EKU
VIOLENCE PREVENTION

Safety Plan

1. Who do you live with?

    - Alone
    - Family
    - Roommate
    - Partner

2. Where do you live (so that we can find local resources for you)?

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3. Do you have children, or are you currently pregnant?

- Yes
- No

- If yes, what are the age(s)? _____

4. Do you have a job?

- Yes
- No

    - Does your partner work at the same place as you?

        - Yes
        - No

5. If you need to leave your house quickly, which items do you need to take with you?

    - ID (License, school ID, military ID, immigration docs)
    - Cell phone
    - Cell phone charger
    - Medication (asthma inhaler, insulin, epi pen, etc)
    - Cash
    - ATM/ Credit card
    - House key

- Car key
- A change of clothes
- Comfort items (a stuffed animal or photo)
- Baby supplies (bottles, formula, diapers wipes, clothes, etc)
- Copy of restraining/protection order
- Child's birth certificate
- Health insurance card(s)
- Other _____

6. Do you have a protection/restraining order?

- Yes
- No

7. Who can you call when:

- You're alone and need to talk to someone _____

- When you do not want to be home alone _____

- You need a ride from:

    - Work _____

    - School _____

    - Your house _____

8. Have you told:

- Someone in your family
- Someone at school
- Someone at work

9. What is a code or phrase you can text if you need help?

_____

- Who knows this phrase?

_____

- Do you have their phone number memorized in case you need to call them for help?

- Yes
- No

10. Who can you call immediately if you need someone to pick you up?

    _____

- Do you have their phone number memorized?

    - Yes
    - No

11. If you need to avoid seeing your partner, what is an alternate route you can take to:

    School _____

    Home _____

    Work _____

12. Do you have a cell phone?

- Yes
- No

- Do you have a burner phone?

    - Yes
    - No

- Has your partner ever checked your phone (calls, texts, etc.)

    - Yes
    - No

13. Do you use social media?

- Yes
- No

- Has your partner ever checked your social media?

    - Yes
    - No

- Do they have access (passwords) to your social media (try to think about all platforms they may have the password to. Also consider changing your passwords across all platforms just in case)?

    - Yes
    - No

14. Has your partner ever sent an abusive text/message or DM/email?

- Yes
- No

- Do you still have the messages?

    - Yes
    - No

- Have you/ can you send these to someone you trust for safe keeping?

    - Yes
    - No

15. Does a trusted friend or family member have your location?

- Yes
- No

    If yes, who? _____

16. Has your partner ever pretended to be you (through texts or online/ on social media)?

- Yes
- No

17. Have you ever sent your partner private photos/videos of yourself, or does your partner have private photos or videos of you or the two of you?

- Yes
- No

18. If you decide to end the relationship, where can you do this safely (a public location with other people around)?

    _____

19. Who can you call after to talk to?

    _____

_ _

Emergency Phone Numbers

Person 1

Name: _____

Phone Number: _____

Person 2

Name: _____

Phone Number:

_____