

# D·PREP

SAFETY DIVISION



# Overview of Violence/Risk Threat Concepts





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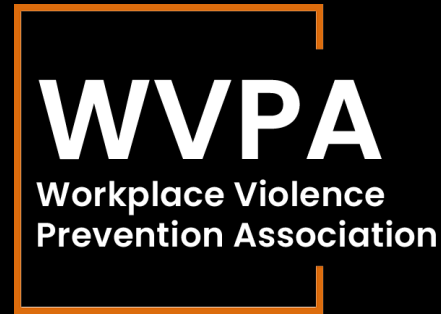
**Dr. Brian Van Brunt**

Behavioral Threat  
Mental Illness  
DEI-B and Bias  
TVRA & CPTED  
Title IX/VI  
Incel and Extremist Violence

brian@dprep.com



**InterACTT**  
— INTERNATIONAL ALLIANCE —  
FOR CARE AND THREAT TEAMS

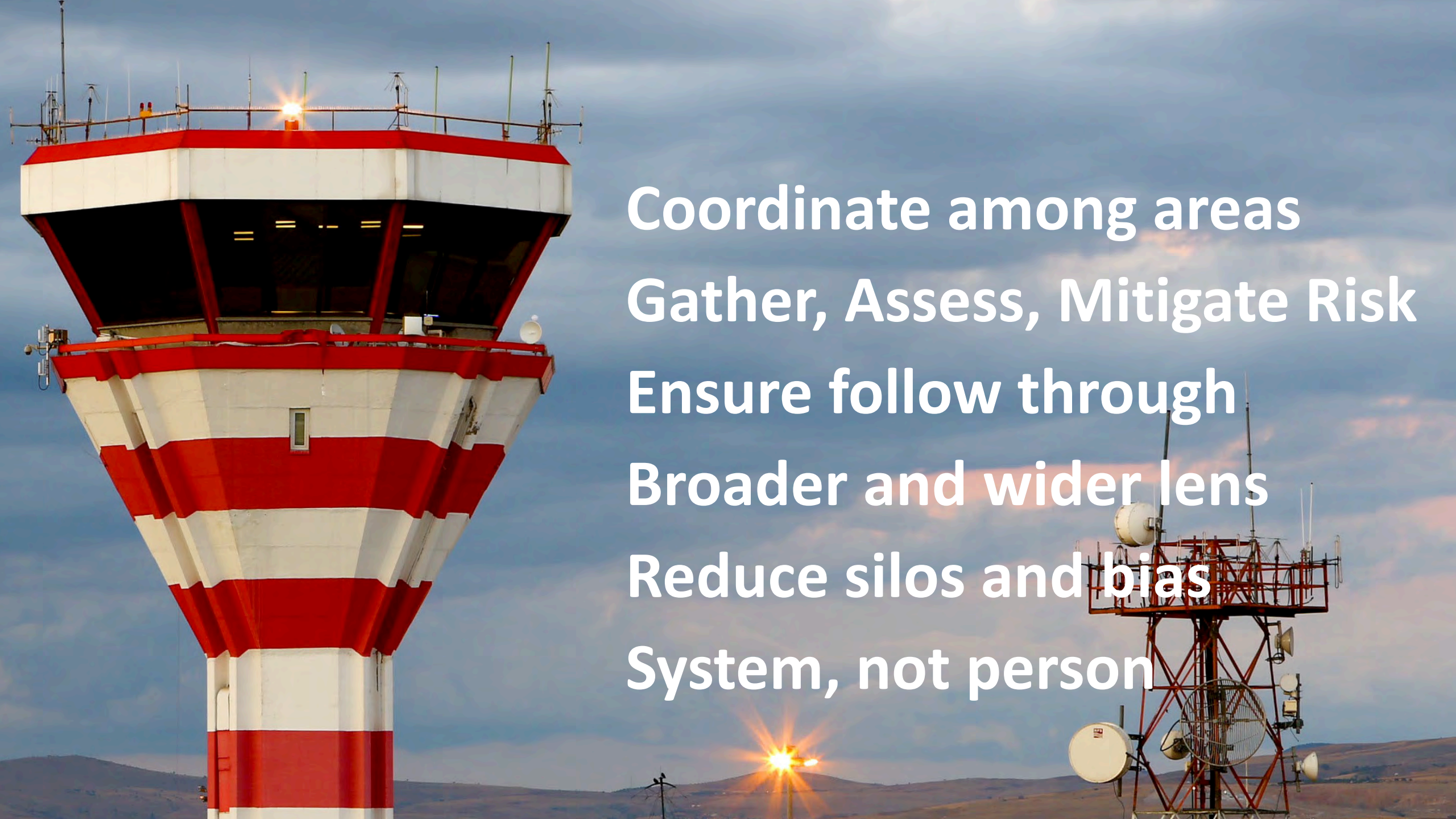


**Christopher Usher**

Marine  
Diplomatic Security  
TVRA & CPTED  
Conflict Resolution  
Threat Assessment  
Security Management

chrisu@dpresafety.com

**TRAINING OUTPOST**



Coordinate among areas  
Gather, Assess, Mitigate Risk  
Ensure follow through  
Broader and wider lens  
Reduce silos and bias  
System, not person



## DEFINITIONS



**Gather Data**

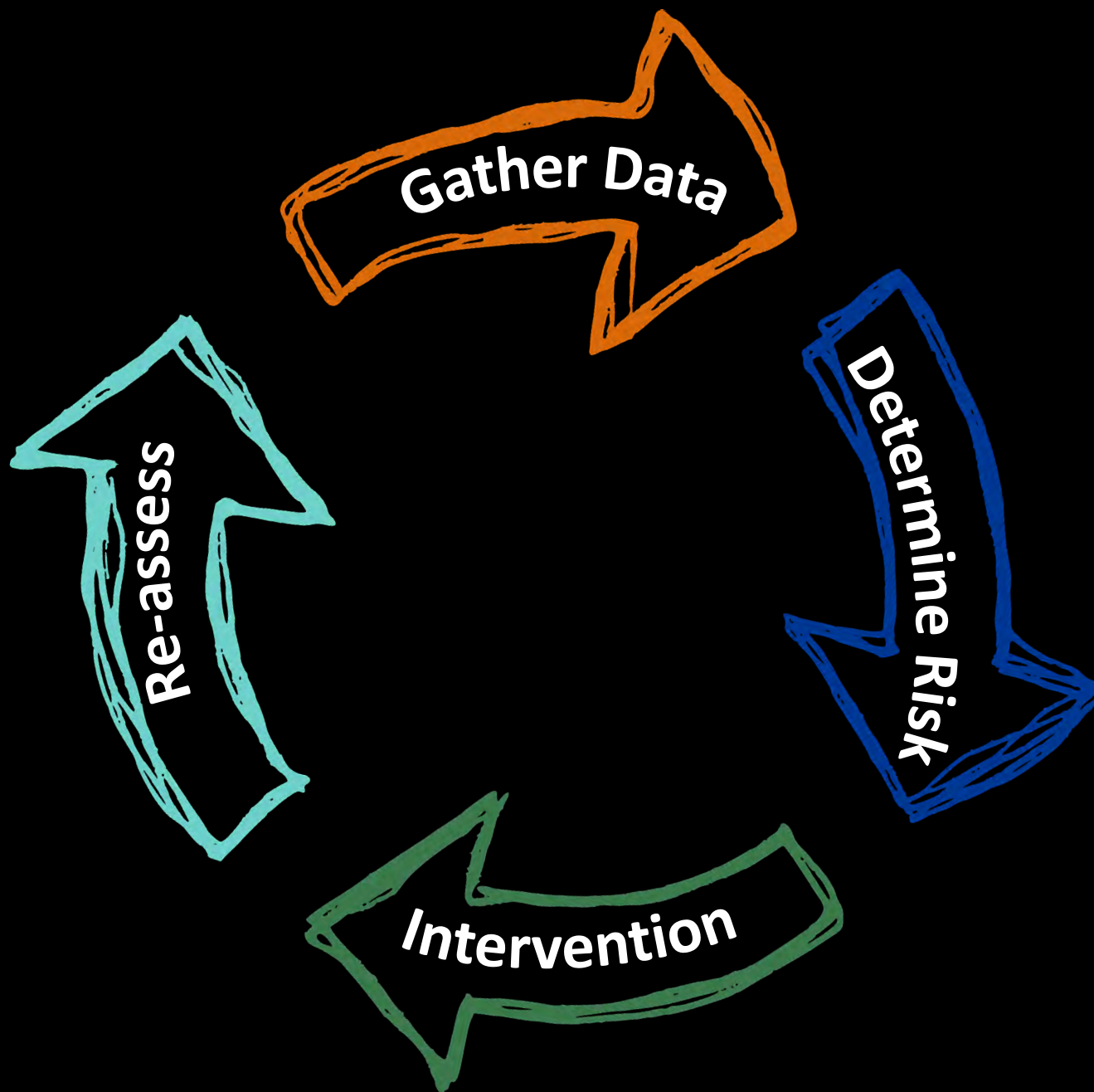


**Determine Risk**



**Intervention**

## DEFINITIONS







**Sensitive Content Warning**









**ALERRT**  
TEXAS STATE UNIVERSITY

It's simple.

It's effective.

Don't sensationalize the names of the shooters in briefings – or in reporting about active attack events.

It is journalistically routine to name the killer. It's public record and it is important to use their names and likenesses to apprehend them and bring them to justice. However, once they are captured, it's really no longer a part of the story, other than to create a call to action for a like-minded killer to take their place and then to move on to the next incident.



# Agenda: Part I

- ✓ Types of Assessments
- ✓ Affective & Targeted Violence
- ✓ Transient & Substantive Threats
- ✓ Hunting & Howling
- ✓ Bark vs. Bite
- ✓ The Elephant
- ✓ Pathways System
- ✓ Pathways Cases

New Orleans, Louisiana





CASE  
PROCESSING



Level of Risk

**VIOLENCE RISK**

**TRIAGE**

**THREAT**

**PSYCHOLOGICAL**

CASE  
PROCESSING



**VIOLENCE RISK**

**TRIAGE**

**PSYCHOLOGICAL**

**THREAT**



Istanbul, Turkey

Psychological Assessment  
Triage Assessment  
Violence Risk Assessment  
Threat Assessment

Threat Vulnerability Risk  
Assessment (TVRA)

Crime Prevention Through  
Environmental Design (CPTED)



# A Guide to Terminology in Risk/Threat Analysis

	<b>Triage* Assessment</b>	<b>Threat Assessment</b>	<b>Violence Risk Assessment</b>	<b>Individualized Safety/Risk Analysis</b>	<b>Mental Health Psych Assessment</b>
<b>When Given:</b>	At first sign of concern to obtain a baseline	When a verbal or written threat occurs	To assess risk to self or others with or without a threat	Required by Title IX regs to emergency remove a respondent in a Title IX matter	To access inpatient care, diagnosis or clarify treatment
<b>Given By:</b>	Counselors, health educators	Counselors, BIT/Care team, law enforcement, private security	Counselors, BIT/Care team, law enforcement, private security	Title IX Coord in consultation with BIT/CARE team	Counselors, social workers, LE psychologists
<b>What it Does:</b>	Helps prioritize and direct care to ensure the risk is addressed	Determines likelihood of a threat being carried out	Determines level of risk in a broad sense with or without a threat	Ensures decision to remove respondent from campus is objective and factual	Voluntary/mandated inpatient admission, diagnostics
<b>Examples:</b>	Pathways, NABITA Risk Rubric, CCAPS	DarkFox, SIVRA-35, HCR-20, WAVR-21, ATAP	DarkFox, SIVRA-35, HCR-20, WAVR-21, ATAP	DarkFox, SIVRA-35, HCR-20, WAVR-21, ATAP	General diagnostic interview, MMPI-2, WAIS, PAR

\* Triage refers to the initial assessment of threat and violence risk in a broad sense. While triage is also used as a process to determine next steps in a Title IX matter, triage is also a common term in risk/threat, law enforcement, trauma medicine, and psychology.

