Safety Plan

| SARC/SAPR VA/FR Begin Safety Plan | Discuss with victim that safety planning is an ongoing process. Over time, new concerns may arise that require adjusting and modifying the Safety Plan SARC/SAPR VA can be contacted anytime if safety concerns arise Inform victim that this document and related information will not be kept with the case records Work with victim to complete a hard copy of the <i>Sexual Assault Safety Plan Worksheet</i> Ensure all sections are accurate and complete Provide resource education following completion Ensure the victim leaves with a completed hard copy of the <i>Sexual Assault Safety Plan Worksheet</i> Do not retain victim's <i>Sexual Assault Safety Plan Worksheet</i> in the case records | |
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| Who can help me and where can I go in case of an emergency? | The following are the names and contact information of people and places I can trust and can contact when I need social support or in the event of an emergency: SARC/SAPR VA Special Victims' Counsel (SVC)/Victims' Legal Counsel (VLC): Friends: Family: Command: 911/Military Police: Domestic Violence: IG: | |
| \vee | | |
| What to do if I encounter the accused? | I will say the following: I will do this to get away: If I am at work, I will: If I am driving, I will: If I am walking/running, I will: If I am home, I will: | |
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| ↓ How can I stay safe when I go out? (Public Safety) | I will not go here because the accused frequents this place: I will avoid unplanned interactions with the accused by: I will let this trusted person know when I arrive at places: I will carry this device (e.g., horn, whistle, etc, as permitted): | |
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| How can I keep safe in my home? (Barracks/Quarters/ Home Safety) | I will make these changes to my home to make it safer (e.g., adding lighting and/or locks): I trust this neighbor and can contact this individual when I need social support or in the event of an emergency (Name, Phone Number, & Address of Neighbor): | |
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| How can I keep safe at work/school? (Work/School Safety) | This friend/security escort is available to me to/from my vehicle/public transportation when I am at work/school (Name & Phone Number): I will make these modifications to ensure my workspace is a secure location (e.g., discuss with leadership, lock office): I will make these adjustments to my work/school schedule to improve my safety (e.g., discuss with leadership schedule changes; change course times): | |
| | \checkmark | |
| | Continue on next page of Safety Plan | |

Safety Plan, cont.

| What to do if I begin to experience negative emotions/feelings about | If I begin to re-experience the event, I will: If I have thoughts of harming myself, I will: | |
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| the assault? | If I have thoughts of harming others, I will: G | |
| V | | |
| 3) Military Crisis Line, <u>militarycrisisline</u> Crisis Resources: National Sexual Violence Resource C <u>MaleSurvivor.org</u> | 877-995-5247 <u>thehotline.org;</u> 800-799-7233 (TDD: 800-787-3224) <u>net;</u> 800-273-8255 (press 1) enter, <u>nsvrc.org</u> ; 877-739-3895 or 717-909-0710 | |
| 3) Office for Victims of Crime, <u>www.ov</u> | <u>c.gov</u> H | |
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| insurance papers, birth certificates, j Schedule follow-up/check-ins with v or HCP can check in with victim/pati | ortance of keeping this safety plan and other important documents (e.g., driver's license, bassports, etc.) in a safe and secure place ictim/patient prior to victim/patient leaving. At these appointments, the SARC/SAPR VA ent and determine if updates to the Safety Plan are necessary | |

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- Ensure victim leaves with a hard copy of the Safety Plan
- Ensure victim has copy of "Sexual Assault Health Care Support" pamphlet