**Spring Up Survivor Safety & Self Care Plan**

This resource is to help you be proactive and prepare to care for yourself. It is best to fill out when you are in a positive space and feel cared for and safe. Filling this out can be triggering, it is ok not to know who you have to support you, or where you can go. This can also be a tool to identify spaces for growth and strategy to build more of a support system.

***Identifying support:*** *(can be done in partnership with Podmapping tool)*

**Who would you contact / turn to:**

- help you process or deal with challenging emotions?
- ground, care for yourself and your body?
- have fun and get your mind off things?
- help you explain being a survivor to important people in your life?
- hold you accountable and support you if you harmed someone?
- provide physical security or intervention in case of a physical conflict?
- in case of an emergency or crisis involving the state (police, immigration, hospital, etc)? Is this person or are these people labeled “in case of emergency” in your phone?
- if you are considering self harm or having suicidal thoughts?

Do these people know they are your contact / support for these types of situations?

What space in your home or where you are staying do you feel most comfortable and/or safe?

What friend or family members homes do you feel most comfortable and/or safe in?

What space in or near where you work do you feel most comfortable / safe?

What public space in your neighborhood or city do you feel most comfortable and/or safe?

What medical facility or treatment center do you feel most comfortable or safe going to?

Are there any items you want to have on you whenever you go out?

What is one thing that is extremely important to you and worth living for?

What in general excites you and motivates your life?

What are three things you like about yourself or think you are good at?

What are three affirmations you can say to yourself?

***Recognizing Signs & Self Care:***

| | What are warning signs (thoughts, behaviors, emotions, mood, feelings in your body) that you are beginning to feel: | What practices help you when you are feeling: | What practices do you want to avoid when you are feeling: |
|---|---|---|---|
| anxious or stressed | | | |
| sad or depressed | | | |
| angry or frustrated | | | |
| reactive or ungrounded | | | |
| lonely or unsupported | | | |
| burnt out or overworked | | | |

***Boundary Mapping:***
Often it only takes a small push from the outside and we do most of the coercion and pressuring ourselves. Internal boundaries include self discipline, time management, impulses and compulsions, negative self talk, doing things you don't have or want to do, overdoing and not getting rest / recreation / food. Working on internal boundaries makes it much easier to assert your boundaries with someone else.
**What are internal scripts / things you tell yourself that cause you to violate your own boundaries or do things you don't want to do when it comes to:**

- Work or income?

- family of origin needs?

- chosen family needs?

- friend's needs?

Physical Boundaries: What is your personal space, and what of yours is private? What of your space are you willing to share, with whom and under what circumstances?

| YES | MAYBE | NO |
|---|---|---|
| | | |

Mental Boundaries: What are your immovable values and beliefs? What information about you is personal, private, or public? Which opinions, ideologies, attitudes, or beliefs are you unwilling to entertain or listen to?

| YES | MAYBE | NO |
|---|---|---|
| | | |

Emotional Boundaries: Healthy emotional boundaries prevent you from projecting, blaming others, accepting blame that is not your own, and burn out. What types of emotional support are you and aren't you willing to provide? Are there situations you are not willing to respond to?

| YES | MAYBE | NO |
|---|---|---|
| | | |

Sexual Boundaries: Which types of touch and sexual activity are you and aren't you willing to try and with whom? Think of what, where, when, and under what conditions.

| YES | MAYBE | NO |
|---|---|---|
| | | |

Boundaries with the person who caused you harm: What kinds of communication, or future interaction are you open to, seeking, or uncomfortable with?

| YES | MAYBE | NO |
|---|---|---|
| | | |

Identity Boundaries: Which parts of your identity do you share with whom? Which people or communities do you want to know about your invisible identities including your survivorship? Which people or communities would you not?

| YES | MAYBE | NO |
|---|---|---|
| | | |

Spiritual Boundaries: depending on your spiritual practices- up to you to discern how to fill out this section.

| YES | MAYBE | NO |
|---|---|---|
| | | |