# Psychological Assessment







Psychological  
Assessment

# Psychological Assessment

Assessing the correct diagnosis and narrowing the cause of behaviors

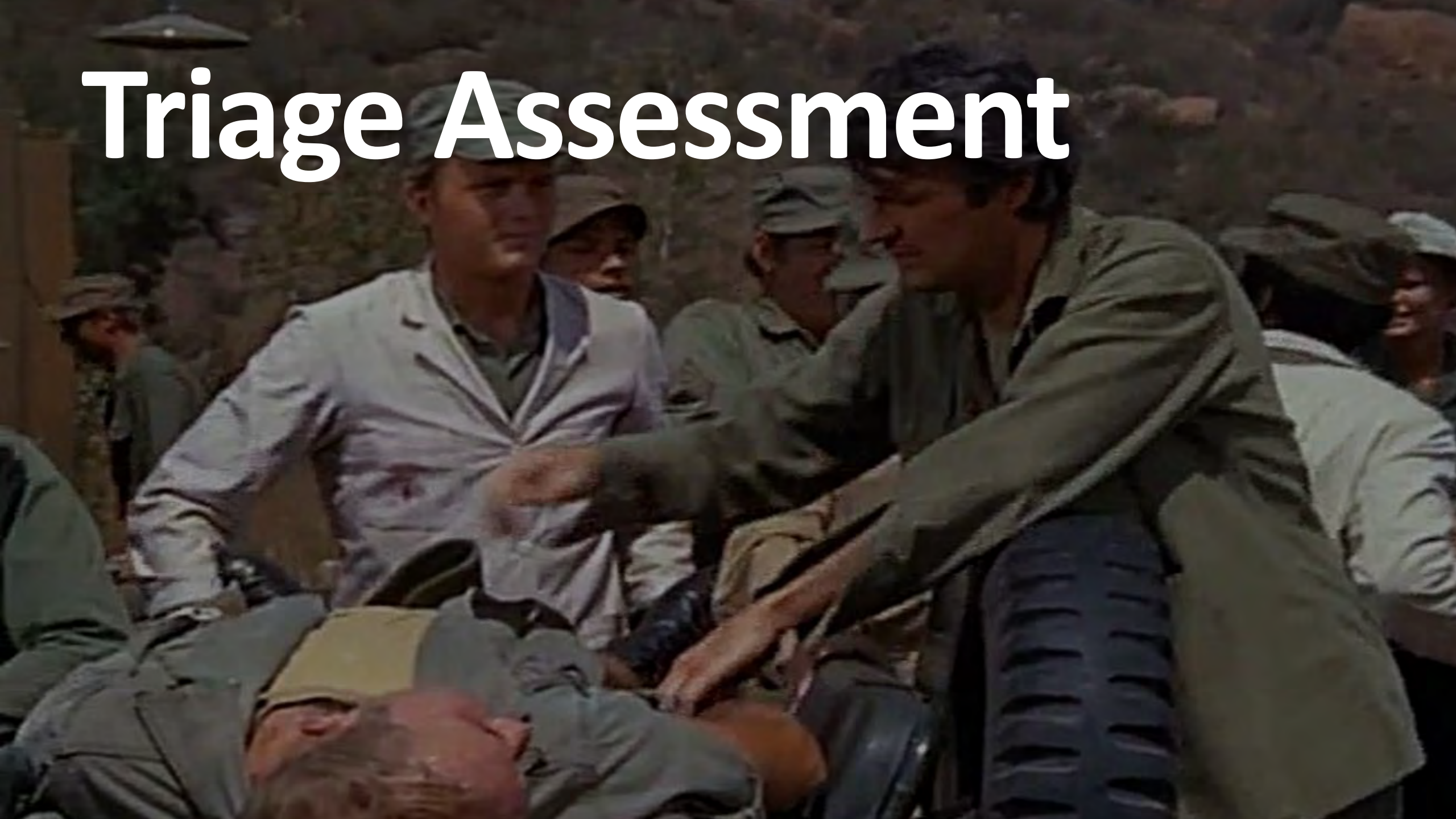
Determine the need for inpatient admission (e.g. 5150)

Development of an aftercare plan and treatment suggestions/mediations





# Triage Assessment



Mitigates bias in decision making

Increases legal protection

Ensures any intervention is tie to level of risk





**APPERANCE**



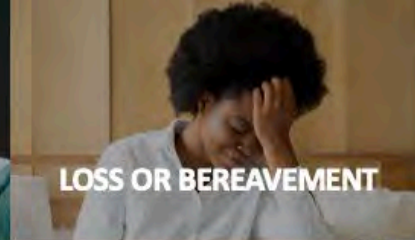
**DEPRESSION**



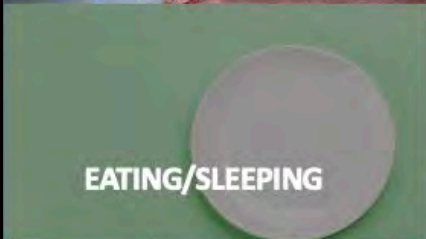
**ADJUSTING TO CHANGE**



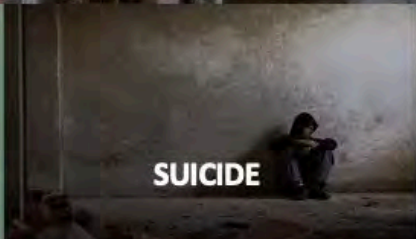
**AFFECTIVE VIOLENCE**



**LOSS OR BEREAVEMENT**



**EATING/SLEEPING**



**SUICIDE**



**TRANSIENT THREATS**



**OUTBURST TANTRUM**



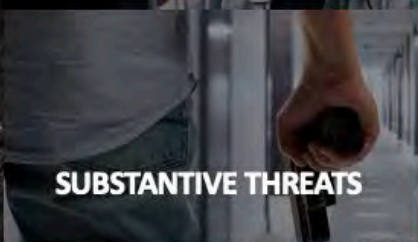
**WHITE SUPREMACY**



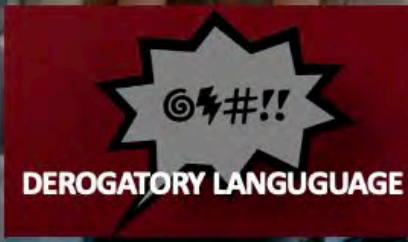
**HOME LIFE**



**SELF-INJURY**



**SUBSTANTIVE THREATS**



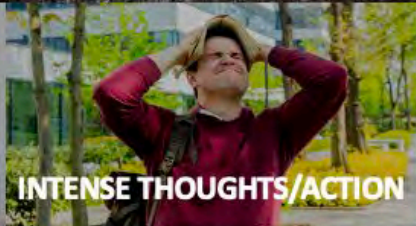
**DEROGATORY LANGUAGE**



**INCEL BEHAVIOR**



**SOCIAL PROBLEMS**



**INTENSE THOUGHTS/ACTION**



**SOCIAL MEDIA**



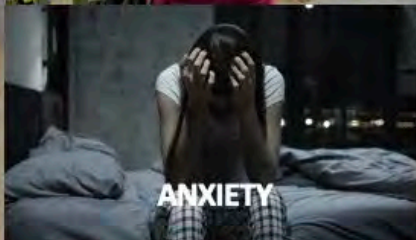
**HAZING/INTIMIDATION**



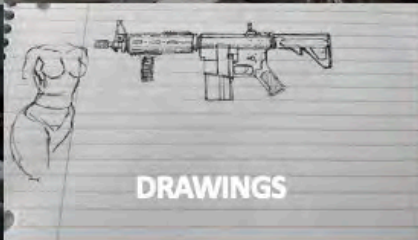
**STALKING/HARASSMENT**



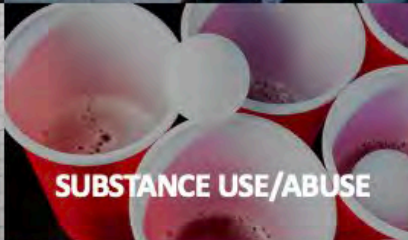
**INNATTENTIVE/OFF TASK**



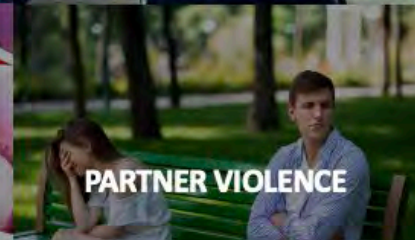
**ANXIETY**



**DRAWINGS**



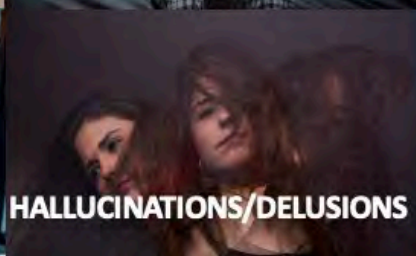
**SUBSTANCE USE/ABUSE**



**PARTNER VIOLENCE**



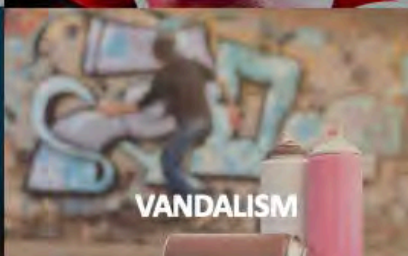
**ACADEMIC/WORK TROUBLE**



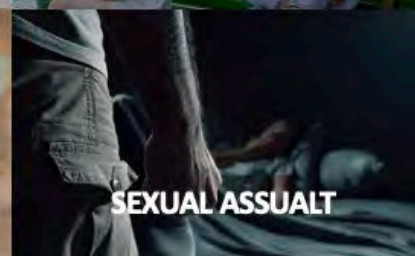
**HALLUCINATIONS/DELUSIONS**



**TROLLING ACTIONS**



**VANDALISM**



**SEXUAL ASSUALT**



# Violence Risk Assessment





Violence Risk  
Assessment

# Violence Risk Assessment (VRA)

More detailed questions and review of context and environmental factors

Violence risk is broader term for assessing risk to self and others

Threat assessment relates to the response to an active threat



# Threat Assessment



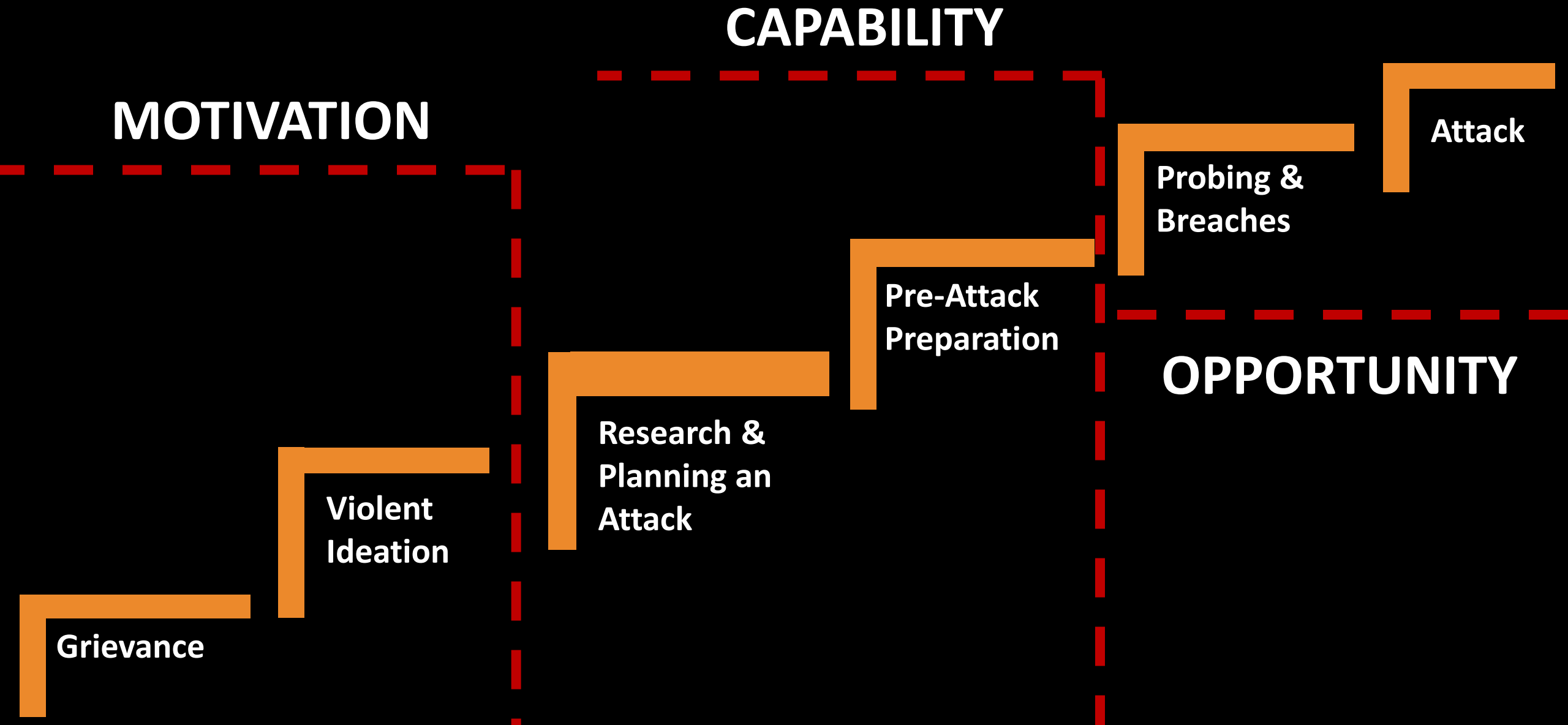


In response to a verbal or written threat

Determines actionability and lethality of threats

Develop risk mitigation plans to reduce risk

# Pathway to Violence



# Agenda: Part I

- ✓ Types of Assessments
- ✓ Affective & Targeted Violence
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- ✓ Hunting & Howling
- ✓ Bark vs. Bite
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- ✓ Pathways Cases

