

MY PERSONAL PROTECTION PLAN

YOUR SAFETY. YOUR CIRCUMSTANCES. YOUR PLAN.

This workbook is designed to help you create a practical Personal Protection Plan based on your individual needs, responsibilities, and circumstances.

There are no perfect answers, and no single plan works for everyone. Take your time, consider your options, and focus on realistic steps that can help you prepare for unexpected situations.

Your plan should change as your life changes. Review it regularly, update it when necessary, and keep it somewhere appropriate for your circumstances.

Important: Your workbook may contain sensitive personal information. Store it securely. If you are experiencing domestic violence, stalking, or coercive control, consider working with a qualified advocate to develop a personalized safety plan before documenting information that someone else might discover.

MY STARTING POINT

Name (optional):

Date:

Review date:

My top safety priorities:

Personal considerations (children, pets, health, mobility, or responsibilities):

One realistic step I can take first:

MY DAILY LIFE & ENVIRONMENTS

Consider the places you use most and the options available to you.

HOME

Safety concerns, helpful resources, and people nearby:

Available exits and a backup way out:

WORK, SCHOOL, OR OTHER REGULAR LOCATIONS

Location and any concerns I want to address:

Exits, staffed areas, and people I can ask for help:

DAILY ROUTINES

Regular routes, times, and situations that need extra planning:

Changes or alternatives that could give me more options:

MY EMERGENCY CONTACTS

Choose trusted people and agree on how you will communicate.

MY TRUSTED CONTACTS

Contact 1 - name / relationship:

Phone / alternate contact method:

Contact 2 - name / relationship:

Phone / alternate contact method:

Contact 3 - name / relationship:

Phone / alternate contact method:

MY COMMUNICATION PLAN

Backup contact if my first choice is unavailable:

Check-in person, timing, and agreed steps if I miss a check-in:

If my phone is lost, uncharged, or unavailable, I can:

Immediate danger: contact local emergency services when safe to do so.

MY TRANSPORTATION & SAFE LOCATIONS

Identify realistic travel options and destinations before you need them.

MY BACKUP TRANSPORTATION PLAN

Primary transportation:

Alternative transportation / person I can call:

If my vehicle is unavailable, I can:

Alternate route and any access, cost, or mobility considerations:

MY SAFE LOCATIONS

Location 1 - name and address or directions:

When it is accessible / who can help there:

Location 2 - name and address or directions:

When it is accessible / who can help there:

Agreed meeting location and backup meeting location:

MY BOUNDARIES & PERSONAL SAFETY

Plan responses that fit your circumstances. Prioritize your ability to leave and seek help.

RECOGNIZE AND RESPOND

Behaviors or situations that concern me:

Boundary statements I feel comfortable using:

DISENGAGE AND SEEK HELP

Ways I can end an interaction or leave:

People, staffed places, or services I can turn to:

If stating a boundary feels unsafe, other options I can use:

MY EMERGENCY PREPAREDNESS

Choose supplies for your needs. Check expiration dates and update items regularly.

MY GO BAG CHECKLIST

- | | |
|--|---|
| ☐ Important documents / copies | ☐ Emergency cash / access to funds |
| ☐ Medications / medical information | ☐ Phone charger / backup power |
| ☐ Water and practical food supplies | ☐ Basic first aid supplies |
| ☐ Keys and essential contact details | ☐ Clothing / hygiene supplies |
| ☐ Supplies for children or dependents | ☐ Pet supplies / carrier or leash |
| ☐ Accessibility or mobility supplies | ☐ Other personal essentials |

Medications, quantities, and refill needs:

Documents and supplies I still need to gather:

Plans for children, dependents, or pets:

Where I will keep supplies / next date to check them:

MY PHYSICAL SAFETY & ESCAPE OPTIONS

Think about your abilities, your surroundings, and opportunities to move toward safety.

MY PHYSICAL CONSIDERATIONS

Capabilities, limitations, health needs, or mobility considerations:

Support or equipment I may need to move safely:

DISTANCE, ESCAPE, AND SUPPORT

Ways to create distance or move toward an exit or staffed area:

What could make leaving difficult, and what alternatives could help:

Self defense training, practice, or other skills I want to develop:

MY PLAN IN ACTION

Choose three everyday situations. Write a realistic first step and a backup option.

SCENARIO 1

For example: my usual ride is unavailable.

My situation:

First action / who or what can help / backup option:

SCENARIO 2

For example: someone ignores my boundaries.

My situation:

First action / who or what can help / backup option:

SCENARIO 3

For example: I need to leave a location quickly.

My situation:

First action / who or what can help / backup option:

MY PLAN REVIEW CHECKLIST

- ☐ My contacts and communication plan are current.
- ☐ My travel options and safe locations are realistic.
- ☐ My supplies and personal needs are up to date.
- ☐ I have chosen a secure place to keep this workbook.

Next review date: _____ First step: _____