a high-risk situation.
- It is very important for you to keep track and document if you believe you are being stalked. Save all relevant documentation (e.g., text messages, e-mails, letters, voice mails) in a safe and secure location.
- If other people witness any stalking or potentially stalking-related situations, ask them to document it and keep that documentation in a safe place.
- Take photos of any of your personal property that is damaged by the stalker.
- Seek medical help for injuries resulting from any violence perpetrated by the stalker, and have those documented in your medical records by your healthcare provider.
- File police reports to report the stalking whenever possible. If you turn over your documentation to police, be sure to keep a copy for yourself.
- Avoid being alone while jogging, walking, and doing other activities that may take you to places where there are not many people around. If possible, bring a friend along with you for these activities.
- Use an unlisted telephone number. You may want to set up “dummy” phone numbers and e-mail addresses (consider Google Voice) so that you can keep a line for the stalker to use but also have secret lines for wanted contacts from friends and families.
- Some states have victim protection/identity programs. Talk with a professional in your area to learn if a program like this is available to you.
• If you have a protective order, see the protective order section in this safety planning booklet for relevant safety strategies. If you don’t have one, discuss with a professional whether and how to get one.

Personalized Safety Planning Section:

1. What threats has your stalker made toward you? Have they said anything about committing suicide or killing or otherwise hurting you or anyone else?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. Consider your daily/regular routines. This may include your work schedule, commute, parenting routines (e.g., dropping off and picking up your children from school), religious services you attend, when and where you do your grocery shopping and other errands, and other activities you do on a regular basis that it may be easy for your stalker to track. Which of these routines do you think are most likely to be tracked by your stalker?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. With the routines you identified in #2 above in mind, what changes might you be able to make to your routines in order to be less able to be tracked by your stalker?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. Consider safe places you could go if you notice that your stalker is tracking you during any of the above routines. List some possible safe places below:

a. ______________________________________________________________

b. ______________________________________________________________

c. ______________________________________________________________

d. ______________________________________________________________

e. ______________________________________________________________

f. ______________________________________________________________

g. ______________________________________________________________

h. ______________________________________________________________

5. Who in your social network might be able to accompany you to the places where you may be likely to be stalked? In addition to people who might be able to physically accompany you, consider people who you might be able to call on the phone and talk to you while you are in that situation so that they would know to call for help if it became necessary. List people you feel could help you in this way below:
6. Think through some possible situations in which your stalker may show up and/or try to contact you. Then, write some ideas for what you can do if the stalker shows up or contacts you in each situation:
   a. What if your stalker shows up at home?
      ________________________________________________________________
   b. What if your stalker shows up at work/school?
      ________________________________________________________________
   c. What if your stalker shows up at your child’s school?
      ________________________________________________________________
   d. What if your stalker shows up in a public setting (e.g., a shopping mall or park)?
      ________________________________________________________________
   e. Other situation: ________________________________________________
      ________________________________________________________________
   f. Other situation: ________________________________________________
      ________________________________________________________________
   g. Other situation: ________________________________________________
      ________________________________________________________________

7. Because it is so important to save all documentation that provides evidence that you are being stalked, where and how can you keep a log of what happens and any other evidence? Important information to document includes what happened, when it happened (date and time), where it happened, who (if anyone) else witnessed the incident, and any other relevant details.
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

8. Who in your social network do you feel comfortable telling that you have someone stalking you? Consider people who may be able to help and/or provide documentation of evidence of the stalking. This may include people in different settings, such as a

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supervisor at work, neighbors, and staff at your child’s school. If other people who are on the lookout for your stalker don’t know what they look like, provide a recent picture, as well as describe their car or other things to look out for. List people you could tell, along with what information you want to provide to them, below:

a.________________________________________________________________________
b.________________________________________________________________________
c.________________________________________________________________________
d.________________________________________________________________________
e.________________________________________________________________________
f.________________________________________________________________________
g.________________________________________________________________________
h.________________________________________________________________________
Section 7: Domestic Violence Protection/Restraining Orders

Introduction:
According to WomensLaw.org, “A restraining order or protective order is a legal order issued by a state court which requires one person to stop harming another person. It is also sometimes called a protection order, an injunction, an order of protection, or some other similar name.” WomensLaw.org offers a database of relevant legal information on protection/restraining orders at the following web-site: http://www.womenslaw.org/laws_state_type.php?statelaw_name=Restraining%20Orders&state_code=GE. If you have a restraining/protective order in place, or are considering applying for one, it is important for you to understand how to apply for the order, how it is enforced, and the terms of the order. This section will help you understand this information and devise strategies for increasing your safety with regard to the order.

