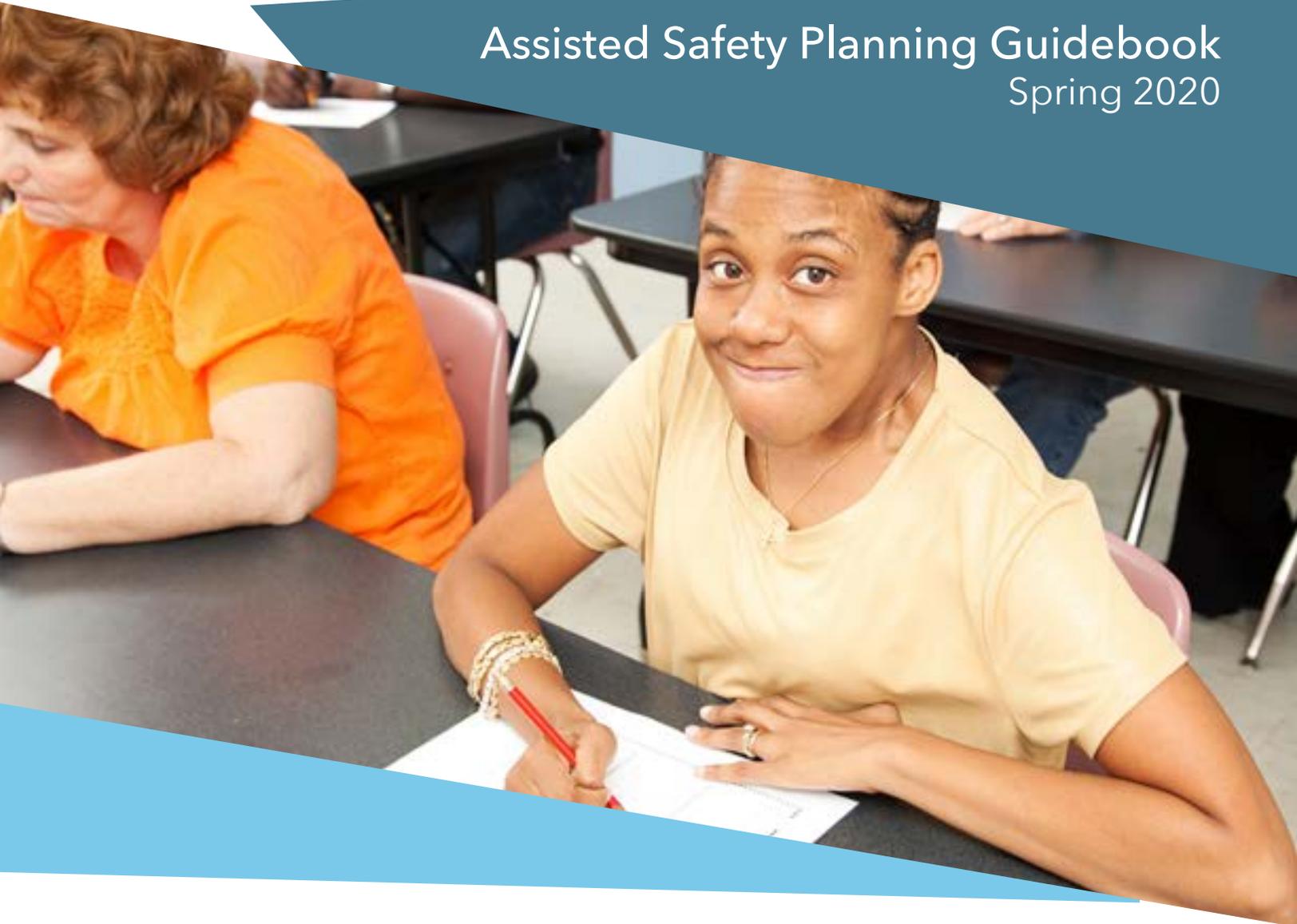


Assisted Safety Planning Guidebook

Spring 2020



**Adult Advocacy
Centers**



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Assisting Someone with a Safety Plan

The Adult Advocacy Centers (AACs) have created this guidebook for advocates to use when helping individuals with disabilities as they create a safety plan. Safety planning is a process that may empower individuals to think through what they could do if they feel unsafe. This process may also be used during a general planning meeting to provide information regarding safety and safety precautions.

If the individual prefers to develop their own safety plan without the assistance of an advocate, they should be provided the AACs' Self-Directed Safety Planning Guidebook.

The AACs developed the steps below to assist the advocate and to ensure that individuals with disabilities feel supported and heard during this process. The person with a disability should always guide the safety planning process, preferably during a face-to-face meeting.

