

## ■ Steps to staying safe:

Keep a little **money** with me.

Keep my **cell phone charged** and with me.

**Teach my children to go to a safe place** (a friend's, neighbor's, or relative's home).

**Teach my children to call the police** when there is danger and to give their full name, address, and phone number.

Keep an **emergency bag ready** in a safe place.

## ■ Building my independence:

I can start **saving money** and store it in a safe place (like my own bank account).

I can **get help** from a counselor, an advocate, a health care provider, or legal services.

I can try to **keep in touch** with a friend or family member who I trust.

## ■ Things to put in my emergency bag:

- |   |  |
|---|--|
| <input type="checkbox"/> Medications/ prescriptions | <input type="checkbox"/> Cell phone/charger                        |
| <input type="checkbox"/> Phone card/change          | <input type="checkbox"/> Photo ID/ driver's licence                |
| <input type="checkbox"/> Extra keys                 | <input type="checkbox"/> Restraining order                         |
| <input type="checkbox"/> Bank card/ credit cards    | <input type="checkbox"/> Passports/ immigration papers/green cards |
| <input type="checkbox"/> Custody order              | <input type="checkbox"/> Electronic Benefit Transfer (EBT) card    |
| <input type="checkbox"/> Work permits               | <input type="checkbox"/> Clothes                                   |
| <input type="checkbox"/> Photos of abuser           | <input type="checkbox"/> Toiletries and diapers                    |
| <input type="checkbox"/> Address book               | <input type="checkbox"/> Other: _____                              |
| <input type="checkbox"/> Special toys               |  |
| <input type="checkbox"/> Money                      |  |

**If you have proof of abuse, bring it with you.**

## ■ Important phone numbers:

Police 9-1-1

Local Domestic Violence Hotlines

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Local Sexual Assault Hotline \_\_\_\_\_

For restraining order help call \_\_\_\_\_

LGBT support \_\_\_\_\_

Legal Aid \_\_\_\_\_

National DV Hotline 1-800-799-SAFE

National Sexual Assault Hotline 1-800-656-HOPE

National Teen Abuse Hotline 1-866-331-9474

National Suicide Hotline 1-800-SUICIDE

## ■ Help after sexual assault:

**If my partner or anyone else has forced me to have sex when I did not want to, I can:**

Go to a **local hospital emergency room.**

Call the **local or national 24-hour sexual assault hotline:**

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Other resources:

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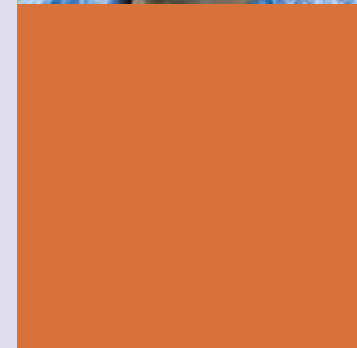
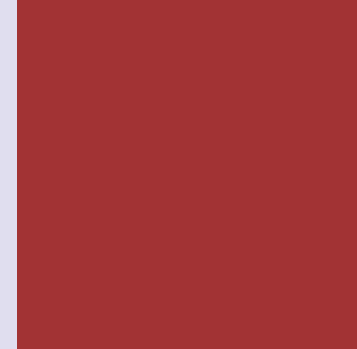
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**My Safety Plan** developed by LEAP 09/2009.  
May be used unaltered without permission as long as you credit LEAP (Look to End Abuse Permanently), c/o Maxine Hall Health Center, 1301 Pierce St., San Francisco, CA 94115 www.leapsf.org  
LEAP thanks San Francisco Kaiser Permanente and La Casa de las Madres for their contributions to this safety plan.



**You deserve to be safe and happy.**



# My Safety Plan

**Do not take this with you unless it is safe to do so.**

# My Relationship and My Safety



## ■ Being in a relationship that is hurtful can cause a lot of different feelings. It is normal to have some or all of these feelings.

Check all that you feel:

- |                                   |                                   |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Ashamed  | <input type="checkbox"/> Confused |
| <input type="checkbox"/> Hopeful  | <input type="checkbox"/> Sad      |
| <input type="checkbox"/> Afraid   | <input type="checkbox"/> Love     |
| <input type="checkbox"/> Angry    | <input type="checkbox"/> Numb     |
| <input type="checkbox"/> Hopeless | <input type="checkbox"/> Happy    |
| <input type="checkbox"/> Trapped  | <input type="checkbox"/> Alone    |

## ■ What do I think about my relationship?

- I'm not sure how I feel about this relationship.
- I think this relationship will get better.
- I want to end this relationship.
- Other:

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## ■ Many people love their partners and also feel that their relationships put them in danger.

### Does my relationship have any of these signs of danger?

- My partner has injured me badly enough that I needed medical treatment.
- My partner follows me everywhere I go.
- My partner has threatened to hurt my children.
- My partner uses alcohol or drugs.
- My partner has forced me to have sex when I didn't want to.
- My partner has threatened to kill me.
- My partner has threatened to kill himself/herself.
- My partner has a gun or can get a gun easily.
- Other things my partner does that concern me:

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## ■ Safety during a fight:

### Move away from:

- Weapons (guns and knives)
- Small and dangerous places (car, kitchen, bathroom)

### Move toward a safer place such as:

- Room with exit
- Room with phone
- Public place

### If I need to call the police:

I will give them **my address** and tell them if there is a **weapon**.

## ■ The closest place I can go if I need help or need to leave:

Police/fire station:

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Hospital/clinic:

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Friend's/neighbor's/family member's house:

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(name/address/phone number)

Other: 

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