Westminster Abbey, London





# THE BINARY

Affective



Targeted



Transient



Substantive



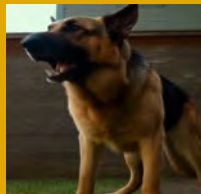
Howling



Hunting



Bark



Bite



# Affective Violence

- Emotional reaction
- Fight, flight, freeze
- Reaction to situational stressors
- Poorly planned and immediate





# An Example from the Waffle House







# Scattered, Covered, Capped, and Peppered (BTW)





# Los Angeles Wokcano Restaurant

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May 22, 2024



KMEX

THE RUNDOWN

**WOKCANO WORKER ATTACKED**  
DOWNTOWN LA

KCAL  
NEWS

CBS NEWS  
LOS ANGELES

BEACHES

WED

66

THU

67

FRI

65

SAT

66

SUN

66

MON

68

TUE

69



# Targeted Violence

- Strategic and tactical
- Mission oriented
- Involves detailed planning
- Willingness to die; blaze of glory



# Charleston Church Shooting

---

June 17, 2015





**INSIDE**  
edition



# Toyota of Berkeley Service Center

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September 9, 2023



Thursday, September 21, 2023 11:12:38 AM



NO AUDIO





# Atlanta Massage Parlor Shooting

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March 16, 2021



D·PREP

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Prague, Czech Republic







[www.schoolta.com](http://www.schoolta.com)

**Comprehensive School Threat  
Assessment Guidelines:**  
*Intervention and Support  
to Prevent Violence*

Dewey Cornell



# Transient Threats



Transient threats are not serious and often made in the heat of the moment, as a joke, or out of frustration, without intent to cause harm.

These threats are often made in anger. or jest, are retracted quickly when confronted, have no sustained intent or planning and do not contain concrete steps taken toward action.

A student says, “I’m gonna fail this test and just blow up,” then apologizes and explains it was a joke.







# Substantive Threats



A threat that appears intended to be carried out, with some evidence of planning, means, or genuine intent to harm.

These threats involve a specific target, time, place or method. Statements are repeated or reinforced over time.

The threats may be accompanied by planning behaviors (weapons acquisition, scouting locations).

A student who says, “On Friday, I’m going to stab Jake in the common lounge on the library second floor,” and has already has a knife in his dorm room.





# Stoneman Douglas Shooting

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February 14, 2018

Verizon LTE

7:56 PM



## Reply to comment




nikolas cruz

1 hour ago

Im going to be a professional school shooter



A man wearing a hard hat and safety vest outdoors. The background shows trees and a bright sky. The man is looking directly at the camera.

Hello. My name is Nick





Type of Threat	Example
Direct	"I'm going to blow up the school's library."
Indirect/vague	"Something bad will happen to the library."
Direct with action/ time imperative	"I'm going to blow up the school's library at 3pm on Tuesday."
Conditional ultimatum	"If you don't give me the grade I want in class, I'm going to blow up the school's library."
Transient	A student throws books in the library when frustrated about an assignment and writes in black permanent marker on the library whiteboard, "Burn this down!"
Substantive	"I'm going to bring gasoline into school in a Nalgene bottle and spread it all over the books in the library and start a fire."
Howling	"People need to listen to me. I am not going to be treated like this! I'm going to set fire to this entire world and watch it burn while I laugh and roast marshmallows."
Hunting	"I have what I need. And I know what I am going to do. #fire #library"
Vague, but direct	"Something bad is going to happen soon in the library."
Direct, but vague	"I know how fire can spread, so maybe think about investing in some fire extinguishers."





**TABLE 3.3** Common Grievances and Injustices

Being teased at work for having food allergies or not wanting to eat certain foods	Anger at marginalized groups like GLBTQ and African Americans
Family members making them suffer	Rejection by a romantic interest
Peers who mistreated them	Failure to get a promotion or grade
The rich getting away with things and not being held to the same tax standards	Being fired from a job for an unjust cause or being singled out
Frustration at recent politics and feeling teased and isolated	Rejection from an academic program despite working hard
A supervisor who constantly is trying to get them fired from their job	Frustration when others fail to respect their religious beliefs about being gay
Being upset about not getting an invite after expressing interest in going to party	Upset over parking ticket, feeling singled out and targeted
Obsession with health or fear of poisoning	Not being treated fairly by others



# D·PREP TYPES OF THREAT



## TRANSIENT THREATS/HOWLERS

These types of threats do not express lasting intent to harm. They are typically made in reaction to an intense, emotional, and passionate conflict. They are often made to protect reputation or “save face” and rarely a high likelihood of follow up or action. Approximately 70% of threats made in primary and secondary schools are transient.

## SUBSTANTIVE THREATS/HUNTERS

These threats often conceal a more substantive intent to harm others in a predatory, mission-oriented attack. Substantive threats are more lasting and intentional, reaching beyond the current incident. In comparison to transient threats, substantive threats are 36 times more likely to be carried out.



## ELEMENTS OF THREAT

- **Lethality.** Threat lethality represents the extent to which a particular threat has a high likelihood of resulting in death. For example, the possession of a firearm and ammunition combined with a threat to shoot up a LGBTQ+ rally on campus has a high likelihood of lethality whereas a transient threat to “make them shut up” by a student without access to a firearm would likely have a lower lethality. Assessments of lethality may require deeper exploration into social media, past behavior, and determination of weapons access.
- **Action and Time Imperative.** Action and time imperative refer to the time and location of an attack. If the threat contains a high degree of detail, this should be considered a heightened risk. If someone posts online, “The day of the rope will be this Friday at 9 p.m.” this is a higher concern than, “One of these days, there will be a reckoning for the Jews and Blacks.”
- **Fixation and Focus.** This relates to a narrowing down on a specific target. Fixations are hardened points of view, bordering on obsession, concerning a certain group being at fault and deserving of punishment. A focus builds off a fixation and further narrows onto a smaller group or a single person. For example, “I’m going to make those Asians pay for the COVID disease they brought to our country” would be a fixation on Asian-Americans and Pacific Islanders. The threat, “I’m going to firebomb the corner store and rid our neighborhood of those rice eaters for eating those bats and killing American Patriots” would include both a fixation and focus.

TYPE OF THREAT	EXAMPLE
Direct	“I’m going to blow up the library.”
Indirect/Vague	“Something bad is going to happen to the library.”
Direct w/action/time imperative	“I’m going to blow up the library Tuesday at 3.
Conditional ultimatum	“If you don’t give me a good grade, I’m going to blow up the library.”
Transient	Frustrated about an assignment, a student throws a book and yells, “Burn this down!”
Substantive	“I’m going to bring a nalgene bottle of gasoline to spread on these books and light it up.”
Howling	“You can’t treat me like this. I’m going to set fire to the world and roast marshmallows!”
Hunting	“I have what I need. I know what I’m going to do. #fire #library”
Vague but direct	“Something bad is happening in the library soon.”
Direct but vague	“They might want to invest in fire extinguishers around here.”



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- ✓ Affective & Targeted Violence
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- ✓ The Elephant
- ✓ Pathways System
- ✓ A Balancing Act

Pratt Institute, New York City





# **Threat Assessment and Management Strategies**

**Identifying  
the  
Howlers  
and  
Hunters**





# HUNTERS

Conceal themselves  
and avoid making  
threats







# HOWLERS

Have no real  
intent to carry out  
their threats







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Black Rock City, Nevada



Dr. Manny Tau, a forensic psychologist, explores the difference between statements or behaviors that sound threatening (“bark”) and those that truly indicate danger (“bite”).







**BARK**



**BITE**

He describes Bark as verbal statements, gestures, or behaviors that may be alarming but are not necessarily predictive of harm.

“Don’t tempt me, I might just flip this table.”  
*(said jokingly in a game night)*

“If I fail this exam, I might just die.”  
*(figure of speech, no plan)*

“Ugh, I hate everyone here today.”  
*(venting after a bad day, no specific target)*

“I could throw my laptop out the window.”  
*(expressing frustration at tech issues)*





He describes “bite” as clear actions, planning, or patterns that signal intent and capability to cause harm.



“I’m going to hurt my roommate tonight, and I already bought a knife.”

“Next week, I’ll make them pay for it, you’ll see.”  
*(with detailed plan or list of targets)*

Researching weapon laws and security camera locations on campus forums.

Sending repeated threatening messages to a specific person along with photos of weapons.

Overreacting to barks can waste resources and damage trust. Underreaction to bites can lead to tragic circumstances.

The key to safety is not treating every loud bark as a deadly bite, but also not ignoring the quiet dogs who are preparing to attack.

