

Protecting children during COVID-19

Tips for social workers and social welfare practitioners

#6 – Safety Planning

For many survivors of domestic violence, staying home may not be the safest option.

Social workers and social welfare practitioners can help children at risk of violence and adolescent (or adult) survivors by working with them to create a safety plan describing how they can remain safe in the event they decide to leave, as they prepare to leave, when they leave and after they have left.

Here are some key questions to consider when preparing such a safety plan.

Is the child/adolescent survivor isolated at home with their perpetrator due to the lockdown?

Are there any changes in the child/adolescent survivor's risk and protective factors? How can these be integrated into the safety plan?

Does the household have enough food and water and supplies in the house to last at least two weeks?

If medical attention is required, how will the child/adolescent survivor and/or safe caregiver/trusted adult access health services?

If the safe caregiver/trusted adult falls ill due to COVID-19, who else can the child/adolescent survivor turn to for help?

Who can the child/adolescent survivor and/or safe caregiver/trusted adult call for help and how will this be done?

If the child/adolescent survivor and the safe caregiver/trusted adult decide to leave, what documents and items will they need?

Are there any other concerns held by the child/adolescent survivor and/or safe caregiver/trusted adult that have not been discussed?

Next: unpacking the above questions and how to help children plan



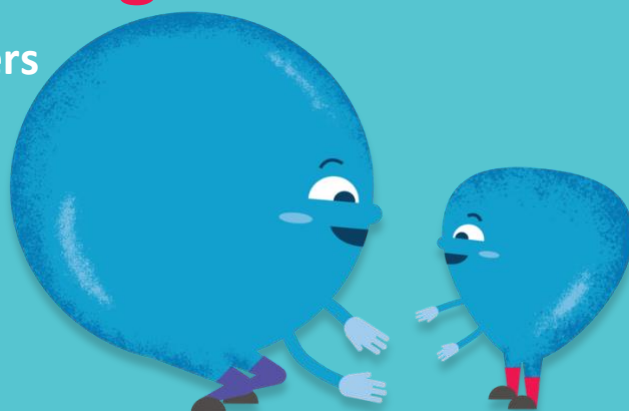
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Thank you for continuing to support children and families in need, even in these difficult times. You are heroes.



Is the child/adolescent survivor isolated at home with their perpetrator due to the lockdown?

If yes:

- Can an alternative safe place be identified where the child/adolescent survivor can stay with their safe caregiver/trusted adult? E.g., other family members, neighbours, safe houses, etc.
- If there is no alternative space, what harm reduction strategies can you equip the child/adolescent survivor and the safe caregiver/trusted adult with? E.g., sleeping next to the safe caregiver/trusted adult and other strategies to not be alone with the perpetrator, identifying the safest room to stay in, thinking through an escape plan, etc.

Are there any changes in the child/adolescent survivor's risk and protective factors? How can these be integrated into the safety plan?

For example, if the perpetrator is someone in the home, the risk to the child/adolescent survivor may increase with lockdown measures; however, protective factors may also increase if other family members will also be at home more often.

Does the household have enough food and water and supplies in the house to last at least two weeks?

If yes, be sure to also discuss how access to these can be ensured to avoid further risk of gender-based violence (GBV).

If medical attention is required, how will the child/adolescent survivor and/or safe caregiver/trusted adult access health services?

Be sure to also discuss what documents and resources they might need to access these services.

If the safe caregiver/trusted adult falls ill due to COVID-19, who else can the child/adolescent survivor turn to for help?

Revisit social safety mapping with the child/adolescent survivor and safe caregiver/trusted adult; consider service providers or community volunteers who may be providing routine services.

Who can the child/adolescent survivor and/or safe caregiver/trusted adult call for help and how will this be done?

If phone is an option, make sure to safely store important numbers using code if needed, and to make sure the phone is charged and has credit. If phone is not an option, discuss how to access help – e.g., running to a neighbour or a nearby shop, signalling for help to other service providers during routine activities (e.g., food distribution, etc.).

If the child/adolescent survivor and the safe caregiver/trusted adult decide to leave, what documents and items will they need?

Make sure these are stored in a safe place that is easily accessible and if possible hidden from the perpetrator.

Are there any other concerns held by the child/adolescent survivor and/or safe caregiver/trusted adult that have not been discussed?

Remember, child/adolescent survivors know their situations best, so give space to discuss any concerns they may have that have not been addressed.



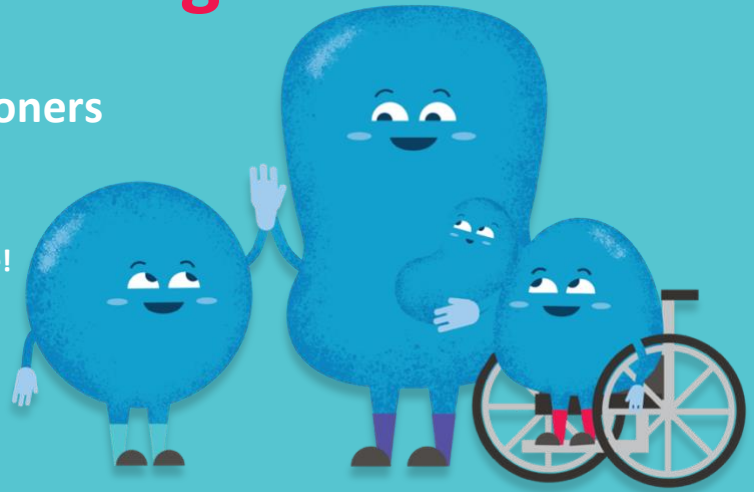
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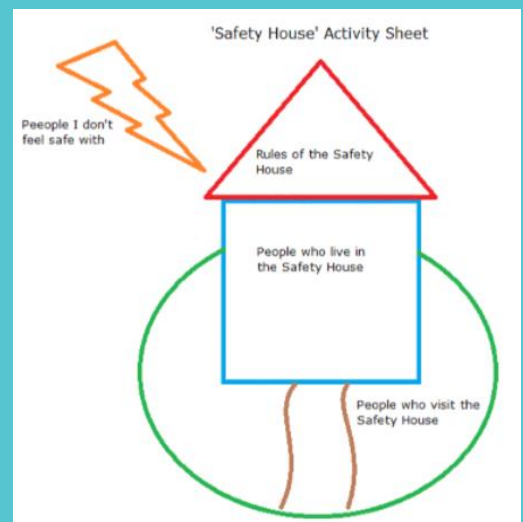


Engaging children in developing a safety plan

For children ages 0-5, safety planning done with the safe caregiver/trusted adult and then explained to the child in a way s/he understands

For children/adolescents ages 6-14, engage the safe caregiver/trusted adult to help the child complete a drawing such as the “**Safety House**” shown to the right to identify who they live with, who visits, and who they don’t feel safe with

For adolescents ages 15-17, discuss the questions directly together with the safe caregiver/trusted adult



Once you have a safety plan, what’s next?

Once questions have been discussed, come up with a simple safety plan with clear steps and review together with the child/adolescent survivor and safe caregiver/ trusted adult until it is memorized (in an age and disability appropriate way)

Check-in on the plan during every monitoring contact. See the TIPS for virtual monitoring (#7) for further guidance on how to ensure monitoring during COVID-19 containment.

For more information see:

- <https://gbvguidelines.org/en/pocketguide/>
- <https://www.thehotline.org/2020/03/13/staying-safe-during-covid-19/>