General Tips:

- Some people believe that a domestic violence protection/restraining order is “just a piece of paper.” It is important to understand the limitations of these orders. In particular, they cannot guarantee your safety and they do not offer immediate protection from a physical threat posed by your abuser.
- It is important to understand that some abusers do follow the terms of their restraining/protective order, but others do not. We can’t completely predict which people will fall into each category, so it is important to be alert to this possibility to identify if/when your abuser may violate the order.
- Despite these limitations, restraining/protective orders can be powerful tools for promoting your safety. The terms of your order will determine the unique protections that your order offers you. These may include requiring your abuser to stay a designated distance away from you, disallowing your partner from contacting you, providing safe alternatives for exchanging custody of children shared between you and your abuser, and restricting your abuser’s access to firearms. It is important to understand the unique terms in your order.
- A key to increasing your safety is to ensure that the order is enforced. Be sure you understand how the order is enforced, and who to call and/or what to do if you believe your abuser has violated the order. For example, you may need to call the police if your partner shows up at your house, so be sure you know the correct number to call.

Personalized Safety Planning Section:

* Skip to Question 2 if you already have a restraining/protective order in place.

1. If you do not have an order in place yet, what steps do you need to take to apply for one? (A local, trained professional can help you identify these steps.)
Number to call: ______________________________________________________________
Location of office: ____________________________________________________________
Other important information: __________________________________________________
2. Now that you have a restraining/protective order in place, be sure you know the following information about the terms of the order, and how you will keep and use it:

- What is the date that the order goes/went into effect? ________________________________
- When will the order expire? _____________________________________________________
- What would you need to do to renew the order? ___________________________________
- What are the conditions of the order (e.g., requirements for your abuser/you to follow)?
  ____________________________________________________________________________
  ____________________________________________________________________________
  ____________________________________________________________________________
  ____________________________________________________________________________

- What are you supposed to do if your abuser violates your order? (Note: Write the specific phone numbers to call, such as the police, your attorney, and/or your victim advocate.)
  ____________________________________________________________________________
  ____________________________________________________________________________
  ____________________________________________________________________________
  ____________________________________________________________________________

- Are there any limitations to your order? If so, list those here.
  ____________________________________________________________________________
  ____________________________________________________________________________
  ____________________________________________________________________________
  ____________________________________________________________________________

- How could you get a new copy of your order if you lose the one(s) you have?
  ____________________________________________________________________________
  ____________________________________________________________________________

- Who can you call if you have questions about your order?
  ____________________________________________________________________________
  ____________________________________________________________________________

- Are there any other geographic locations where I should register my order (e.g., if you or your partner are moving, or if you commute to a different location)?
  ____________________________________________________________________________

- Where will you keep copies of your order? Who else should have a copy? How can you keep a copy with you at all times? One suggestion is to scan and keep a copy on your own or saved in a confidential e-mail account)

* Note: If you do not yet have an order in place, complete the remainder of this section once you do.
Who needs to know about the terms of the order? Who should you tell to call the police if they see your abuser? List the people who need to know, what you will tell them, and if you need to provide them with a copy of the order. Examples may include your supervisor at work, campus police if you attend school, neighbors, and staff at your children’s school.
Section 8: Safety at Work and School

Introduction:
Sometimes, abusive people interfere with their partners’ employment and/or education as part of an overall pattern of abuse. For example, your partner may make it more difficult for you to go to your job or to your classes. They may show up unannounced at your workplace. Sometimes, they may even use violent and abusive behaviors at your workplace or your school. For all of these reasons, it is important to consider strategies you can use to be safer at work and school.

General Tips:

- It can be hard to talk about your abuse with the people you work with. You may be afraid that others will judge you or you will be discriminated against. You will have to look at your unique work culture to figure out what is right for you.
- Your employer and/or co-workers may be an important source of support for you. For example, your employer may be able to keep a confidential log of incidents of abuse that may someday be able to help in the prosecution of your abuser.
- Some people who have experienced domestic violence have said that they feel that they were discriminated against by their employers because of their domestic violence situation. For example, an employer may not hire them if they learn that they are experiencing domestic violence out of fear that the employee would miss too much work. You may have legal rights if you feel you have been discriminated against in this way, but it is important to speak with an attorney who can advise you about your unique situation. You also may find useful information at the following web-site for the U. S. Equal Employment Opportunity Commission: http://www.eeoc.gov/eeoc/publications/qa_domestic_violence.cfm.
- Many employers and schools (including high schools and college campuses) are beginning to develop specific resources to help people who are experiencing domestic violence. Know what resources and supports may be available to help you through your workplace and/or school.
- Keep in mind that your abusive partner may try to interfere with your work or education as a way to control you and keep you from becoming more independent. Therefore, your partner may view your work and education as a threat to his or her power over you. Talk with a professional and others who you can trust to discuss how you can stay focused on your work and educational goals while also staying safe.