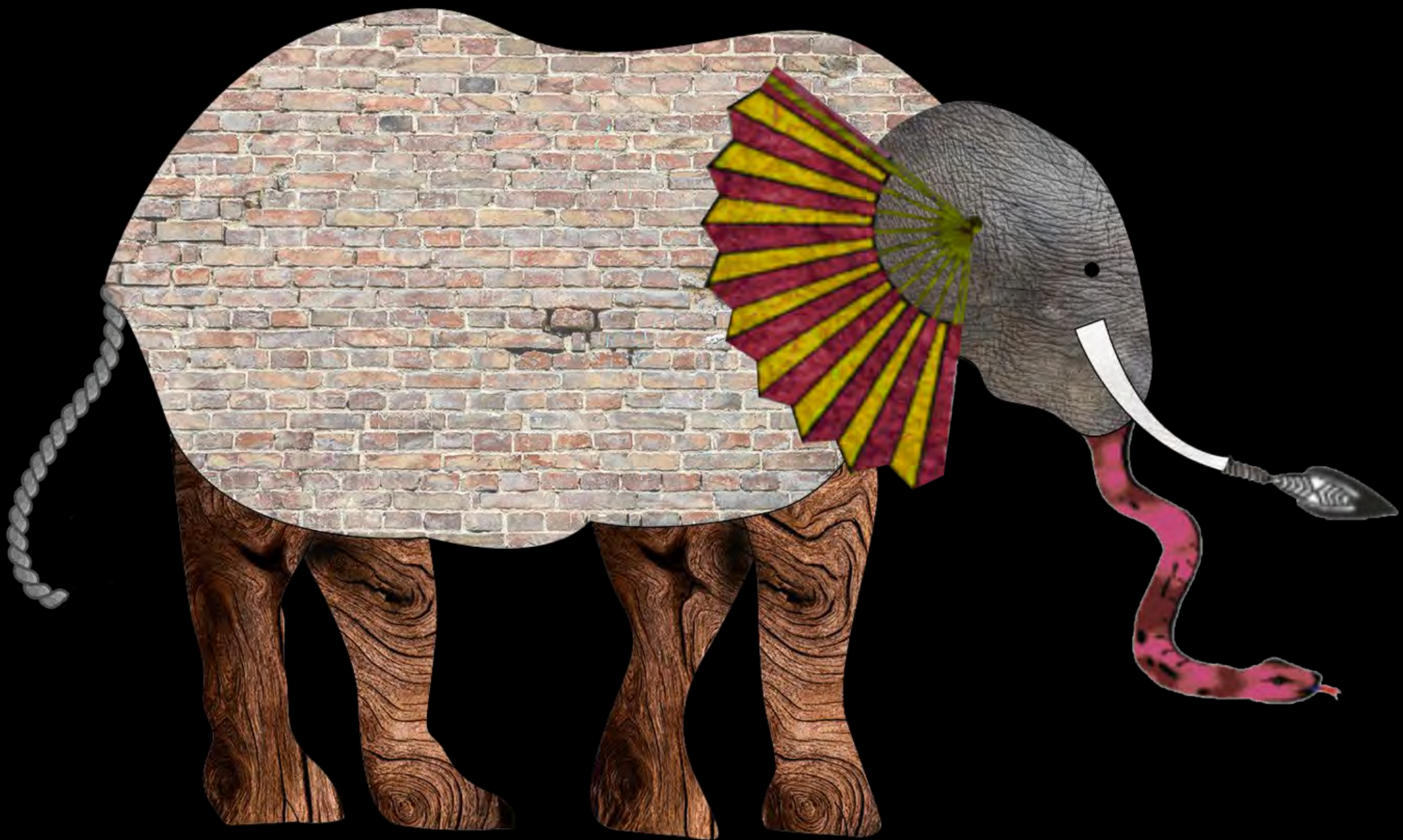


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Black Rock City, Nevada















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Lukla, Nepal





# Triage

An initial review done to determine what next steps need to happen

# Violence Risk Assessment (VRA)

A more detailed assessment and review of the case based on the triage results



Triage

Violence Risk  
Assessment

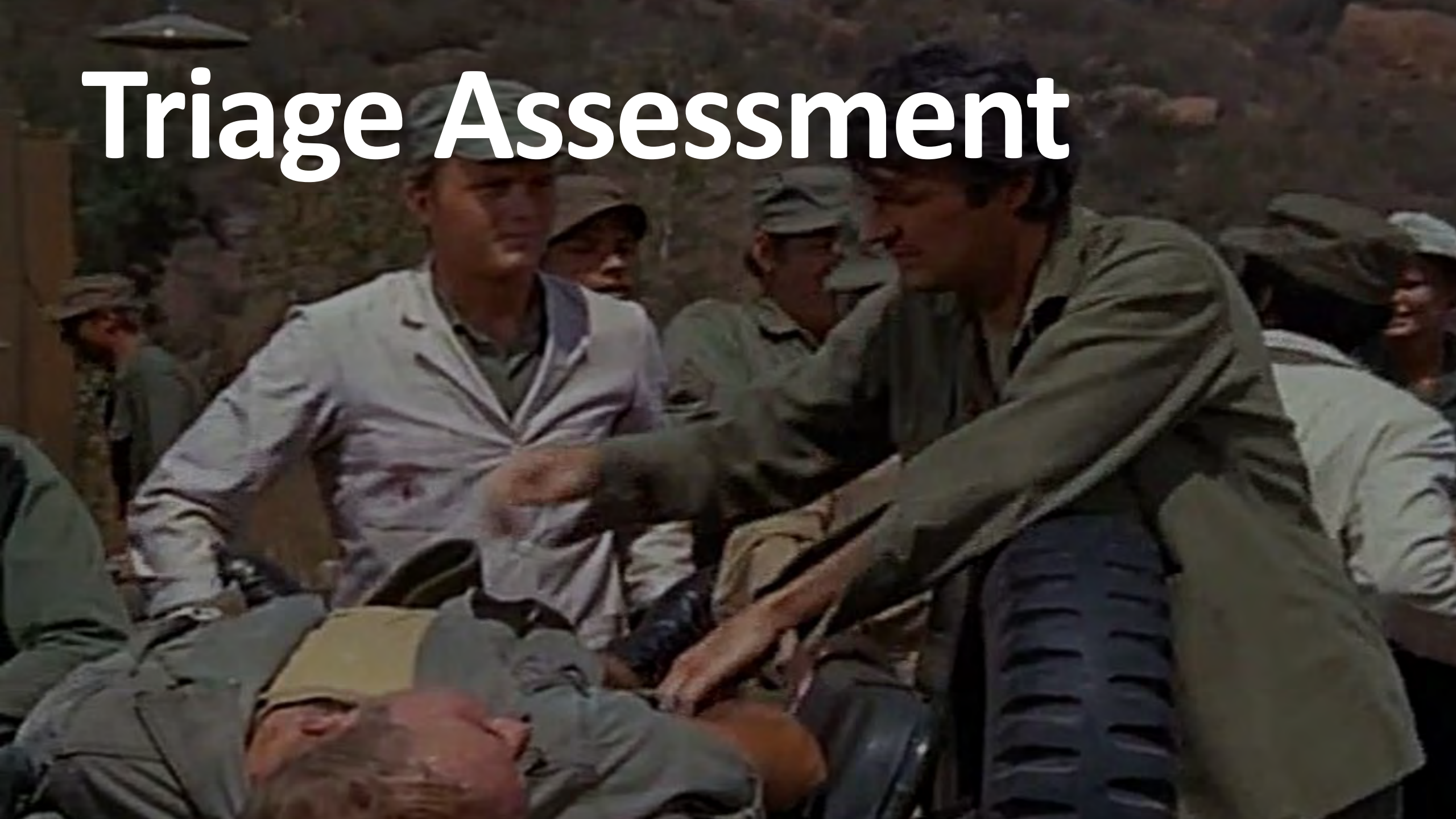


# Triage

An initial review done to determine what next steps need to happen



# Triage Assessment





Mitigates bias in decision making

Increases legal protection

Ensures any intervention is tie to level of risk





# Pathways Higher Ed

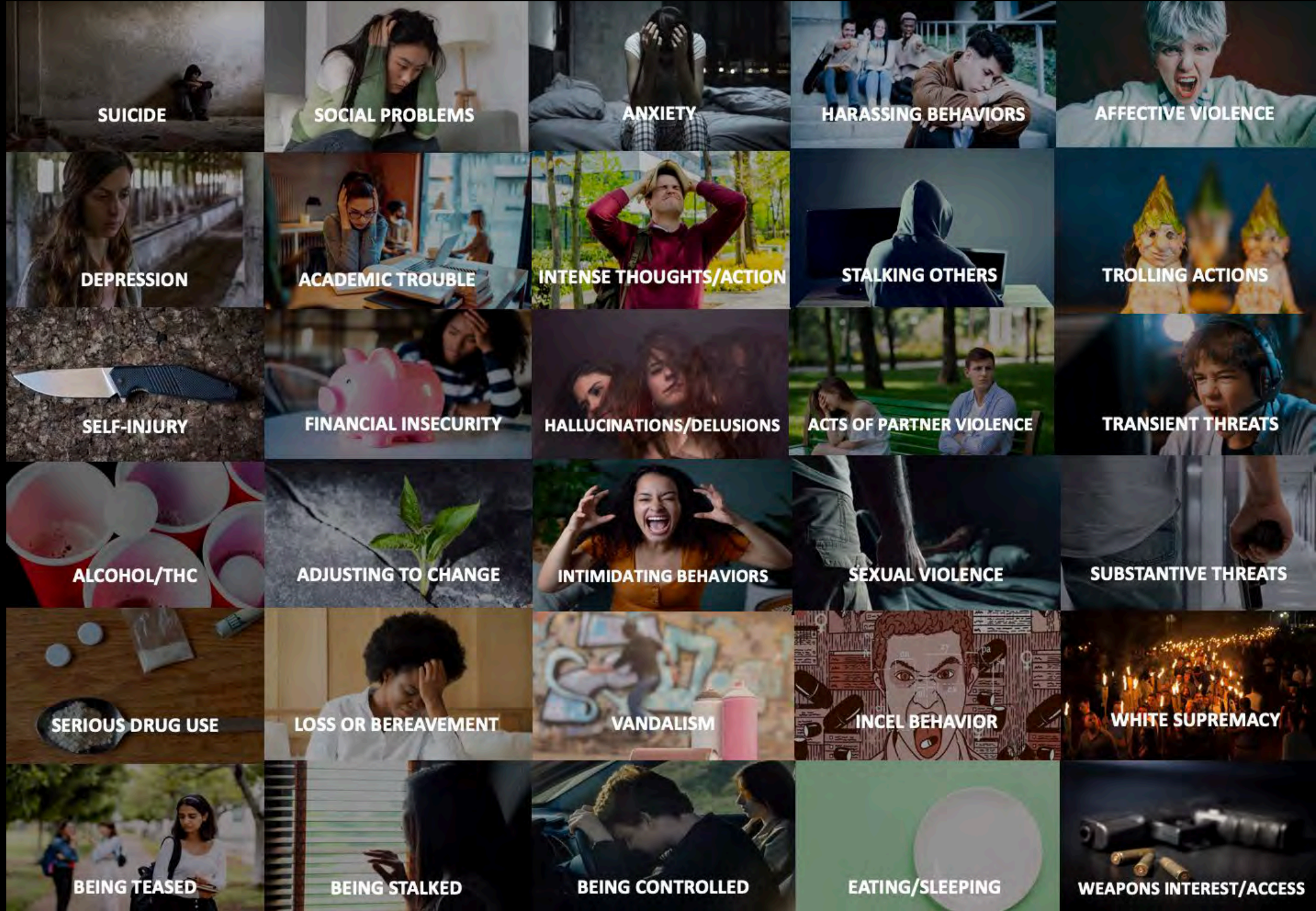
Pathways is a simple to use risk rubric for every case coming before your BIT, CARE, or threat team. This version of Pathways is designed to be used when evaluating cases involving threats or problem behavior by college and university students. Rate each applicable category below on a 3-point scale. If a category does not apply, leave it blank. Click on the category name for scoring guidance. After you submit your ratings, you will be provided a set of intervention recommendations.

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3

Click the category name for level information.



# College







**SUICIDE**





# Suicide

## Description

It is helpful to see suicide as a range of concerns from ideas about wanting to die to more extreme contemplations about taking actions to die. Ideas may start with thoughts of disappearing and/or not wanting to live anymore. Threats become more frequent and clearer, shared with multiple people. The desire to die becomes increasingly powerful with an increase in feeling trapped, hopeless, and lost, with access to lethal means.

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Social Problems</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Anxiety</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Harassing Behaviors</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Affective Violence</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Depression</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Academic Trouble</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intense Thought/Action</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Stalking Others</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Trolling Actions</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Self-Injury</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Financial Insecurity</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Hallucinations/Delusions</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Acts of Partner Violence</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Transient Threats</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Alcohol/THC</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incel Behavior</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Being Teased</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Stalked</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Controlled</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Eating/Sleeping</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Weapons Interest/Access</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3





# Suicide

## Questions

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<b>Depression</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Academic Trouble</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intense Thought/Action</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Stalking Others</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Trolling Actions</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Self-Injury</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Financial Insecurity</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Hallucinations/Delusions</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Acts of Partner Violence</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Transient Threats</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Alcohol/THC</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incel Behavior</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
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- Are you experiencing pain so intense and on-going that you no longer want to be around?
- Have you thought about going to sleep and never waking up?
- If you have thought of suicide, have you thought about how you would kill yourself?
- Have you told other people that you want to die?
- Do you have a hope in a positive future for yourself?





# Suicide

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Social Problems</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Anxiety</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Harassing Behaviors</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Affective Violence</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Depression</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Academic Trouble</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intense Thought/Action</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Stalking Others</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Trolling Actions</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Self-Injury</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Financial Insecurity</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Hallucinations/Delusions</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Acts of Partner Violence</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Transient Threats</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Alcohol/THC</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incel Behavior</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
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## Pathway One

- Occasional suicidal thoughts and a desire to escape pain
- Vague references to death (either verbal or on social media)
- Growing loss of hope and increasingly feeling trapped





# Suicide

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

## Pathway Two

- Frequent suicidal thoughts and planning how to do it
- Increasing references to suicide (either verbal or social media)
- Chronic loss of hope and despair and difficulty seeking help





# Suicide

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<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
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## Pathway Three

- Constant suicidal thoughts with an action plan
- Verbal or written suicide threat (lethal) with time and/or place
- Total lack of hope, giving away possessions, and making final plans





**DEPRESSION**





# Depression

## Description

Depression can occur in the way we feel about our lives as well as through our behaviors, such as not wanting to eat, eating too much, having trouble sleeping or sleeping too much. Depression may involve feelings of hopelessness that could be vague thoughts all the way to intense, and overwhelming panic. An individual with depression may withdraw from social interactions, isolate themselves and/or lack the energy to take care of their hygiene, day-to-day responsibilities, living arrangements, relationships, or finances.

