

**Purpose:** The Safety Assessment Tool has been developed to assist Equal Opportunity Advisors (EOAs) assess the safety of a complainant who has alleged prohibited activity and conduct outlined in the Marine Corps Order 5354.1G or most current version. This tool will help the EOAs to determine the level of safety and assist in implementing appropriate interventions to help mitigate risk. The Safety Assessment Tool shall be completed by an EOA during the following events: initial contact with the complainant, when the safety concern escalates, when a new safety concern is identified, when the complainant makes a report of retaliation for sexual harassment, and when the complainant requests a military or civilian protective order.

The Safety Planning Worksheet has been developed to be completed by the EOA and the complainant once the level of safety and risk has been determined. This worksheet allows the complainant to develop a personal safety plan to ensure their physical and emotional safety from the initial crisis period throughout the recovery process. The worksheet includes physical, mental, technology, housing/workplace/schooling, community, and transportation safety. Dependent on the reporting option, the complainant may not be afforded all the protections provided.

*EOAs will educate the complainant regarding the purpose of the Safety Assessment Tool and the Safety Planning Worksheet, and provide guidance as needed, with, exceptions to confidentiality and participation rights.*

**Part 1** - Safety Assessment Tool: assists the EOA determine the level of safety and risk of the complainant.

Confirm the following:

- Does the complainant understand the protections afforded under their elected option?
- Formal and Informal Reports: command support, military/civilian protective order, investigation and retaliation referral to Inspector General (IG).
- Anonymous Reports and Confidential Reporting for Sexual Harassment: no command/law enforcement involvement, no military/civilian protective order, no retaliation referral.

EOA shall complete the following:

- Safety Assessment Tool regardless of reporting option..
- Store the Safety Assessment Tool with the NAVMC 11512. Any safety concerns identified will be turned over to the command for action. If there is an imminent danger/threat, then EOA will notify law enforcement/911 and command.

**Part 2** - Safety Planning Worksheet: completed by the complainant with assistance from the EOA.

The EOA shall:

- Help the complainant create a tailored personal safety plan that highlights physical, emotional, technology, housing/school/workplace, community and transportation safety concerns.
- Discuss each point with the complainant and address any concerns the complainant may have. Notify your Supervisory EOA if the individual is unable or declines to complete the Safety Planning Worksheet.
- Provide a copy of the Safety Planning Worksheet to the complainant to reference as needed.

**Part 3 – Safety Concerns:** if a safety concern is identified, ensure to provide the command a copy of the Safety Assessment Tool to act and monitor the safety concern.

# Safety Assessment Tool

**Section 1 CSSRS tool:** Answering “yes” to any of the following questions may require action to include an entry into CIRRAS and briefed at the Force Preservation Council.

1. Have you wished you were dead? <i>e.g. I wish that I could go to sleep and not wake up</i>	
2. Have you had any thoughts about killing yourself? <i>e.g. I have thought about ending it all</i>	
If YES to question 2, move to questions 3-6. If NO go to question 2, go directly to question 6.	
3. Have you thought about how you might do this? <i>e.g. I have thought about using a weapons</i>	
4. Have you had any intentions of acting on these thoughts? <i>e.g. I see no other way out</i>	
5. Have you started to work out or worked out the details of how to kill yourself? Do you intended to carry out this plan? <i>e.g. I plan on using my pistol next week</i>	
6. Have you done anything, started to do anything, or prepared to do anything to end your life? <i>e.g. Collected pills, cut yourself, gave away valuables, wrote a suicide note, etc.</i>	Yes
If YES: Has this been in the past three months?	No
<p>Service Member Level of Risk on Section 1 CSSRS tool:</p> <p>High Risk</p> <p>Medium Risk</p> <p>Low Risk</p>	
<p><b>High Risk</b> Defined as: Suicidal Ideation within the last 30 days with plan and intent. Planning to act within the very near future (24 to 48 hours). Inability to demonstrate confidence in keeping themselves safe.</p> <p>It will be important to ask if the client is currently engaged in services before sending them to the ER. It may be more appropriate to connect them with their current provider unless there is immediate and imminent danger, such as inability to keep themselves safe</p> <p><b>Safety Planning:</b> Facilitate transportation to immediate care and follow duty to want protocol</p> <ul style="list-style-type: none"> <li>-Emergency room, hospital</li> <li>-Crisis Center</li> <li>-Same-day behavioral health</li> <li>-Military Treatment Facilities</li> <li>-Inform Command</li> </ul>	

-Warm-Transfer to crisis line (e.g., Military Crisis Line - 988) Do not chase after the person if they leave. Contact local authorities. If it appears that this person is in a high state of crisis, please ensure that they receive emergency intervention.