Personalized Safety Planning Section:

Safety at Work

1. Who can you tell?

What are the names and job titles of people you think you could tell about the domestic violence you are experiencing? What information would be most useful for each person to know? What type of support could you request from each person? (Consider people with
whom you work directly, such as coworkers and supervisors, as well as others in your organization who may be able to provide some form of support, such as a security officers or your employer’s human resources office).

Name: __________________________  Job Title: __________________________
Information to share: ___________________________________________________
Type of support to request: ______________________________________________
________________________________________________________________________

Name: __________________________  Job Title: __________________________
Information to share: ___________________________________________________
Type of support to request: ______________________________________________
________________________________________________________________________

Name: __________________________  Job Title: __________________________
Information to share: ___________________________________________________
Type of support to request: ______________________________________________
________________________________________________________________________

Name: __________________________  Job Title: __________________________
Information to share: ___________________________________________________
Type of support to request: ______________________________________________
________________________________________________________________________

2. Resources Available through Work:

a. Does your workplace have a domestic violence plan/policy? Yes/No

If so, what does it provide? What steps is an employee supposed to take to enact the protections provided in the plan/policy?
________________________________________________________________________
________________________________________________________________________

b. Does your workplace have an Employee Assistance Program (EAP)? Yes/No

If yes: Sometimes EAPs offer supportive services for people who are experiencing domestic violence. What, if any, resources does your EAP provide? How can you access these resources?
________________________________________________________________________
________________________________________________________________________

b. Are there any other job benefits/policies that may be helpful to you in promoting your safety? For example, your workplace may offer flexible scheduling, work at home options, discounted
rates on health and wellness resources (e.g., counseling). If there are any other benefits that are available to you, please list them below, along with how you can access and use these benefits/policies?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. How do you get to and from work? Describe your commute:

________________________________________________________________________

At what points during your commute might your safety be at risk? (Note: Include walking into and out of your building from a parking lot or bus stop, if applicable.)

________________________________________________________________________
________________________________________________________________________

What are some strategies you can use to be safer during times on your commute when your safety may be at risk? For example, some people ask a coworker to walk them to their car at the end of the day so that they do not have to be alone. Another idea is to be aware of safe places to stop along the way if you discovered your partner was following you while you are driving to work.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. Describe your workplace and your work routines.

a. What hours do you typically work? Are there generally other people around your workplace? What security systems or other resources are already in place (e.g., an on-site security guard, emergency telephones). Consider any unique safety risks and resources related to your work, and list ways that you can address these in your safety plan:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

b. Do you work at home all or part of the time? Yes/No

If yes, see the Living with an abusive partner section for safety strategies in a home. Write any other ideas for being safe while working at home below.

________________________________________________________________________
If you have a direct phone line and/or receive other forms of electronic communication (e.g., e-mail) related to your work, do you think that you would benefit from screening these communications so your abuser cannot contact you in these ways? Yes/No

If yes: What might you do in order to have your phone calls or other forms of communication screened? For example, you might request that another employee screen your calls and not deliver any communication from your abuser.

________________________________________________________________________

________________________________________________________________________

Safety at School

1. Who can you tell?

What are the names and job titles of people you think you could tell about the domestic violence you are experiencing? What information would be most useful for each person to know? What type of support could you request from each person? (Consider people at your school who you know already and others within the institution that may be helpful to you. This may include teachers/professors, counselors, student support services, and security/police).

Name: __________________________  Job Title: ________________________________

Information to share: _______________________________________________________

Type of support to request: __________________________________________________

________________________________________________________________________

________________________________________________________________________

Name: __________________________  Job Title: ________________________________

Information to share: _______________________________________________________

Type of support to request: __________________________________________________

________________________________________________________________________

________________________________________________________________________

Name: __________________________  Job Title: ________________________________

Information to share: _______________________________________________________

Type of support to request: __________________________________________________

________________________________________________________________________

________________________________________________________________________

Name: __________________________  Job Title: ________________________________

Information to share: _______________________________________________________

Type of support to request: __________________________________________________

________________________________________________________________________

________________________________________________________________________

Name: __________________________  Job Title: ________________________________

Information to share: _______________________________________________________

Type of support to request: __________________________________________________

________________________________________________________________________

________________________________________________________________________

2. Resources Available through School:

a. Does your school have a domestic violence (or dating violence) plan/policy? Yes/No

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If so, what does it provide? What steps is a student supposed to take to enact the protections provided in the plan/policy?