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3





# Depression

## Questions

- Do you lack the energy to engage socially, talk to others, or complete academic assignments?
- Have you experienced changes in your sleeping or eating habits (eating or sleeping too much or too little)?
- Do you feel an on-going sense of sadness and worry about the future?
- Are you experiencing despair or a desire to escape this world?
- Have you thought of suicide or not wanting to be around any longer?

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<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3





# Depression

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<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

## Pathway One

- Occasional trouble eating or sleeping and a lack of energy
- Sadness that doesn't go away and trouble focusing
- Upset about a loss or break up
- Chronic sadness





# Depression

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Weapons Interest/Acc</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3

## Pathway Two

- Frequent trouble with sleep, appetite, focus, and energy
- Further withdrawal, isolation, and hopelessness
- Growing feelings of despair and pain
- Suicidal thoughts





# Depression

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3

## Pathway Three

- Not able to care for self
- Not eating, sleep extremes (either too much or too little)
- Chronic hopelessness, lacking energy, and desperation
- Desire to escape; inability to act
- Thoughts of suicide





**SELF-INJURY**





# Self-Injury

## Description

Self-injury can be suicidal or non-suicidal in nature. It may involve cutting, pulling hair, burning, or putting themselves in dangerous scenarios that could result in harm. The self-injurious behavior may occur many times a day or be something that happens only once or twice a year. It may give them a sense of control when other aspects of their life feel out of control. They may cut or harm themselves to cope from a previous trauma they experienced or out of a perceived lack of options about what else they may be able to do to function. Sometimes, self-injury may be a “test” behavior toward a suicide attempt, but more often it is related to a harmful behavior the person is using to control feelings of being powerless or unable to act.

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3





# Self-Injury

## Questions

- Have you ever cut or hurt yourself when you were upset or bored?
- If you have cut yourself before, were you thinking of killing yourself at the time?
- If you have the desire to self-harm, what triggers this or makes the desire more intense?
- Do you have a place where you keep the objects that you use to harm yourself (e.g., razor, knife, tissue, towel)?
- Have you ever worn clothes to cover up scars or markings from past self-injuries?

Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Depression <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Academic Trouble <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Stalking Others <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Trolling Actions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Self-Injury <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Transient Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Alcohol/THC <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Adjusting to Change <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Intimidating Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Sexual Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Substantive Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Serious Drug Use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Vandalism <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Incel Behavior <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	White Supremacy <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Being Teased <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Being Stalked <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Being Controlled <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3





# Self-Injury

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3

## Pathway One

- Occasional thoughts of self-injury, sadness, and pain
- Past history of non-suicidal self-injury (NSSI)
- Feeling overwhelmed and stuck
- Trauma history





# Self-Injury

Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Depression <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Academic Trouble <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Stalking Others <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Trolling Actions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Self-Injury <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Transient Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Alcohol/THC <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Adjusting to Change <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Intimidating Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Sexual Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Substantive Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Serious Drug Use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Vandalism <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Incel Behavior <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	White Supremacy <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Being Teased <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Being Stalked <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Being Controlled <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3

## Pathway Two

- Frequent desire to self-injure (daily) to cope
- Current NSSI (weekly), injury witnessed by others
- Thoughts of suicidal self-injury (SSI)
- Trauma/loss





# Self-Injury

Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Depression <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Academic Trouble <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Stalking Others <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Trolling Actions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Self-Injury <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Transient Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Alcohol/THC <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Adjusting to Change <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Intimidating Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Sexual Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Substantive Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Serious Drug Use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Vandalism <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Incel Behavior <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	White Supremacy <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Being Teased <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Being Stalked <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Being Controlled <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3

## Pathway Three

- History of SSI and NSSI with daily thoughts and NSSI
- Inability to agree to not cut
- Lack of options, increased desperation
- Suicidal thoughts





**ALCOHOL/THC**





# Alcohol/THC

## Description

While any substance use or abuse may become concerning, here we are examining the use of alcohol and THC as a potential way the person may be coping, reducing inhibitors for more extreme action, or engaging in a behavior that could impact their ability to function at school. While both alcohol and THC can be recreational and stress relieving activities that may not be cause for concern, higher level use that involves criminal activities, use or abuse that impacts a person's education, or the inability to cut back or reduce use are all causes for concern.

Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Depression <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Academic Trouble <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Stalking Others <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Trolling Actions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Self-Injury <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Transient Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Alcohol/THC <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Adjusting to Change <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intimidating Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Sexual Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Substantive Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Serious Drug Use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Vandalism <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Incels Behavior <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	White Supremacy <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Being Teased <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Stalked <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Controlled <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3





# Alcohol/THC

## Questions

- Have you ever tried to cut back your alcohol or THC use and found it difficult to do so?
- Think about times where you have been happy. Can you think of a time where you were happy when you were not drinking or using THC?
- What are some reasons for your use of alcohol or THC?
- Think about times where you are sad or stressed. Can you think of a time where you were sad, stressed or overwhelmed when you were not drinking or using THC?
- Have friends or family members ever expressed concerns about your drinking or use of THC?

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3





# Alcohol/THC

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3

## Pathway One

- Occasional use with some worry about consequences
- Difficulty with class, conduct, peers, or grades
- Others express worry
- Unwilling to change





# Alcohol/THC

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Inc el Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

## Pathway Two

- Frequent use with failed attempts to stop
- Negative conduct/police history
- Strong impact on class, friends, family





# Alcohol/THC

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

## Pathway Three

- Daily use with failed attempts to stop
- Multiple involvements with conduct/police or hospitalization
- Major loss of school, family, friends





**SERIOUS DRUG USE**





# Serious Drug Use

## Description

This broad category should be seen as the use of more addictive or higher risk substances such as cocaine, meth, heroin, LSD/acid, mushrooms, hallucinogens, prescription drug abuse, MDMA or ecstasy. Single or occasional use will be seen as less concerning than repeated use or use/abuse with failed attempts to cut back or stop. Likewise, continued use when family or friends express concern or if there have been “near misses” with police or life-threatening aspects (e.g., fentanyl scare) are more concerning. The highest concern related to serious drug use or abuse occurs when use impacts work, classes, social interactions, family or involves criminal charges and an inability to function without the drug.

Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Depression <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Academic Trouble <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Stalking Others <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Trolling Actions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Self-Injury <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Transient Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Alcohol/THC <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Adjusting to Change <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Intimidating Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Sexual Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Substantive Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Serious Drug Use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Vandalism <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Incel Behavior <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	White Supremacy <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Being Teased <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Being Stalked <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Being Controlled <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3





# Serious Drug Use

## Questions

- Have you ever considered using a more serious drug like cocaine, meth, LSD or ecstasy?
- Have you used drugs before even though you knew they were not safe and would likely lead to harm?
- Has your drug use led to problems with finances, friends, family, attendance, or completing class assignments?
- Have close friends or family members expressed concern about your use (even occasionally) and you continue to use despite these requests to stop?
- Have you ever taken steps to avoid or fake a drug test required for work, school, or the court?

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3





# Serious Drug Use

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

## Pathway One

- Experimental use at pressure from friends
- Concerned about negative impact, but continues use
- Friends, family, others express concern and worry





# Serious Drug Use

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

## Pathway Two

- Frequent use despite negative potential impact
- “Close calls” with conduct or police
- Continued use
- Growing difficulty with class, friends, family





# Serious Drug Use

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3

## Pathway Three

- Trouble functioning without substance
- Multiple legal, conduct, police involvements
- Extreme concern by others
- Inability to stop





**BEING TEASED**





# Being Teased

## Description

At the early stages, bullying (including "trash talk" and inappropriate joking) is an occasional experience that has an impact on self-worth and social connections with others. As bullying increases, their world becomes increasingly unsafe and negative, leading to feelings of hopelessness, despair, being trapped, and potentially to feelings of suicide or a desire to send a message to their oppressors through violent action.

Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Depression <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Academic Trouble <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Stalking Others <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Trolling Actions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Self-Injury <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Transient Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Alcohol/THC <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Adjusting to Change <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intimidating Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Sexual Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Substantive Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Serious Drug Use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Vandalism <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Incel Behavior <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	White Supremacy <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Being Teased <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Stalked <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Controlled <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3





# Being Teased

## Questions

- Do people bully or tease you for your beliefs, appearance, or other reasons?
- Has bullying kept you from completing work or making friends?
- Have you been teased or bullied to the point where you considered suicide?
- Do you change your plans each day to avoid those who tease or bully you?
- Do you ever fantasize about hurting people because of bullying?

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3





# Being Teased

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

## Pathway One

- Feeling picked on and teased by others
- Teasing impacts self-worth
- General feelings of sadness and fear





# Being Teased

Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Depression <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Academic Trouble <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Stalking Others <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Trolling Actions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Self-Injury <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Transient Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
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Serious Drug Use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Vandalism <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Inccl Behavior <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	White Supremacy <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
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## Pathway Two

- Frequent teasing/bullying impacts life
- Feels fear, low self-worth, hopeless
- Avoids others; acts out negatively





# Being Teased

Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
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Self-Injury <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Transient Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
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Being Teased <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Stalked <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Controlled <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3

## Pathway Three

- Daily, intense teasing and bullying
- Impacts school, family, friends
- Suicidal/need to take extreme action



A young woman with long dark hair is sitting on a grey couch. She is wearing a green and white striped sweater. Her head is buried in her hands, and she has a distressed expression. The background is a simple room with a lamp and a wall.

# SOCIAL PROBLEMS





# Social Problems

## Description

Social connection problems can be related by several factors including autism spectrum disorder, developmental disorders, poor socialization, physical disability or difference, or a general difficulty connecting with others. In extreme cases, social disconnection may lead to a lack of support, isolation, and depression. Social difficulties may also lead to teasing or bullying behaviors. Of note, identifying social problems, as with any of the items on Pathways, identifies an opportunity to connect with and help them overcome obstacles.

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3





# Social Problems

## Questions

- Despite repeated attempts, do you have difficulty making friends and connecting with others?
- Do you find it harder to connect with others than most people seem to?
- Do your interests and things you do for fun make it harder to connect with others?
- Have you been teased or bullied because of your differences or not being able to make friends?
- Do you ask questions or talk in a way that disrupts the learning environment or residence hall?

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3





# Social Problems

Suicide <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Social Problems <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Anxiety <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Affective Violence <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3
Depression <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Academic Trouble <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Stalking Others <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Trolling Actions <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3
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## Pathway One

- Difficulty connecting with others and making friends
- Prone to irritability, flying off the handle, and isolation
- Odd interests, sensitivity to light/sound, teasing





# Social Problems

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

## Pathway Two

- Increased teasing, isolation, explosive episodes
- Escalating disruptive behavior in class
- Difficulty making friends
- Harassing dating behaviors





# Social Problems

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Incels Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3

## Pathway Three

- Conduct/legal actions for disruptions or dating behaviors
- Failing grades, increased isolation, explosive outbursts
- Inability to follow expectations, making threats, suicidal





**ACADEMIC TROUBLE**





# Academic Trouble

## Description

These difficulties occur when a person is unable to complete basic requirements of classroom behavior or turn in assignments on time. In extreme scenarios this may mean a pending suspension, expulsion, performance improvement plan (PIP), or being fired. They may be overwhelmed and unable to take steps to get back on track in their school obligations.

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3





# Academic Trouble

## Questions

- Do you have difficulty with school requirements and often feel behind?
- Have you experienced conduct meetings to address your difficulty achieving academic goals?
- Are your struggles in the classroom continual and lead to feelings of hopelessness?
- Is it too difficult to even think about what steps you would need to take to get out of the hole you are currently in?
- Has it been so hard that you find yourself feeling suicidal, rageful, or unable to even show up?

