

## Safety Plan If Thinking About Leaving

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Battered women frequently leave the residence they share with the battering partner. Leaving must be done in a careful plan in order to increase safety. Batterers often strike back when they believe that a battered woman is leaving the relationship.

### I can use some/all of the following safety strategies:

I will leave money and an extra set of keys with \_\_\_\_\_ (person) so I can leave quickly if needed.

I will keep copies of important documents/keys at \_\_\_\_\_ (place).

I will open a savings account by \_\_\_\_\_ (date) to increase my independence. I will keep my records with \_\_\_\_\_ (person) or hidden in \_\_\_\_\_ (place).

I can keep change for phone calls on me at all times. I understand that if I use my telephone credit card, the following month the phone bill will tell my partner those numbers that I called after I left. To keep my telephone communications confidential, I must either use coins, call collect or I might ask a friend to permit me to use their telephone credit card for a limited time when I first leave.

I will check with \_\_\_\_\_ (person) to see who would be able to let me stay with them or lend me money.

I can leave extra clothes with \_\_\_\_\_ (person).

I will review and revise my safety plan every \_\_\_\_\_ (time frame) to make sure I am on track.

I will rehearse my escape plan and practice it with my children.

I will choose the code word \_\_\_\_\_ and tell \_\_\_\_\_ (my children, neighbour/friend, family members) so they will know to call the police if I use that word.

I will be aware of my children's ability to keep information confidential and will be careful to not share or have them overhear information that I do not want other people to know.

This would include information such as \_\_\_\_\_.

When you leave, it is important to take certain items with you.

### When I leave, I should have:

- |  |   |
|--|---|
| <input type="checkbox"/> Identification for myself<br>(SIN, Driver's license, Birth Certificate) | <input type="checkbox"/> Lease/rental agreement papers      |
| <input type="checkbox"/> Children's Birth Certificates/Immunization Records                      | <input type="checkbox"/> Address Book                       |
| <input type="checkbox"/> Healthcare Insurance  | <input type="checkbox"/> Medical records                    |
| <input type="checkbox"/> Immigration papers  | <input type="checkbox"/> Credit cards                       |
| <input type="checkbox"/> Cheque book   | <input type="checkbox"/> Bank books                         |
| <input type="checkbox"/> Money   | <input type="checkbox"/> Insurance papers                   |
| <input type="checkbox"/> Keys to house/car/office  | <input type="checkbox"/> Divorce/separation papers          |
| <input type="checkbox"/> Vehicle registration/insurance  | <input type="checkbox"/> Custody agreement papers           |
| <input type="checkbox"/> Passport  | <input type="checkbox"/> Medication/Prescriptions           |
| <input type="checkbox"/> Mortgage papers   | <input type="checkbox"/> Child's favourite toy/blanket etc. |
|  | <input type="checkbox"/> Items of sentimental value         |

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**TELEPHONE NUMBERS I NEED TO KNOW:**

POLICE 911

PHOENIX SAFE HOUSE (Medicine Hat Women's Shelter Society) 529-1091

Work \_\_\_\_\_

School \_\_\_\_\_

Children's School \_\_\_\_\_

Doctor \_\_\_\_\_

Lawyer \_\_\_\_\_

Others:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I will keep this document in a safe place and out of reach of my potential abuser.

Review date: \_\_\_\_\_