TOOL 6: DEVELOPING SAFETY PLANS WITH SURVIVORS WITH DISABILITIES

A safety plan is a pre-determined course of action when the survivor is in a life-threatening situation. The purpose of safety planning is to find a way to minimize the harm done by the perpetrator to the client by identifying ways to escape, ways to avoid harm, and places they can move to for safety; and to reduce the risk of further harm in the immediate future and identify options and resources.¹

For survivors with disabilities, additionally physical and/or communication barriers may present obstacles in safety planning. Standard plans for survivors to leave certain situations, seek refuge in a safe house, or call for assistance may not work for survivors with certain types of disabilities. Safety plans for survivors with disabilities must be highly individualized and should take into account the following:

▪ The individual’s living situation and ways in which a perpetrator may try to exploit the survivor’s disability to isolate them, prevent them from leaving or further harm them.
▪ How the survivor’s impairment may impact execution of their safety plan and adjust the plan as necessary.
▪ Disability-specific items the person may need if they implement their safety plan, such as medication, assistive devices or equipment, or relevant documentation for health or legal support.²

Persons with disabilities already have many strategies that they use to address physical and communication barriers in their daily lives. Discuss these strategies with them, and how they can be used for safety planning.

<table>
<thead>
<tr>
<th>Standard Safety Plan Question³</th>
<th>Special Considerations for Survivors with Disabilities</th>
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</table>
| Can you go outside the house before the violence starts or send a message asking for help from someone? | If the survivor finds it difficult/impossible to leave without assistance, then discuss with them if they have a trusted support person in or near the home who could assist with helping them to relocate.  
Consider the persons dependence on mobility aids or communication devices. What are their options if these are taken away? Is the place in the home that they can place back-up equipment in the event the abuser has taken the primary aids?  
Explore the different types of communication strategies this person uses. Consider if this person has a visual impairment or an intellectual disability which would make it difficult for them to send a written message – suggest alternative options such as placing a call to a support person using a pre-programmed number on “speed dial” and then hanging up the call after 1-2 rings. Also, consider providing a person with a visual disability |
| **With a mobile phone that is more accessible to them — e.g. with raised buttons and options for pre-programmed speed dial functions.**
Tip: A phone can be tucked in a pocket or the side of a wheelchair. The ringer can be off or on vibrate so that the abuser does not become aware of the phone. Emergency contact numbers can be programmed into speed dial for easier use. |
| Do you have neighbors to talk to about the violence against you that can help you in emergencies? |
| Has the person already tried to identify trusted support people? If not, then during safety planning is a critical time to try to do so. Consider asking - “Who are the people that support you the most? Do you trust any of these people to be part of your plan?” If a trusted support person is identified in close proximity to the home, encourage the person to talk with them in detail about the type of support they may need in an emergency. E.g.; Tell them what assistive devices they may need if they are fleeing the home. Determine if there is someone who can help move or carry the survivor out of the home in the event that an assistive device has been removed, or if the survivor is not able to mobilize on their own. Inform them of essential medications or supplies the survivor may need and where they are stored if they are unable to re-enter the home. |
| Can you develop a specific sign to tell your neighbors that you need help? |
| Consider a plan where the survivor has a code or signal that they use to indicate to a protective caregiver or neighbor that there is an issue in their home. Case workers and survivors will need to exercise creativity to determine what may work in each situation and what is feasible for the individual. Some ideas that have been shared in the past have included:
- Playing a specific song on a phone or radio.
- Placing a pre-determined item on or near the home (cloth of a certain color, a stick) where a trusted neighbor can see it. |
**In the event of violence, can you relocate to a room where you can escape, or nearby people can hear you? Is there a room that may be safer for you (i.e. do not to use kitchens to avoid gas, knives, etc.)?**

Case workers should discuss this question in very specific detail when working with individuals with physical disabilities – assist them to think through step-by-step all of the possibilities they have to relocate in their home – especially if assistive devices are removed.

For example, some people may be able to move by sliding across the floor using their arms – practice the route from different locations in the house to the safe room. If the survivor has difficulty and / or cannot walk without devices, consider setting up the room with chairs, tables and other household items in locations, which they can use when moving from one location to another. Consider the set up in the safe room and outside – Are there obstacles that need to be removed, and / or objects that will assist the individual to move to a safer place.

If a specific strategy is developed, then case workers should encourage the person to practice the strategy, mobilizing with assistive devices to see if it is feasible.

**Are there any weapons in the house? Where? Can you get rid of them or hide them?**

Again, discuss this question with all survivors with disabilities. People with visual impairments, may have someone they trust who can assist them with this step.

**Are there any places you can go to in case of emergency (e.g. relatives, neighbors, safe houses, etc.)?**

Ideally, a mapping should be conducted in advance to identify at least one safe house per region that could accommodate survivors with disabilities. If one is not pre-identified, case workers should start researching safe house options. If there is resistance on behalf of the safe house staff to accept a survivor with a disability, case workers should contact their supervisor to develop an advocacy strategy aimed at raising awareness with safe house staff.

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1 IRC Case Management Training Manual for Lebanon.


3 Questions taken from Lebanon SGBV Task Force Case Management Tools – Annex IV “Safety Plan”.