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3





# Academic Trouble

Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Depression <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Academic Trouble <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Stalking Others <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Trolling Actions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Self-Injury <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Transient Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Alcohol/THC <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Adjusting to Change <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intimidating Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Sexual Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Substantive Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Serious Drug Use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Vandalism <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Incel Behavior <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	White Supremacy <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Being Teased <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Stalked <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Controlled <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3

## Pathway One

- Difficulty adapting to new assignments
- Constantly feeling behind or unable to catch up
- Growing concern about failure





# Academic Trouble

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

## Pathway Two

- Pervasive struggles in class
- Inability to seek help
- Feeling overwhelmed, trapped and scared about future
- Failed attempts at tutoring/meetings with supervisor





# Academic Trouble

Suicide <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Social Problems <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Anxiety <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Affective Violence <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3
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Self-Injury <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Transient Threats <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3
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Being Teased <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Being Stalked <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Being Controlled <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3

## Pathway Three

- Facing failure or expulsion
- Unsure what to do; trapped and lacking choices
- Panic attacks, suicidal thoughts, or rage and anger





**FINANCIAL INSECURITY**





# Financial Insecurity

## Description

Financial problems are frequently on their mind. At the lower levels this may involve worry about paying bills or having enough money for food, and may cause difficulty sleeping or allowing them to focus on other things in their life. As financial insecurity grows, they have less ability to focus on school or relationships, have difficulty seeking help from others and may be irritable, frustrated or isolate themselves from connecting with others. This can lead to feelings of rage and/or desperation, panic attacks and suicidal thoughts. They develop an inability to act and become unable to make choices or problem solve.

Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Depression <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Academic Trouble <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Stalking Others <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Trolling Actions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Self-Injury <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Transient Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
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Serious Drug Use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Vandalism <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Incel Behavior <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	White Supremacy <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Being Teased <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Being Stalked <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Being Controlled <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3





Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
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# Financial Insecurity

## Questions

- Do you have difficulty focusing on day-to-day tasks at school because you are worried about money?
- Have you been unable to make decisions and/or feel completely stuck when it comes to finding a way out of your financial stress?
- Do other people not understand how bad things are financially for you and offer advice that doesn't even begin to solve your problems?
- Has difficulty with money gotten so bad that you have panic attacks or think about suicide as an option?





Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Depression <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Academic Trouble <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Stalking Others <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Trolling Actions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Self-Injury <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Transient Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Alcohol/THC <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Adjusting to Change <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Intimidating Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Sexual Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Substantive Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Serious Drug Use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Vandalism <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Incel Behavior <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	White Supremacy <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Being Teased <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Being Stalked <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Being Controlled <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3

# Financial Insecurity

## Pathway One

- Thoughts often revolve around securing food
- Worry about bills, expenses and obligations
- Difficulty sleeping and concern about future





Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Depression <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Academic Trouble <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Stalking Others <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Trolling Actions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Self-Injury <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Transient Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
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# Financial Insecurity

## Pathway Two

- Pervasive worry about food, rent, bills and expenses
- Growing inability to focus; feeling overwhelmed
- Isolation, anger, and irritability
- Difficulty seeking help





# Financial Insecurity

Suicide <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Social Problems <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Anxiety <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Affective Violence <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3
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Self-Injury <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Transient Threats <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3
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## Pathway Three

- Extreme feelings of rage/desperation
- Feeling stuck and trapped
- Panic attacks, racing thoughts, rage and anger
- Petrified and immobile about choices
- Suicidal thoughts





**ADJUSTING TO CHANGE**





# Adjusting to Change

## Description

Taking steps to be able to adjust to change may be increasingly difficult. New living environments classrooms or unexpected altercations in plans creates feelings of sadness, escalating isolation, and low energy. Returning to a previous location (like home) is the only thing that offers comfort and being away increasingly leads to panic attacks, extreme thoughts, poor school performance, and even consideration of suicide.

Suicide <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Social Problems <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Anxiety <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Affective Violence <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3
Depression <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Academic Trouble <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Stalking Others <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Trolling Actions <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3
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# Adjusting to Change

## Questions

- Have change or transitions always been difficult for you to adjust to?
- Do you have an intense feeling of homesickness or difficulty adjusting to your new living environment?
- Do thoughts of leaving school for home create a feeling of peace or unbelievable relief?
- Do other people continually offer advice about adjusting to living at school even though nothing they say really helps?
- Do you worry that if you are forced to live in this new place that things will get worse like panic attacks or thoughts of suicide?

Suicide <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Social Problems <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Anxiety <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Affective Violence <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3
Depression <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Academic Trouble <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Stalking Others <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Trolling Actions <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3
Self-Injury <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Transient Threats <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3
Alcohol/THC <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Adjusting to Change <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Intimidating Behaviors <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Sexual Violence <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Substantive Threats <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3
Serious Drug Use <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Vandalism <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Incel Behavior <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	White Supremacy <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3
Being Teased <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Being Stalked <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Being Controlled <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3





# Adjusting to Change

Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Depression <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Academic Trouble <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Stalking Others <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Trolling Actions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Self-Injury <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Transient Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Alcohol/THC <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Adjusting to Change <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Intimidating Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Sexual Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Substantive Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Serious Drug Use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Vandalism <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Incel Behavior <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	White Supremacy <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Being Teased <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Being Stalked <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Being Controlled <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3

## Pathway One

- Concern about leaving home
- Sad about being away from home/family/friends
- Lack of engagement with activities and friends





# Adjusting to Change

Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
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## Pathway Two

- Increasing sadness, escalating isolation and tearfulness
- Lives for leaving and visiting or talking to those at home
- Difficulty focusing on class
- Low energy





# Adjusting to Change

Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Depression <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Academic Trouble <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Stalking Others <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Trolling Actions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Self-Injury <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Transient Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Alcohol/THC <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Adjusting to Change <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Intimidating Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Sexual Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Substantive Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Serious Drug Use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Vandalism <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Incel Behavior <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	White Supremacy <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Being Teased <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Being Stalked <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Being Controlled <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3

## Pathway Three

- Unbearable feelings only calmed by going home
- Conditional ultimatums and potentially suicidal thoughts
- Extreme isolation
- Poor focus/performance in class





**LOSS OR BEREAVEMENT**





# Loss or Bereavement

## Description

This category identifies those who have recently lost something important in their lives. This could be the death of a loved one, an important relationship that ended, a parental divorce, or a major disappointment related to a major or course of study. The nature of the loss here is secondary to the impact on their life. Similarly, there is not a specific timeframe for recency here, but rather looking to measure the impact of the pain. In extreme reactions to loss or bereavement, they become unable to function and may even contemplate suicide to escape from their pain.

Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
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Serious Drug Use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Vandalism <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Inc el Behavior <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	White Supremacy <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Being Teased <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Stalked <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Controlled <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3





# Loss or Bereavement

## Questions

- Have you lost someone important to you in recent months?
- Do you find it difficult to focus on everyday school due to intense thoughts about something or someone you lost?
- Have you recently experienced a major loss in your academic program or activities?
- Has there been something important that you wanted to do that suddenly was taken away from you?
- Have you been struggling following an important break up in a dating relationship or friendship?

Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Depression <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Academic Trouble <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Stalking Others <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Trolling Actions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
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# Loss or Bereavement

Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Depression <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Academic Trouble <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Stalking Others <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Trolling Actions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Self-Injury <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Transient Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
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Serious Drug Use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Vandalism <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Incel Behavior <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	White Supremacy <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
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## Pathway One

- Loss of an important relationship (break up, death)
- Sadness, worry, and difficulty focusing on other tasks
- Difficulty moving on; questioning past actions





# Loss or Bereavement

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

## Pathway Two

- Escalating grief and sadness; difficulty “letting go”
- In grief, constant tearfulness, inability to function
- In break up, attempts to push boundaries with ex





# Loss or Bereavement

Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Depression <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Academic Trouble <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Stalking Others <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Trolling Actions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Self-Injury <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Transient Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Alcohol/THC <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Adjusting to Change <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intimidating Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Sexual Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Substantive Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Serious Drug Use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Vandalism <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Incel Behavior <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	White Supremacy <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Being Teased <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Stalked <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Controlled <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3

## Pathway Three

- Concern from others
- Inability to function or care for self
- Thoughts of despair, escalating behaviors, suicidal ideas
- Desire to escape from pain and change circumstances





**BEING STALKED**





# Being Stalked

## Description

Stalking involves unwanted contact from another that becomes increasingly invasive, affecting a person's school or home life. Stalking may occur online or in-person and may occur infrequently or daily. In extreme cases, stalking may involve having their movements tracked, GPS devices following their movements or intrusive conversations with friends or others to find out where they may be

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3





# Being Stalked

## Questions

- Do you feel you are being watched or followed by another person?
- Have you ever had to change plans because you were worried about another person following you?
- Has someone's behavior following or talking with you harmed your schoolwork or relationships?
- Have you had to take steps to check your belongings for devices or plan what to do if you see someone who is stalking you?
- Have you felt threatened or fearful for your safety because someone won't leave you alone?

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3





# Being Stalked

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

## Pathway One

- Another person follows them in-person or online
- Lack of respect of boundaries to be left alone
- General feelings of worry or safety around someone





# Being Stalked

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

## Pathway Two

- Daily worry someone follows them online/in-person
- Requests to be left alone are ignored
- Growing fear of being harmed or hurt by the person





# Being Stalked

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

## Pathway Three

- Threats, boundary crossing; panic at being harmed
- Impacts school, family, friends
- Conduct/police involved; friends, family worried





**ANXIETY**





# Anxiety

## Description

Anxiety and worry become intense and overwhelming for them on a daily or weekly basis. What may start as a cloud of concern that seems to follow them everywhere they go begins to prevent them from accomplishing daily classwork. The worry may escalate into intense panic attacks, as well as fear of crowds or social interactions. They may feel hopeless and unable to imagine an existence without worry.

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incels Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Weapons Interest/Acceptance</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3





# Anxiety

## Questions

- Do you find yourself worrying about things you have little control over?
- Has your worry ever grown into a panic attack?
- Does your worry or anxiety keep you from completing your classwork?
- Have you had to cancel plans because of your worry and fear?
- Has your worry, anxiety, or hopelessness ever left you feeling like you can't continue?

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3





# Anxiety

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3

## Pathway One

- Frequent worry or concern about the future
- Currently manageable with discomfort
- Impacts fun, school, family, friends





# Anxiety

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

## Pathway Two

- Growing hopelessness, fear and concern
- Barely managing day to day activities
- Hard to recall times where there is no worry





