# My Safety Plan

My Safety Plan

Name: _____

**When do I feel safe?**

_____

**Where do I feel safe?**

_____

**When do I feel unsafe?**

_____

**Where do I feel unsafe?**

_____

**What kind of violence am I worried about?** (Please circle answers that apply)



Financial Abuse



Emotional Abuse
(e.g. minimizing, denying, blaming)



Physical Abuse



Sexual Abuse



Verbal Abuse



Using or Abusing Children



Neglect

**Other:** _____

_____

_____

**If anyone is hurting me (or my children), the people I can talk to for advice or assistance might include the following. (Note:** The specific types of people suggested in this list are prompts only. They are not meant to suggest a list you need to complete.**)**



Parent



Staff



Friend



Case Manager



Lawyer



Clergy

**What would I like the people listed about to do to support me? (Prompts:** Listen, offer emotional support, call for help.)

_____

_____

_____

**What would I like the people listed above to do to support my children?**

_____

_____

_____

My Safety Plan

**There are also people in the community who can help. They are:**

**<u>Project Peer Partners:</u>**

**Anchor Mental Health:** 202-635-5900

**DC Coalition Against Domestic Violence:** 202-299-1181

**DC Rape Crisis Center:** 202-333-7273 (hotline)

**District Alliance for Safe Housing (DASH):** 202-462-3274
(includes Housing Resource Center)

**Lt. Joseph P. Kennedy Institute:** 202-529-7600

**Project ACTION!:** 202-448-1458

**Quality Trust for Individual with Disabilities** (lead): 202-448-1450

**Ramona's Way:** 202-257-6790 (hotline)

**********

**DC Metropolitan Police:** 202-727-4106

**If I need to leave the place where I live to get away from someone who is hurting me, what do I need to take with me? What will I need to take my children? (Note:** After reviewing the pictures, suggest other documents not in this list, such as, social security, medical ID, health insurance info, birth certificate, citizenship documentation. List all other items specific to this survivor on the lines provided below.**)**




Money



Phone



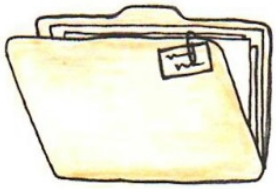

Driver's License




Transportation Card



Medication



Other Documents

Other: _____

_____

_____

My Safety Plan

**I (and my children) can get out of my house by:**



Elevator



Stairs



Door



Window



I (we) need assistance to leave the place where I live

Other ways out of my house: _____

_____

_____

_____

**If I (we) cannot get out, I (we) can move to the place that is lowest risk – <u>not</u> a bathroom, <u>not</u> the kitchen**





Other: _____

_____

_____

My Safety Plan

**I can get to a safe place using one or more of the following types of transportation:**



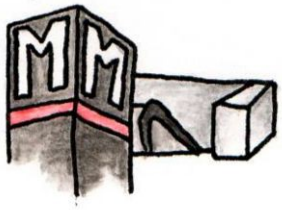

Taxi



My car/a friend's car

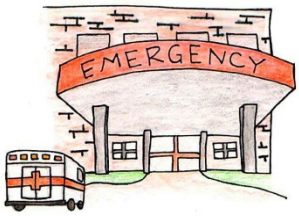


Metrobus




Metro

**Safe Places I can go:**




Hospital

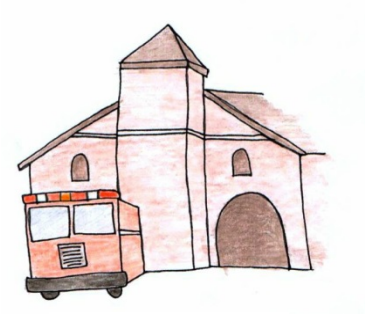
Address:_____
_____
_____




Police Station

Address:_____
_____
_____

# My Safety Plan



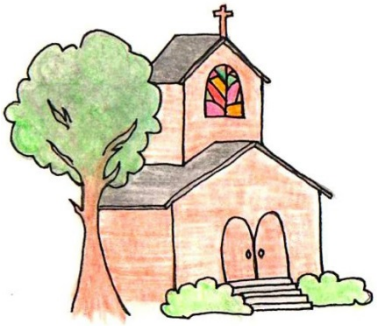
Fire Station

Address:_____
_____
_____



Friend's House

Address:_____
_____
_____



Church

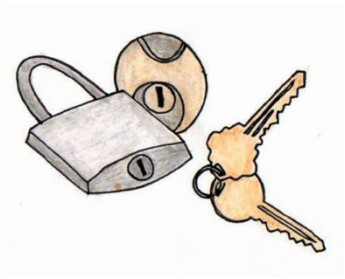
Address:_____
_____
_____

Other:_____
_____
_____

**If you have ended or left the relationship, remember to:**




Change your phone number.



Change locks, if the abuser has a key.




Avoid being alone.




If you have to meet the abuser, do it in a public place.



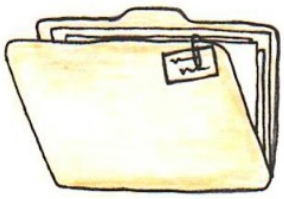

Vary your routine; e.g. use a different grocery store, get to work by a different routine.




Plan how to get away if confronted by the abuser.



Tell school and work contacts about the abuse, so that they can help keep you safe.



Save and document all contacts, messages, injuries, and other incidents involving your abuser.

Contact DASH (see list on page 3) for information about housing for survivors.\