________________________________________________________________________
________________________________________________________________________

b. Does your school have a counseling center? Yes/No

What, if any, resources does your school’s counseling center provide? How can you access these resources? Identify if any counselors are specially trained to work with people experiencing domestic violence.

________________________________________________________________________
________________________________________________________________________

3. How do you get to and from school? Describe your commute:

________________________________________________________________________
________________________________________________________________________

At what points during your commute might your safety be at risk? (Note: Include walking in and out of buildings and between classes, if applicable.)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What are some strategies you can use to be safer during times on your commute when your safety may be at risk? For example, some people ask a friend or campus security officer to walk them to their car at the end of the day so that they do not have to be alone. Another idea is to be aware of safe places to stop along the way if you discovered your partner was following you while you are driving to school.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. Describe your educational institution and your school routines.
a. What hours are you typically at your school? Does your abuser know your schedule? Do you have any classes you take with your partner? What security systems or other resources are already in place (e.g., an on-site security guard, emergency telephones). Consider any unique safety risks and resources related to your education, and list ways that you can address these in your safety plan. These may include the following:

- See if you can change your routines/schedules to avoid your abuser.
- Have friends accompany you between classes and before and after school.
- Document any abusive or unwanted behaviors from your abuser.
- Make sure you use school-related technologies safely
- Keep some cash on hand at all times.
- Locate emergency phones on your campus.
- What is the number of your campus police/security office? ______________________ 
  __________________________________________________________
  __________________________________________________________
  __________________________________________________________
  __________________________________________________________
Section 9: Your Physical, Emotional, and Social Wellbeing

Introduction:
Experiencing physical, sexual, and/or emotional/psychological abuse and/or violence can take a toll on your health, both physically and mentally. In addition, your relationships with other people who are close to you, such as family and friends, can be impacted by these experiences. In this section, we will work together to identify ways to increase your physical, emotional, and social wellbeing and safety.

General Tips:

- Remember that you are a brave, strong, courageous person. You have survived a very difficult situation. Even if you don’t feel good about yourself now, just know that you are a strong and important person who has value. You don’t deserve to be abused.
- If you are making plans in your safety plan to draw on support from your friends and family, discuss these plans with them ahead of time.
- Let the professionals working with you know about any special or unique physical, emotional, and/or spiritual needs you may have. These professionals may be able to help you draw upon other resources to provide you with the additional support you need.
- Make taking care of yourself a priority. It is very easy to put other people’s needs before your own and stop taking care of yourself and your own needs. Remember that you are worthy, and when you are in good health and have a positive wellbeing, you will better be able to help care for other people.

Personalized Safety Planning Section:

1. Are you currently being treated for any medical and/or mental health issues? List those conditions here, and include what treatments you are seeking to address them, including any medications (prescription or over-the-counter) that you take.
   a.________________________________________________________________________
   b. ________________________________________________________________________
   c.____________________________________________________
   d.________________________________________________________________________
   e.________________________________________________________________________
   f.____________________________________________________
   g.________________________________________________________________________
   h.________________________________________________________________________

2. What healthcare and/or mental healthcare professionals are you working with currently? Indicate whether or not you would like to notify this person about your experiences with abuse.
   Physician(s):
   Inform them of your experiences? Yes/No
   Mental health professional(s):
   Inform them of your experiences? Yes/No
Dentist(s): _________________________________________________________________

Inform them of your experiences? Yes/No

Other(s): _____________________________________

______________________________

Inform them of your experiences? Yes/No

3. Next, we will consider if any drugs or alcohol that you use or that your abuser uses might be impacting your safety needs.

Do you currently use any drugs or alcohol? Yes/No

If so, what do you use? How often, and how much?

________________________________________________________________________
________________________________________________________________________

How, if at all, does your use of drugs and/or alcohol impact your safety?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

If you choose to use drugs and/or alcohol again in the future, what are some safer ways to do so? (For example, you may do so with a friend who you trust to look out for you, limit the amount you consume, and/or ensure that you are in a safer environment.)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Does your abuser currently use any drugs or alcohol? Yes/No

If so, what does s/he use? How often, and how much?