**Medium Risk** Defined as: Suicidal ideation with plan the past 30 days. No intent stated or plan to act within the very near future (24 – 48 hours). Confident in staying safe.

**Safety Planning:** Provide empathetic and reflective listening, complete safety planning worksheet and identify coping strategies, offer to assist getting the person the needed resources i.e.) Provide a warm hand-off whenever possible if the client is willing to immediately engage with services, provide education and resources (e.g., 988).

**Low Risk** Defined as: Suicidal ideation with no plan or intent the past 30 days. Confident in staying safe.

**Safety Planning:** Provide empathetic and reflective listening, complete safety planning worksheet and identify coping strategies, Provide education and resources (e.g., 988).

#### **Off Installation Resources:**

DoD Safe Helpline, safehelpline.org;  
National Domestic Violence Hotline, thehotline.org;  
Military Crisis Line, militarycrisisline.net;  
Suicide Crisis Line: Dial  
National Sexual Violence Resource Center, nsvrc.org;  
MaleSurvivor.org

#### **On Installation Resources:**

Contact Community Counseling Center  
Marine Intercept Program (MIP)  
Medical Treatment Facility  
Chaplain  
MFLC  
Consider scheduling follow-up appt. with:  
Behavioral Health and/or Primary Care Physician. Provide a warm hand-off whenever possible.  
Installation Sexual Assault 24/7 Helpline:

**Section 2: Physical Safety.** A yes to any of the questions may require an entry into CIRRAS and briefed at the Force Preservation Council.

1. Did the subject use a weapon before, during, or after the incident?	
2. Did the subject threaten you with a weapon before, during, or after the incident?	
3. Has the subject stalked or is currently stalking you?	
4. Does the subject have a history of law enforcement involvement regarding domestic abuse, assault, or other criminal behavior?	
5. Is there a history of drug or alcohol abuse by either the complainant or subject?	complainant
	subject
6. Does the subject exhibit erratic or obsessive behavior, rage, agitation, or instability?	
7. Is there a history of drug or alcohol abuse by either the complainant or subject?	complainant
	subject
8. Are you in need of medical attention?	

9. Have you been sexually assaulted? If yes, have you reported your sexual assault? If no, would you like me to do a warm hand off to SAPR so that they can assist you with reporting options and services?	
<p>Safety Plan: Provide the Safety Planning Worksheet with the following information of people and places the complainant can contact when in need of social support or in the event of an emergency:</p> <p>SARC/SAPR VA*</p> <p>Special Victims' Counsel (SVC)/Victims' Legal Counsel (VLC)*:</p> <p>Friends:</p> <p>Family:</p> <p>Command:</p> <p>911/Military Police:</p> <p>Domestic Violence:</p> <p>IG</p> <p>* Under certain circumstance</p>	
<p><b>Section 3: Home Safety.</b> A yes to any of the questions may require an entry into CIRRAS and briefed at the Force Preservation Council.</p>	
1. Do you feel safe in the barracks/quarters/home?	
2. Does the subject know where you live? Do they live in the same barracks/complex?	
3. Do you have a system of checking-in with a trusted friend or family member before and after leaving your barracks/quarters/home/work?	
4. Are there children at home?	
5. Are you and the subject in a dating relationship? If so, has there ever been any type of mental or physical abuse?	
6. Do you and/or the subject have access to any weapons? If yes, who:	
<p>Safety Plan: Help the complainant come up with changes to make their home safer (e.g., adding lighting and/or locks) and names of neighbor(s)/friends who they can contact when in need of social support or in the event of an emergency. Have the complainant annotate on the Safety Planning Worksheet.</p>	
<p><b>Section 4: Public Safety.</b> A yes to any of the questions may require an entry into CIRRAS and briefed at the Force Preservation Council.</p>	
1. Do you feel safe in public?	
2. Does the subject frequent places that you go to?	
<p>Safety Plan: Help the complainant come up with answers to the following and have the complainant annotate on the Safety Planning Worksheet.</p> <p>I will not go here because the accused frequents this place:</p> <p>I will avoid unplanned interactions with the accused by:</p> <p>I will let this trusted person know when I arrive at places:</p> <p>I will carry this device (e.g., horn, whistle, etc., as permit</p> <p>If I encounter the alleged offender in public I will:</p> <p>I will do this to get away:</p> <p>If I am driving, I will:</p> <p>If I am walking/running, I will:</p>	
<p><b>Section 5: Work /School Safety.</b> A yes to any of the questions may require an entry into CIRRAS and briefed at the Force Preservation Council.</p>	

