



# Family Violence Safety Plan Template

This template can be adapted for use when working with clients experiencing or at risk of family violence. Family violence can include both **domestic violence** (a pattern of abusive behaviors within a household between people such as spouses, partners, family members, or cohabitants) and **intimate partner violence** (abuse or aggression in a romantic relationship between current or former spouses or partners). Youth may also require a safety plan to help mitigate risk during family violence situations, dating violence, or stalking. A separate safety plan should be created with children and youth (see Youth Safety Plan Template below), considering their age and developmental status, and with consent (if applicable) from the non-offending parent/caregiver. See the accompanying <u>information guide</u> for more details about using these two templates, which can be edited to include information most relevant to specific clients, programs, and communities.

If the client's current situation exceeds the interventions listed in this template, escalate the situation immediately. This may include involving a supervisor, consulting a mental health professional, or contacting emergency services such as 9-1-1 or 9-8-8 to ensure client and community safety. Please also see Switchboard's <u>Suicidal Ideation Safety Plan Template</u> if appropriate.

When supporting pre-literate clients or those with limited English proficiency, encourage them to record the information in any way that feels most helpful to them. Consider the following accommodations:

- Use visual aids, symbols, or pictograms to represent key concepts.
- Encourage the client to write down their safety plan in their native language.
- Engage trained interpreters or cultural mediators during the safety planning process.
- Simplify language and ensure that verbal explanations are clear and concise.
- Encourage the client to identify trusted individuals in their support network who can help interpret or assist if needed.
- Assess the client's understanding of the safety plan by reviewing key steps and asking them to explain or demonstrate how they would implement the plan.
- Encourage the client to record the session by utilizing a voice recorder app on their phone, by taking a picture of the final template (or provide them a physical print out), or by any other means that the client identifies as helpful.

Consider discussing with the client how important documents, such as marriage or divorce papers, insurance cards, or identification, can be securely copied and stored digitally. Encourage the client

to think about methods they are comfortable using, such as taking pictures, using secure email, or saving files in a cloud storage system.

Additionally, explore whether the client would like to keep originals or physical copies of critical documents with a trusted friend or family member. If so, record in the safety plan who has access to these documents and how the client can retrieve them if needed.

To maintain quality and appropriateness, supervisors and/or mental health professionals on your team should review and approve the template prior to its use with clients. This ensures that the safety plan aligns with professional standards and adequately addresses potential challenges, fostering a sense of preparedness and security for the client.

The IRC received competitive funding through the U.S. Department of Health and Human Services, Administration for Children and Families, Grant #90RB0053. The project is 100% financed by federal funds. The contents of this document are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services, Administration for Children and Families.

# **Family Violence Safety Plan**

This safety plan will help you navigate family violence situations, which can include violence between you and another person (family member, spouse, partner, friend, etc.) that may feel overwhelming or unsafe. Your safety plan will be tailored to your individual and/or family needs and provide you with strategies and resources to support you during difficult times. You will work together with \_\_\_\_\_\_ [Staff Name] to ensure it is helpful for you. If your situation changes or becomes more serious, it's important to reach out for additional help. This might mean contacting your caseworker, a mental health professional, or emergency services like 9-1-1 or 9-8-8.

We encourage you to keep a copy of your safety plan in a way that feels most useful to you, such as:

- Taking a photo of the plan
- Recording the session or key points on your phone
- Keeping a printed copy in a safe place

#### STEPS I CAN TAKE TO KEEP MY SAFETY PLAN CONFIDENTIAL

[] Keep it in a safe location

[] Save it in a password-protected app

#### WARNING SIGNS

What specific signs or triggers might indicate an escalation in the abusive person's behavior? How can I identify/know when a situation may be becoming unsafe?

## **PREPARATION & ENVIRONMENTAL SAFETY**

What can I do when I see the above signs or recognize that an unsafe situation is developing?

1.	
2.	
а	
0.	

How will I know I need to call emergency responders?

1.	
2.	
З	
0.	

Are there any potential weapons in my home? Is there anything I can do to protect myself against potential weapons (such as removing them or locking them up)?

1. \_\_\_\_\_

2.	
3.	

How can I protect my phone and online activity (for example, using a public device or friend's phone, changing passwords, turning off location/GPS tracking, clearing my browsing history)?

1.	
2.	
З	
3.	

How can I protect my finances?

1.	 	
2.	 	
3.	 	