________________________________________________________________________

How, if at all, does your abuser’s use of drugs and/or alcohol impact your safety?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

If your partner is or has been consuming drugs and/or alcohol, what are some strategies you might use to increase your safety? For example, you might stay at someone else’s house until s/he is done using.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. Have you noticed that the abuse has impacted your mood, anxiety or worry levels, and/or feelings about yourself? If so, what changes have you noticed?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Do you have any thoughts of harming yourself and/or others? If yes, describe those thoughts here:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**If you have any thoughts of harming yourself or someone else soon, seek professional help immediately. The numbers you can call to speak with someone immediately are as follows:
1. _________________________________________
2. _________________________________________
3. _________________________________________
4. _________________________________________
5. _________________________________________

Do you think you might benefit from talking to a mental health professional? Yes/No
What changes in your feelings would alert you that you needed to seek this type of help?
________________________________________________________________________
________________________________________________________________________

List some local counselors in your area.
1. _________________________________________
2. _________________________________________
3. _________________________________________

5. Next, we will think through some ways you can help yourself feel better about yourself and your situation.

a. What are some ways that you can protect your emotions in difficult situations you may face (e.g., having to see your partner, court appearances, and when you have memories of the abuse)?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

b. List five positive self-affirmations that you can tell yourself to remind yourself that you are a good, valuable, strong, and worthy person.

1. _________________________________________
2. _________________________________________
3. _________________________________________
4. _________________________________________
5. _________________________________________

c. What are some things you can do that help you to feel good about yourself (e.g., hobbies, exercise, and relaxation strategies)?

1. _________________________________________
2. _________________________________________
3. _________________________________________
4. _________________________________________
5. _________________________________________
d. List some of the top things that you like about yourself here.
1. ______________________
2. ______________________
3. ______________________
4. ______________________
5. ______________________

e. What are some ways that you can express your feelings in difficult situations?
1. ______________________
2. ______________________
3. ______________________
4. ______________________
5. ______________________

f. What are some actions you can take if you feel tempted to go back to an abusive partner?
1. ______________________
2. ______________________
3. ______________________
4. ______________________
5. ______________________

g. Write a favorite quote or saying that inspires you that can be a positive reminder for you when you feel down:
________________________________________________________________________
________________________________________________________________________

6. Are you concerned about how your family and/or friends may be able to support you?  
   Yes/No
   a. Name people who care about you and how they might be able to support you? Consider people you can talk to, seek tangible support from, and who can provide you with encouragement when you are feeling down.
   1. ______________________
   2. ______________________
   3. ______________________
   4. ______________________
   5. ______________________

   b. Is the safety of your friends and family at risk by your abuser? Have they made any threats about others? What safety steps can these people take, too?
   ________________________________________________________________________
   ________________________________________________________________________

   c. Consider attending a local support group. The following options are available in your area:
   1. ______________________
   2. ______________________
   3. ______________________

   d. Identify some actions you could take if you notice yourself feeling lonely. What are some ideas you have for increasing your feelings of connection with others?
   ________________________________________________________________________
   ________________________________________________________________________
   ________________________________________________________________________

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Section 10: Safety and Technology

Introduction:
Technology can be a resource for you in planning for your safety (e.g., by helping you access information about resources on the Internet and providing ways for you to communicate with others who may help you). However, various forms of technology can present risks for you that may threaten your physical and emotional safety. For example, your abuser may use technology to track your whereabouts and on-line activity, to spy on your communications with others, to check up on you frequently, and to limit your access to other people in your social support network. Because technologies are changing rapidly, it is important to consider the specific technologies you use, as well as those your abuser may use, in order to identify strategies for using technology safely and minimizing your risks when using technology.

General Tips:

- Consider how technology-savvy you are, and how this compares to how technology-savvy your abuser is. If your abuser is more skilled and/or comfortable with technology than you are, seek help to address your unique risks.
- If your partner is technology-savvy, consider that s/he may be able to hack into your technology accounts even if you carefully select a password.
- Think through all the possible ways that your abuser may use technology (now or in the future) to try to control you and/or track your actions. This may include your Internet activities, text messages, cell phone calls, GPS tracking, social networking sites, and virtually any other form of technology you may use.
- Learn how to delete your technology use history to the extent possible, such as by erasing your Internet history and deleting old text messages, cell phone records, and e-mail messages.
- Turn off “autocomplete” features in your web-browser so that it will not automatically fill in text boxes, such as your e-mail addresses and other personal information.
- Whenever possible, turn on the “Private Browsing” feature on your Internet platform. Search your browser’s Help section to find out if this function is available, and if so, how to turn it on. Note that you may need to turn this function on every time you use the browser.
- Be careful with your social media posts and privacy settings. Also, consider that even if your abuser is not connected with you through social networking sites, s/he may have friends or others who are among your connections. These people may then report on your activity to your abuser. Completely refraining from using social networking sites when your safety is at risk is likely your safest alternative. However, if you want to continue using these sites, then consider the safest possible ways to do so.
- There are a lot of credible sources of information about domestic violence that are available on-line, and these sources can help you find information and tips you need to understand domestic violence and strategies for promoting your safety. However, be careful about accessing these sources in a way that your abuser could find out about them.
- You may be able to use safer public computers that would be more difficult or impossible for your abuser to track your on-line activities on. For example, public
computers may be available at the public library or at an Internet café. However, be sure your browsing history is erased even from public computers, in case your abuser is following you.

- Understand your cell phone or smartphone’s privacy settings. If possible, use a password or passcode to block other people from accessing the content of your phone. Learn about your phone’s GPS capabilities to understand if you can be tracked with your phone’s GPS, whether or not the phone is on.
- If you believe your cell phone puts you at higher risk of abuse, ask your local domestic violence agency if they provide free cell phones.
- If you currently or previously share a cell phone account with your abuser (e.g., a “Family Plan”), consider whether your partner can view your phone call history. Contact your phone service provider to discuss your options for limiting this access.
- Do an Internet search for your name, such as through Google and/or Yahoo. Make sure this search process cannot be used to identify your contact information or other details you would not want to be made available to your abuser. If you find such information, contact the web-site administrator to ask that they remove the information immediately.
- Set up a private, new e-mail account. Be careful to not link your identity publicly to this account. Use a username that would not be obvious to track this account to you. Share this address only with others you can trust, and let others know (as appropriate) to not share your address or contact information with your abuser.
- If your partner uses any forms of technology to harass or threaten you, be sure to print out hard copies of any of these messages. Save these copies for your records.
- Think about all the password-protected accounts you have and be sure to make those accounts secure (e.g., on-line banking, stores, and social media). Change the passwords and/or PIN numbers for your accounts that your abuser may know how to access. Choose passwords that would not be easy to guess. Whenever possible, create new accounts that your abuser does not know exist.

**Personalized Safety Planning Section:**

1. How technology-savvy are you? How technology-savvy is your abuser?

2. For each of the forms of technology below, consider the extent to which you use the technology, ways that this technology may be used against you, and safety strategies you can use to protect yourself:
   - The Internet
     - How much do you use this? _____________________________
     - What are possible safety risks? _____________________________
     - What are possible safety strategies you can use? _____________________________
• E-mail
  o How much do you use this? ______________________________
  o What are possible safety risks? ____________________________
  o What are possible safety strategies you can use? ______________

• Cellphone/smartphone
  o How much do you use this? ________________________________
  o What are possible safety risks? _____________________________
  o What are possible safety strategies you can use? ______________

• Text messaging
  o How much do you use this? ________________________________
  o What are possible safety risks? _____________________________
  o What are possible safety strategies you can use? ______________

• GPS
  o How much do you use this? ________________________________
  o What are possible safety risks? _____________________________
  o What are possible safety strategies you can use? ______________

• Social networking sites (list each one you use)
  o How much do you use this? ________________________________
  o What are possible safety risks? _____________________________
  o What are possible safety strategies you can use? ______________
• Other (Specify: ____________________________)
  o How much do you use this? ____________________________
  o What are possible safety risks? ____________________________

  o What are possible safety strategies you can use? ____________________________

• Other (Specify: ____________________________)
  o How much do you use this? ____________________________
  o What are possible safety risks? ____________________________

  o What are possible safety strategies you can use? ____________________________

• Other (Specify: ____________________________)
  o How much do you use this? ____________________________
  o What are possible safety risks? ____________________________

  o What are possible safety strategies you can use? ____________________________

3. List all technology-based accounts that you have, and note whether and when you can change your passwords and other account information to block your abuser’s access:

  o Account: ____________________________ Change information?
  o Account: ____________________________ Change information?
  o Account: ____________________________ Change information?
  o Account: ____________________________ Change information?
  o Account: ____________________________ Change information?
  o Account: ____________________________ Change information?
  o Account: ____________________________ Change information?
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