1. Do you feel safe at work?		
2. Does the subject know where you work? Does the alleged offender work with you?		
3. Does your leadership know about the incident? Do you trust your leadership?		
4. Have you experienced any negative responses from the command since you filed a PAC complaint?		
<p>Safety Plan: Help the complainant come up with answers to the following and have the complainant annotate on the Safety Planning Worksheet.</p> <p>This friend/security escort is available to me to/from my vehicle/public transportation when I am at work/school</p> <p>I will make these modifications to ensure my workspace is a secure location</p> <p>I will make these adjustments to my work/school schedule to improve my safety</p>		
<p><b>Section 6: Internet Safety.</b> A yes to any of the questions may require an entry into CIRRAS and briefed at the Force Preservation Council.</p>		
1. Has the subject contacted you using social media? Or posted information about you?		
2. Has the subject contacted you via social media? Does the subject have access to your social media accounts?		
3. Has the subject's friend or family members contacted via social media?		
<p>Safety Plan: Help the complainant come up with answers to the following and have the complainant annotate on the Safety Planning Worksheet.</p> <p>Deleting social media and blocking electronic communication with those involved within the incident.</p>		

# Safety Planning Worksheet

Safety Planning Worksheet for \_\_\_\_\_

Emergency Contact(s):

Indicators or presence of stressors that may signal that a safety plan would be helpful:

Healthy stress mitigation strategies:

People I can contact to ask for help:

Professional or agencies that can help me during a crisis:

Off Installation Resources:

DoD Safe Helpline, [safehelpline.org](http://safehelpline.org); 877-995-5247

National Domestic Violence Hotline, [thehotline.org](http://thehotline.org); 800-799-7233 (TDD: 800-787-3224)

Military Crisis Line, [www.veteranscrisisline.net/get-help-now/military-crisis-line](http://www.veteranscrisisline.net/get-help-now/military-crisis-line), dial 988 then press 1 or text 838255

National Sexual Violence Resource Center, [nsvrc.org](http://nsvrc.org); 877-739-3895 or 717-909-0710

MaleSurvivor.org

On Installation Resources:

Contact Community Counseling Center:

Marine Intercept Program:

Medical Treatment Facility:

Chaplain:

MFLC:

Consider scheduling follow-up appt. with:

Behavioral Health and/or Primary Care Physician. Provide a warm hand-off whenever possible.

Installation Sexual Assault 24/7 Helpline:

Additional resources: \_\_\_\_\_

\* Under certain circumstance

Home Safety. A yes to any of the questions may require an entry into CIRRAS and briefed at the Force Preservation Council.

Making my environment safe (adding safety features, plans for removing or limiting access to lethal means):

#### FIREARMS

Remember that temporarily storing firearms outside of the household is the safest option.

People who can hold my firearms temporarily:

Facility that can hold my firearms temporarily:

If person or facility are not available, how will I temporarily store or lock my firearm(s)?

Check all that apply.

Store in a gun safe or lock box.

Remove a component of the weapon/firearm.

Use gun locks and provide key or combination to someone I trust.

Have someone you trust change the combination or key.

Remove ammunition or store it separately.

#### MEDICATION

Check all that apply.

I will store my medication \_\_\_\_\_.

I will dispose of medication that is no longer required or is expired at: \_\_\_\_\_

I will have my support/family member \_\_\_\_\_ hand me my medication.

#### ALCOHOL

Alcohol can increase the chance of high-risk behavior. Keeping only small quantities or removing alcohol from the home can decrease risk. What will I do regarding alcohol in my home?

Remove all alcohol from my home.

Lock up any alcohol that is in my home.

Keep only small quantities of alcohol in my home.

#### OTHER LETHAL MEANS (e.g., hanging)

Are there other means that could be harmful to me that I need to consider? How do I plan to limit my access to those means?

#### SELF DEFENSE AND PROTECTING MY HOME

Who can I rely on to assist me in case I need to protect my home?

Means I can use to protect my home, aside from firearms, that will not increase risk of suicide in my household (e.g., baton, baseball bat, pepper spray, safety system):

#### Public Safety

I will not go here because the subject frequents this place:

I will avoid unplanned interactions with the subject by:

I will let this trusted person know when I arrive at places:

I will carry this device (e.g., horn, whistle, etc., as permit

If I encounter the subject in public I will:

I will do this to get away:

If I am driving, I will:

If I am walking/running, I will:

#### 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 time:

#### Internet Safety (Screenshot all postings and/or communications, if unable to screenshot annotate in a log)

I can block the subject from all social media

If I find postings about me or that involve this complaint, I can report it to my chain of command and/or law enforcement.

If any of the subject's family or friends reach out to me on social media, I can block them.

If the subject has access to my social media accounts, I can change the password or get a new account.