1. Preparation for safety planning

- a. It is preferable that safety planning be conducted face-to-face; however, tele-planning may be used if a face-to-face meeting is not feasible or advisable
- b. The advocate should ensure that the date, time and location of the safety planning meeting is convenient for the individual
- c. Advocates may contact the AACs if assistance is needed regarding accommodation requests or guidance regarding the safety planning process
- d. The advocate should ensure privacy during the safety planning meeting
- e. Prior to the safety planning meeting, the advocate should review the Safety Planning Questions and prepare a list of all local resources needed for the creation of the My Safety Plan

2. Consent to participate in safety planning

- a. The advocate conducting the safety planning meeting should ensure that the individual agrees to participating in the process
- b. The individual should be informed that they may stop the safety planning process at any time and may choose not to answer any questions they don't want to answer
- c. The individual should be informed that their responses will be written on the Safety Planning Questions and My Safety Plan

3. Safety planning process

- a. A blank copy of the Safety Planning Questions and My Safety Plan should be provided to the individual
- b. Using the Safety Plan Form, starting on page 5, the advocate will ask the questions and note the individual's responses using the blank area under each question. The responses can be hand written or typed
- c. Using these responses, the advocate will assist in the creation of an individualized My Safety Plan, located on pages 13-17 of this packet
- d. Two copies of the completed My Safety Plan should be provided to the individual at the conclusion of the safety plan meeting

- e. The advocate should ask the individual if they prefer person-first or identity-first language (person with a disability or disabled person) and should honor that preference throughout the safety planning meeting
- f. The advocate should use words and terms familiar to the individual to make it as easy as possible to understand as much as possible
- g. The individual should be offered frequent breaks
- h. The advocate should use plain language that includes gestures and words the individual understands as much as possible
- i. Questions should be asked respectfully and at a pace, tone, and manner that is comfortable for the individual
- j. Questions on the Safety Plan Form may be modified as needed to facilitate understanding and comprehension
- k. Follow-up questions should be encouraged, as appropriate, by both the individual and the advocate
- l. Depending on individual circumstances, it is possible that only a portion of the Safety Plan Form may be completed
- m. All responses provided by the individual should be recorded on the Safety Planning Questions

4. Conclusion of safety planning

- a. It is very important that the advocate thoroughly complete the individualized My Safety Plan located on pages 13-17
- b. The individual should be given two copies of a completed My Safety Plan
- c. The advocate should retain a copy of the completed Safety Plan Form and completed My Safety Plan
- d. If the individual does not want a copy of their completed My Safety Plan, the advocate should assure the individual that they will keep a copy of their My Safety Plan and the completed Safety Planning Questions, in compliance with the rules of confidentiality provided under HIPAA

Glossary

Some words will come up a lot when an advocate is helping someone write a My Safety Plan. Please read these definitions to the individual to help them better understand the terms:

Advocate: Someone who helps you

Coping Skills: What you do to help yourself when you are in a stressful situation

Privacy: A place you can go where other people can't see or hear you

Safe: When you're not in danger or there is no risk that you will be hurt

Safety: The feeling of being free from danger and not being worried that you will be hurt or injured

Safe Word: A word that alerts others that you are unsafe or need help

Unsafe: When you are in danger or feel that you may be hurt

Safety Planning Questions

The individual you are assisting may not have all the information that is asked for in the response section. That is okay. You can answer what you know and not worry about the rest, or you can find out and add it later. You can change your plan anytime you want to. Remember, this is your plan!

My Family, Friends and Community

What does being safe mean to you? Refer to the definition on page 4, if necessary.

Are there two people you trust? Let's think about their names and how you can contact them.

What is Person 1's name?

What is Person 1's phone number?

What is Person 1's address?

What is Person 1's email address?

When you need to talk to Person 1, which of these ways do you use?

What is Person 2's name?

What is Person 2's phone number?

What is Person 2's address?

What is Person 2's email address?

When you need to talk to Person 2, which of these ways do you use?

Do you have your own phone or a phone you can use?

Does your phone have access to the internet?

What does privacy mean to you? Refer to the definition on page 4, if necessary.

Do you have privacy?

Are you able to use a phone or email when you are alone, or is someone always around when you talk to or email other people?

Does someone listen to your conversation when you call someone? If so, why?

Can you use a phone in your house whenever you want?

Do you contact people in ways other than using the phone? What are those ways?

Do you have a list of important people, their phone numbers and email addresses you can use if you need help?

If so, who is on this list?

Can you call the police or the county board of developmental disabilities if you feel unsafe?

You can always call 911 if you are unsafe and need help right away.

My Home

Where do you live? What is your address?

Who lives with you?

Who is your service provider or the main person who helps you?

Do you have your own bedroom?

If you don't have your own bedroom, who do you share a bedroom with?

Do you feel safe in your home?

Where do you feel safe?