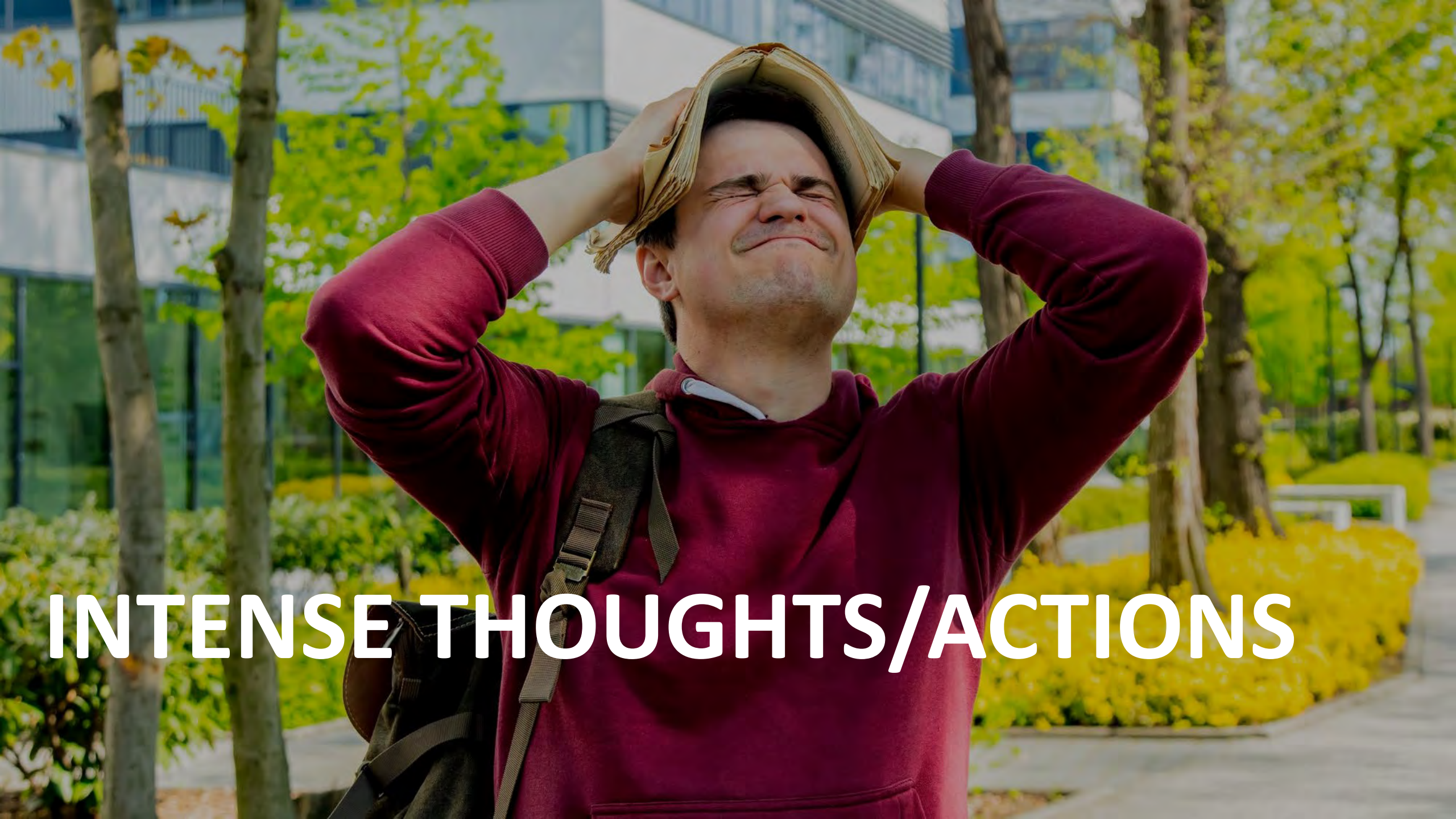
# Anxiety

Suicide <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Social Problems <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Anxiety <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Affective Violence <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3
Depression <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Academic Trouble <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Stalking Others <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Trolling Actions <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3
Self-Injury <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Transient Threats <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3
Alcohol/THC <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Adjusting to Change <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Intimidating Behaviors <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Sexual Violence <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Substantive Threats <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3
Serious Drug Use <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Vandalism <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Incel Behavior <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	White Supremacy <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3
Being Teased <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Being Stalked <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Being Controlled <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3

## Pathway Three

- Constant worry, extreme panic
- Unable to attend class or be with friends
- Anxiety and worry cause incapacitation





**INTENSE THOUGHTS/ACTIONS**





# Intense Thoughts/ Actions

## Description

Intense thoughts can involve unrelenting ideas that drive a person to actions that are often unsafe or unreasonable. These thoughts and actions may include financial overspending, unrealistic commitments, high-risk sexual encounters, dangerous risk-taking behaviors, or impulsive changed to academic classes or work. These thoughts and actions occur over a wide range of behaviors and often cause concern with friends, families, instructors, and supervisors. In extreme cases, behaviors lead to negative consequences such as conduct violations or criminal charges.

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3





# Intense Thoughts/ Actions

## Questions

- Do you feel overwhelmed with many ideas all at once resulting in overcommitment and failed follow-through?
- Are your friends and family always describing you as jumping from idea to idea without completing tasks?
- Have you frequently shifted majors, friendships, or memberships in clubs, organizations, or sports teams?
- Do you quickly make decisions to try new things without always considering your current commitments or long-term costs?
- Do you make impulsive decisions in relationships and social connections that often lead to negative outcomes such as conduct or law enforcement involvement?

Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Depression <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Academic Trouble <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Stalking Others <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Trolling Actions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Self-Injury <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Transient Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Alcohol/THC <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Adjusting to Change <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Intimidating Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Sexual Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Substantive Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Serious Drug Use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Vandalism <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Incel Behavior <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	White Supremacy <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Being Teased <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Being Stalked <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Being Controlled <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3





# Intense Thoughts/ Actions

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

## Pathway One

- Rapid thoughts, intense energy, frequent new ideas
- Some difficulty with follow through, too many tasks
- Financial difficulties
- Strained friendships





# Intense Thoughts/ Actions

Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Depression <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Academic Trouble <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Stalking Others <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Trolling Actions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Self-Injury <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Transient Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Alcohol/THC <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Adjusting to Change <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intimidating Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Sexual Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Substantive Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Serious Drug Use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Vandalism <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Incels Behavior <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	White Supremacy <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Being Teased <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Stalked <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Controlled <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3

## Pathway Two

- Intensive and powerful ideas and thoughts
- Driven to action despite negative consequences
- Escalating grand ideas, financial troubles, and conflicts





# Intense Thoughts/ Actions

Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Depression <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Academic Trouble <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Stalking Others <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Trolling Actions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Self-Injury <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Transient Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Alcohol/THC <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Adjusting to Change <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intimidating Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Sexual Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Substantive Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Serious Drug Use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Vandalism <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Incel Behavior <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	White Supremacy <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Being Teased <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Stalked <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Controlled <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3

## Pathway Three

- Extreme risky ideas and actions, putting life at risk
- Law enforcement/conduct involvement
- Lacking inhibitions; impulsive risk-taking
- Suicidal or hopeless feelings alternating with euphoria and escalation





**HALLUCINATIONS/DELUSIONS**





# Hallucinations/ Delusions

## Description

An individual experiences odd, strange, or intrusive thoughts causing them concern and worry. These are often noticed by friends, peers, teachers, or supervisors resulting in strange looks or avoidance. As these experiences escalate, the person has difficulty focusing on academics and relationships. Intensifying experiences include hearing sounds or voices that are not there, seeing images, having visions, or smelling things that are not present. These hallucinations may begin to command the person to do things or keep a continuous, negative commentary on their behavior, appearance, or actions.

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3





# Hallucinations/ Delusions

## Questions

- Have you ever had thoughts or ideas that you kept to yourself because other people would find them strange or odd?
- Do you have recurring thoughts that describe your appearance or actions as negative?
- Do you see or hear things that you know are not there, but they will not stop?
- Have you experienced voices or thoughts that keep you from completing tasks or have caused you to lose a relationship?
- Do intrusive thoughts, visions, or voices keep you from getting out of bed or interacting with others?

Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Depression <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Academic Trouble <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Stalking Others <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Trolling Actions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Self-Injury <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Transient Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Alcohol/THC <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Adjusting to Change <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intimidating Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Sexual Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Substantive Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Serious Drug Use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Vandalism <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Incel Behavior <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	White Supremacy <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Being Teased <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Stalked <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Controlled <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3





# Hallucinations/ Delusions

Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Depression <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Academic Trouble <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Stalking Others <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Trolling Actions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Self-Injury <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Transient Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Alcohol/THC <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Adjusting to Change <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Intimidating Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Sexual Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Substantive Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Serious Drug Use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Vandalism <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Incel Behavior <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	White Supremacy <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Being Teased <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Being Stalked <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Being Controlled <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3

## Pathway One

- Occasional odd, intrusive thoughts or experiences
- Concern or worry over loss of self
- Noticed by peers, classmates, family





# Hallucinations/ Delusions

Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Depression <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Academic Trouble <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Stalking Others <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Trolling Actions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Self-Injury <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Transient Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Alcohol/THC <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Adjusting to Change <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Intimidating Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Sexual Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Substantive Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Serious Drug Use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Vandalism <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Incel Behavior <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	White Supremacy <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Being Teased <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Being Stalked <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Being Controlled <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3

## Pathway Two

- Frequent odd, intrusive, or punishing ideas
- Panic or worry; lack of control
- Impact on class, friends, family





# Hallucinations/ Delusions

Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Depression <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Academic Trouble <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Stalking Others <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Trolling Actions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Self-Injury <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Transient Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Alcohol/THC <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Adjusting to Change <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intimidating Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Sexual Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Substantive Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Serious Drug Use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Vandalism <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Incels Behavior <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	White Supremacy <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Being Teased <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Stalked <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Controlled <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3

## Pathway Three

- Daily odd, intrusive or punishing thoughts
- Inability to focus or care for self, or attend school
- Hallucinations “command” compliance





**INTIMIDATING BEHAVIORS**





# Intimidating Behaviors

## Description

This broad category describes a person who engages in behaviors or actions that make others feel uncomfortable, unsafe, or bad about themselves. They may be acting alone or as part of a group they belong to (e.g., friends, sports team, club, department) and may include bragging about their own accomplishments or shaming other people for failures, being poor, overweight, differently abled, their clothes, or smell. As these behaviors increase, they become controlling, threatening, and present a risk of arrest or conduct action. These could include hazing, the use of power to force compliance on others, and becoming increasingly beyond of what a group or team may see as reasonable. As circumstances increase, behaviors and rituals carry a risk of injury or death and have no sanction from the larger group.

Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Depression <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Academic Trouble <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Stalking Others <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Trolling Actions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Self-Injury <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Transient Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Alcohol/THC <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Adjusting to Change <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intimidating Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Sexual Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Substantive Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Serious Drug Use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Vandalism <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Inc el Behavior <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	White Supremacy <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Being Teased <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Stalked <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Controlled <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3





# Intimidating Behaviors

## Questions

- Have you ever participated in hazing others as part of a new friend group, sports, or Greek life?
- Have there been times where things started out as simple hazing and started to make you question and worry about what you were participating in?
- Have you teased, made fun of, or threatened another person to the point where you were surprised by their reaction?
- Have you bragged about causing harm, shaming, or teasing another person to a group of friends?
- Have you had student conduct or law enforcement involvement related to hazing, teasing, or treating another person in a harmful manner?

Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Depression <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Academic Trouble <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Stalking Others <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Trolling Actions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Self-Injury <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Transient Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Alcohol/THC <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Adjusting to Change <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intimidating Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Sexual Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Substantive Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Serious Drug Use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Vandalism <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Incel Behavior <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	White Supremacy <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Being Teased <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Stalked <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Controlled <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3





# Intimidating Behaviors

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

## Pathway One

- Intimidation or threats made as part of group
- No risk of death or lasting physical harm
- Bragging about actions
- Shaming others based on finances, disability, weight, etc.





# Intimidating Behaviors

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

## Pathway Two

- Increasingly dangerous forced activities including mental torture
- May or may not be sanctioned by group, club or team
- Growing risk of harm or legal/HR/conduct involvement





# Intimidating Behaviors

Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Depression <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Academic Trouble <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Stalking Others <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Trolling Actions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Self-Injury <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Transient Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Alcohol/THC <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Adjusting to Change <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intimidating Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Sexual Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Substantive Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Serious Drug Use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Vandalism <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Incel Behavior <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	White Supremacy <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Being Teased <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Stalked <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Controlled <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3

## Pathway Three

- Hazing or intimidating activities could lead to death or permanent injury
- Lack of group sanctioning or remorse for harm caused
- Conduct or law enforcement involved





# VANDALISM





# Vandalism

## Description

This category covers either unintentional or intentional damage to buildings or property. Lower levels of concerns include unplanned and impulsive actions that cause little damage or harm, perhaps even occurring when intoxicated. Escalating concerns occur when the vandalism is planned, causes larger damage or harm to others, and they continue their actions even when experiencing student conduct or criminal charges. Vandalism becomes even more concerning when narrowly focused on a group or individual with a desired outcome of shame, harm, or threats to change their behavior or intimidate them.

Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Depression <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Academic Trouble <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Stalking Others <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Trolling Actions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Self-Injury <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Transient Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Alcohol/THC <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Adjusting to Change <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intimidating Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Sexual Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Substantive Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Serious Drug Use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Vandalism <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Incel Behavior <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	White Supremacy <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Being Teased <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Stalked <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Controlled <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3





# Vandalism

## Questions

- Have you ever become intoxicated and vandalized a building or someone's property?
- Have you destroyed or defaced something simply for the thrill or chaos of the action (like throwing an electric scooter in a river or breaking a window in a public area)?
- Have you ever been so angry that you have gotten back at another person, system, or department by vandalizing their workspace or personal vehicle?
- Have you gotten in trouble with student conduct or law enforcement due to vandalism?
- Have you ever destroyed or vandalized something to send a message?