What important documents and other essentials do I need to have ready if I have to escape a dangerous situation? (See list below.) Where will I keep them?

Legal		Ide	Identification		Other	
Marriage/div	orce papers	•	Driver's license/ID; passport	•	Safe phone/phone cards	
Protective/re	estraining orders	•	Green card/work authorization	•	Emergency cash	
Custody pap	erwork	•	Social Security cards	•	Medication	
Health insura		•	Birth certificates	•	Keys	
Vaccination	records	•	Medical records	•	Clothes, blankets, etc.	
Rental/hous	ing agreement	•	School records/diplomas	•	Valuables/photos	
Car registrat		•	Financial info/bank records	•	Emergency phone numbers	
1						
2.						
2						
3						

How can I store or keep my immigration-related documents safe from the abusive person?

1.	
2.	
3.	

## ESCAPE PLAN

If I need to leave a dangerous situation/environment, how will I leave safely (transportation plan, packed bag, exit strategies, etc.)?

1.	
2.	
3.	

Where can I stay if I need to leave? (If I cannot leave, is there a safer place in my home? If I need to leave quickly, is there somewhere safe nearby I can go to temporarily?) Think about anyone (neighbors, friends, family, or organizations) that I can trust and how they can help keep me safe.

1.	
2.	
3.	

## PLANNING WITH CHILDREN

What will I tell my children about what is happening? How will I prepare them?

What will I do if my children are not with me when I need to leave?

1.	
2.	
3.	

Which of the following action steps can I take to plan for my children?

- □ Identify a safe person or place for them to go:\_\_\_\_
- □ Teach them a safe word or signal for when we need to leave: \_\_\_\_\_
- □ Pack essentials for them (legal documents, comfort items, medication, clothes, etc.)
- □ Rehearse what to do if they feel unsafe (who to call, where to go, etc.)
- □ Inform the school/daycare who is allowed to pick them up
- Provide the school with copies of any legal documents (restraining order, custody plan, etc.)

# SUPPORTS

Who can I contact if I need help (name and phone number)?

1. \_\_\_\_\_

Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

3	Phone
Who can I call in case of an er	mergency (name and/or phone)?
Crisis Hotline:	
National Domestic Violen	ce Hotline: ( <b>800) 799-SAFE (7233)</b>
Shelter Information:	
Other:	
Emergency: 9-1-1	
*Request interpretation	by informing the operator: "I speak [name of language]. I need an interpreter."
COPING AND EMOTIONAL SA	FETY
What can I do to manage stre	ss and fear (breathing/grounding techniques, music, journaling, etc.)?
1	
2	
3	
	yself? ("This is not my fault." "I have support." Etc.)
	rease my safety and the safety of my children:
FOLLOW UP	
How often will your service pro	ovider check in with you?
How will your service provider	reach you (phone call, etc.)?
If your service provider can't r	each you, who should they contact (name and phone number)?
	Phone
2	Phone

# Youth Family Violence Safety Plan

This safety plan will help you get through tough family violence situations, which can also include violence between you and another person (a partner, friend, etc.) that may feel overwhelming or unsafe. It will help you create strategies and identify helpful resources to support you during difficult times. You will work together with \_\_\_\_\_\_ [Staff Name] to make sure it is helpful for you. If you notice any changes that make you feel more unsafe, it's important to reach out for additional help. This might mean contacting your caseworker, a mental health professional, or emergency services like 9-1-1 or 9-8-8.

We encourage you to keep a copy of your safety plan in a way that feels most useful to you, such as:

- Taking a photo of the plan
- Recording the session or key points on your phone
- Keeping a printed copy in a safe place

#### **STEPS I CAN TAKE TO KEEP MY SAFETY PLAN PRIVATE**

- [] Keep it in a safe location
- [] Save it in a password-protected app

I will memorize these phone numbers to be prepared for emergencies:	
If I need help, I can contact:	
This is how they can help:	
When I am scared, I can go here in the house:	
When I'm there I can think about:	
If I want to talk to someone, these are the people who can listen:	
My code word is:	
I can use my code word in these situations:	
If I need to leave the home, I can go here:	
I will tell the school, daycare, or babysitter:	

Other thoughts or ideas to increase my safety:

#### FOLLOW-UP

How often will my service provider check in with me? \_\_\_\_\_\_

How will my service provider reach me (phone call, etc.)? \_\_\_\_\_

If my service provider can't reach me, who should they contact (name and phone number)?

1	Phone
2	Phone