What makes you feel unsafe?

What happens when you feel unsafe?

Things That Help Keep Me Safe

Who are two friends, neighbors or staff who take me places I need to go?

What is Person 1's name?

What is Person 1's phone number?

What is Person 1's address?

What is Person 1's email address?

If you need to talk to Person 1, which of these ways do you use?

What is Person 2's name?

What is Person 2's phone number?

What is Person 2's address?

What is Person 2's email address?

If you need to talk to Person 2, which of these ways do you use?

Do you have a bus pass?

Do you use the bus by yourself or does someone come with you?

What do you do when you feel unsafe?

What do you do when you want to calm down?

What do you do when you feel nervous?

Who are two people you talk to every day?

What is Person 1's name?

What is Person 1's phone number?

What is Person 1's address?

What is Person 1's email address?

If you need to talk to Person 1, which of these ways do you use?

What is Person 2's name?

What is Person 2's phone number?

What is Person 2's address?

What is Person 2's email address?

If you need to talk to Person 2, which of these ways do you use?

Who are two people you talk to every week?

What is Person 1's name?

What is Person 1's phone number?

What is Person 1's address?

What is Person 1's email address?

If you need to talk to Person 1, which of these ways do you use?

What is Person 2's name?

What is Person 2's phone number?

What is Person 2's address?

What is Person 2's email address?

If you need to talk to Person 2, which of these ways do you use?

If you couldn't use the phone or email, what other ways could you get help?

Safe Word

A safe word is a word that you can use to alert others that you need help because you feel unsafe. Using a safe word will allow you to get help without alerting the person that is making you feel unsafe.

Your safe word should be a word that you don't use very often but can easily remember. It should be a word that you're not likely to use by accident.

Because a safe word is an unusual word, using it will alert other people that you need help.

People will not know you are using your safe word unless you tell them what your safe word is and why you are using it.

It is important that you tell at least two people that you trust what your safe word is so they can help you if I feel unsafe.

What is your safe word?

My Safety Plan

What does safety mean to me?

I can call the places or people listed below if I don't feel safe. I can also go to some of these places if I need to. Some of these places are open all the time, and some are only open during the day. The police station is always open. If I am in danger and need help right away - for example, if someone is hitting me - I can call 911.

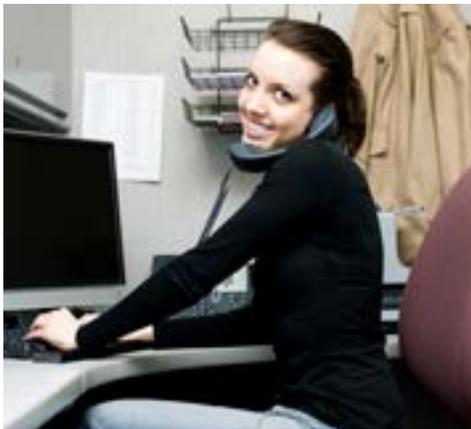
It is important to remember that abuse is never my fault!

Ohio Department of Developmental Disabilities:



24-Hour Reporting Line - 1-866-313-6733

Online Reporting Form - dodd.ohio.gov/wps/portal/gov/dodd/your-family/report-a-concern/report-abuse



My County Board of Developmental Disabilities:

Address:

24-Hour Phone Number:

My Service and Support Administrator's (SSA's) Name:

My SSA's Phone Number:



Two Neighbors, Friends or Family That I Trust:

Person 1's Name:

Person 1's Phone Number:

Person 1's Address:

Person 1's Email Address:

Person 2's Name:

Person 2's Phone Number:

Person 2's Address:

Person 2's Email Address:



Police Station Near My Home:

Address:

24-Hour Non-Emergency Phone Number:

Emergency Phone Number: **911**



Fire Station Near My Home:

Address:

24-Hour Non-Emergency Phone Number:

Emergency Phone Number: **911**



Emergency Shelter Near My Home:

Address:

24-Hour Phone Number:



Local Mental Health Agency in My County:

Address:

Phone Number:

Hours the Office is Open:



Hospital Near My Home:

Address:

24-Hour Non-Emergency Phone Number:

Emergency Phone Number: **911**



Suicide Hotline 24-Hour Number:

Name of Hotline:

24-Hour Phone Number:

24-Hour Text Line:

Three Ways I Can Stay Safe:

Someone I can call or email to be safe:

Somewhere I can go to be safe:

Something else I can do to be safe other than calling someone, emailing someone, or going somewhere:

Things That I Use That Help Keep Me Safe:

These are my cell phone, assistive technology and mobility devices:

Do I have extra batteries?

Do I have extra chargers?

Other Things That Can Help Keep Me Safe:

What I Can Do to Cope When I Am in a Stressful Situation:

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