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3





# Vandalism

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

## Pathway One

- Unplanned and impulsive actions to random target
- Limited damage (spray paint, breaking exit signs)
- Motivated by “thrill” or done while using substances





# Vandalism

Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Depression <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Academic Trouble <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Stalking Others <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Trolling Actions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Self-Injury <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Transient Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Alcohol/THC <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Adjusting to Change <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Intimidating Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Sexual Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Substantive Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Serious Drug Use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Vandalism <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Incels Behavior <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	White Supremacy <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Being Teased <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Being Stalked <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Being Controlled <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3

## Pathway Two

- Escalating damage to buildings or personal property
- Increased targeting of location or narrowing to site
- Conduct or law enforcement involvement





# Vandalism

Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Depression <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Academic Trouble <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Stalking Others <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Trolling Actions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Self-Injury <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Transient Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Alcohol/THC <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Adjusting to Change <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intimidating Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Sexual Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Substantive Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Serious Drug Use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Vandalism <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Incels Behavior <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	White Supremacy <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Being Teased <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Stalked <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Controlled <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3

## Pathway Three

- Excessive and escalating damage to a building or system
- Fixation/focus on person or group to send message
- Law enforcement involvement, felony damage



A close-up, slightly blurred photograph of two men in suits. The man on the left is looking down with a distressed or pained expression, his hand near his face. The man on the right is looking towards him with a serious, perhaps judgmental or concerned, expression. The background is out of focus, showing what appears to be the interior of a vehicle or a modern building with large windows.

**BEING CONTROLLED**





# Being Controlled

## Description

This type of violence is experienced from a dating or domestic partner. It involves controlling their behavior, often monitoring their life and/or online presences. It may include verbal threats, jealousy, or rage. Their contact with others may be limited, they may be degraded, insulted, and experience pushing, shoving, slapping or other forms of assault.

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3





# Being Controlled

## Questions

- Does the person you are with try to control where you go and who you see?
- Have you experienced feelings of gaslighting and being made to feel dumb or degraded by your partner when you raise a concern?
- Does your partner attempt to control your spending, travel, friends, time, demands for sexual contact or other aspects of your life?
- Has your partner threatened or intimidated you to the point where you felt concerned for your safety?
- Have you been hit, slapped, pushed or shoved when they were angry or upset?

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3





# Being Controlled

Suicide <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Social Problems <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Anxiety <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Affective Violence <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3
Depression <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Academic Trouble <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Stalking Others <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Trolling Actions <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3
Self-Injury <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Transient Threats <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3
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Serious Drug Use <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Vandalism <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Incel Behavior <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	White Supremacy <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3
Being Teased <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Being Stalked <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Being Controlled <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3

## Pathway One

- Experience controlling behavior or accusations
- Social media, cell phone, money monitored by partner
- Partner expressed extreme jealousy, demeaning language





# Being Controlled

Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Depression <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Academic Trouble <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Stalking Others <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Trolling Actions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
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Alcohol/THC <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Adjusting to Change <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intimidating Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Sexual Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Substantive Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Serious Drug Use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Vandalism <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Incel Behavior <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	White Supremacy <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Being Teased <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Stalked <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Controlled <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3

## Pathway Two

- Contact with others is limited; degrading talk
- Partner makes frequent threats of physical harm
- Partner constantly minimizing feelings and/or shaming





# Being Controlled

Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Depression <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Academic Trouble <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Stalking Others <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Trolling Actions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Self-Injury <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Transient Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Alcohol/THC <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Adjusting to Change <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intimidating Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Sexual Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Substantive Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Serious Drug Use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Vandalism <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Incel Behavior <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	White Supremacy <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Being Teased <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Stalked <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Controlled <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3

## Pathway Three

- Physical violence experienced
- Partner demands isolation from friends and family
- Conduct/police involved; friends, family worried



A close-up photograph of a human hand with fingers spread wide, reaching towards the viewer. The hand is the central focus, with a soft, natural skin tone. The background is heavily blurred, showing indistinct shapes and colors like teal, pink, and white, suggesting an indoor setting with other people or objects. The lighting is soft and even, highlighting the texture of the skin and the spread of the fingers. The overall mood is one of directness and perhaps a warning or a plea for attention.

**HARASSING**





# Harassing Behaviors

## Description

These occur when a person is harassing others through unwanted communication despite being asked to stop or redirecting the behavior through informal communications. Escalations of the harassing behavior include deeper intrusions into the person's personal life, repeated behaviors despite requests to stop, and harassment that causes harm due to threats, sexual violence, or power differentials. The behaviors reach a further concern when student conduct or law enforcement becomes involved and/or the harassment creates a severe impact on the target's ability to function in their academic or personal life.

Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Depression <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Academic Trouble <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Stalking Others <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Trolling Actions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Self-Injury <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Transient Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Alcohol/THC <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Adjusting to Change <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Intimidating Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Sexual Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Substantive Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Serious Drug Use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Vandalism <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Incel Behavior <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	White Supremacy <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Being Teased <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Being Stalked <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Being Controlled <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3





# Harassing Behaviors

## Questions

- Have you continued to follow a person or ask questions of them when they have asked you to stop?
- Has your behavior ever been described as threatening or harmful to another person's ability to function in their daily life?
- Have you felt so driven to talk to another person about a problem that nothing else matters until you are able to have that problem resolved?
- Have you ever gotten into trouble with student conduct or law enforcement for harassing another person?

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3





# Harassing Behaviors

Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Depression <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Academic Trouble <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Stalking Others <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Trolling Actions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Self-Injury <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Transient Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Alcohol/THC <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Adjusting to Change <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Intimidating Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Sexual Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Substantive Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Serious Drug Use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Vandalism <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Incel Behavior <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	White Supremacy <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Being Teased <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Being Stalked <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Being Controlled <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3

## Pathway One

- Unwanted communication or action
- Continues despite limits and boundaries
- Informal attempts to resolve





# Harassing Behaviors

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

## Pathway Two

- Frequent unwanted behavior or action
- Conduct or law enforcement history
- Several attempts to stop behavior by others





# Harassing Behaviors

Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Depression <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Academic Trouble <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Stalking Others <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Trolling Actions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Self-Injury <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Transient Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Alcohol/THC <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Adjusting to Change <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intimidating Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Sexual Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Substantive Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Serious Drug Use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Vandalism <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Incel Behavior <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	White Supremacy <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Being Teased <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Stalked <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Controlled <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3

## Pathway Three

- Continual unwanted behavior or action
- Inability to stop behavior despite intervention
- Strong escalation with increasing harm
- Conduct or police involvement



A person wearing a grey hoodie is seen from behind, sitting at a wooden desk. They are looking at two computer monitors. The room is dimly lit, with the primary light source coming from the screens. The background is a dark, solid color.

# STALKING OTHERS





# Stalking Others

## Description

Stalking behaviors begin with an intense focus on another person or group that leads to fantasies and connection with them regardless of their openness to such interactions. These behaviors may occur in-person or online and can progress from minor boundary violations (e.g., interrupting them while they are eating with friends, following them home, unwanted social media posts on their account) to more elaborate observation, planning and monitoring of the target. As the stalking behaviors increase, boundaries continue to be crossed, stay-away or no-contact orders may be put into place, and/or student conduct or law enforcement may have become involved. Threats of violence, breaking no-contact orders, and an obsessional progression toward the target indicate an extreme level of concern.

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# Stalking Others

## Questions

- Have you ever wanted to be with someone so much that nothing else mattered?
- Have you fantasized about being with someone who has said they don't want anything to do with you?
- Have you ever violated a no-contact or stay-away order that was put in place to keep you from contacting another person?
- Do you ever feel like if the other person would just listen to you, they would understand and they wouldn't see the behavior as stalking, but rather would see it as romantic?
- Do you feel like part of dating is continuing to show interest in someone who initially doesn't like you until they change their mind?
- Have your friends or family ever cautioned you to leave another person alone because your actions aren't

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# Stalking Others

## Pathway One

- Specific interest and obsessional thoughts
- Fantasies about being with the target
- Minor boundary crossings





# Stalking Others

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## Pathway Two

- Frequent thoughts and fantasies
- Elaborate planning; monitoring of target
- Conduct or law enforcement history





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# Stalking Others

## Pathway Three

- Constant fantasies and/or injustice collecting
- Threats, no-contact violations
- Escalating behaviors without concern





# ACTS OF PARTNER VIOLENCE





# Acts of Partner Violence

## Description

Partner violence occurs the individual attempts to control, manipulate, degrade, threaten, or demean the person they are dating, living with, or who they have had a relationship with in the past. Behaviors often start around limiting the friends they can have, how they spend their money, monitoring their time, phone and social media, and eventually lead to ultimatums, gas-lighting, and threats of or actual physical violence. They may shout, slap, hit, or prevent movement (e.g., taking keys, locking doors, taking money or credit cards) and escalate into threats of death or more frequent physical violence. Threats and violence become constant and there is involvement with Title IX, student conduct and/or law enforcement.

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
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# Acts of Partner Violence

## Questions

- Have you ever been so mad at the person you are dating that you have hit them?
- Have you gone through your partner's phone, social media, or financial accounts to see what they are up to?
- Do you just know that your partner has been unfaithful, and you just want to understand why they would do this to you?
- Do you think things would be fine if the person you are dating would just spend more time with you instead of their friends and family?
- Have you been involved with student conduct or law enforcement because of domestic or partner violence?
- Have you ever had a no-contact or stay-away order placed against you?

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3





# Acts of Partner Violence

Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Depression <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Academic Trouble <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Stalking Others <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Trolling Actions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Self-Injury <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Transient Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Alcohol/THC <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Adjusting to Change <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Intimidating Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Sexual Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Substantive Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Serious Drug Use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Vandalism <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Incel Behavior <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	White Supremacy <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Being Teased <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Being Stalked <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Being Controlled <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3

## Pathway One

- Controlling behavior to partner
- Monitoring of social media, cell phone, money
- Verbal threats, demeaning language, jealousy





# Acts of Partner Violence

Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Depression <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Academic Trouble <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Stalking Others <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Trolling Actions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Self-Injury <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Transient Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Alcohol/THC <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Adjusting to Change <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Intimidating Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Sexual Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Substantive Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Serious Drug Use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Vandalism <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Incel Behavior <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	White Supremacy <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Being Teased <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Being Stalked <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Being Controlled <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3

## Pathway Two

- Limiting contact with others
- Shouting and threatening
- Slapping, hitting, shoving, while blaming partner for aggression
- Minimizing feelings of partner, degrading talk, shame





# Acts of Partner Violence

Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Depression <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Academic Trouble <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Stalking Others <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Trolling Actions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Self-Injury <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Transient Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Alcohol/THC <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Adjusting to Change <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intimidating Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Sexual Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Substantive Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Serious Drug Use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Vandalism <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Incel Behavior <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	White Supremacy <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Being Teased <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Stalked <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Controlled <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3

## Pathway Three

- Frequent threats of serious physical violence
- Weekly hitting, slapping shoving
- Unpredictable rage
- Involvement with conduct/law enforcement





# SEXUAL VIOLENCE





# Sexual Violence

## Description

Sexually violent behavior can be inclusive of grooming and approach behaviors such as coercing someone to have sex, expounding on misogynist attitudes, or objectifying a person by reducing them to a sexual outlet. As the behavior escalates, they use drugs, alcohol, or force to overcome hesitancy and resistance in their target. They may use group and social pressures to intimidate others, but to obtain sex and shame and frighten their target into silence. There may have been past behavior of rape and sexual assault, harassment and violence with conduct Title IX and/or law enforcement action.

Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Depression <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Academic Trouble <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Stalking Others <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Trolling Actions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Self-Injury <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Transient Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Alcohol/THC <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Adjusting to Change <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intimidating Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Sexual Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Substantive Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Serious Drug Use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Vandalism <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Incel Behavior <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	White Supremacy <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Being Teased <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Stalked <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Controlled <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3





# Sexual Violence

## Questions

- Do you feel that a person telling you no to sex is just someone who needs to be convinced into a yes?
- Have you had experiences where you were unsure if the other person was fully conscious while having sex with them?
- Do you think alcohol and drugs help women overcome hesitation and be able to have more fun and sex?
- Have you been involved in a Title IX complaint as the responding party?

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3





# Sexual Violence

Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Depression <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Academic Trouble <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Stalking Others <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Trolling Actions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
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Alcohol/THC <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Adjusting to Change <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intimidating Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Substantive Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Serious Drug Use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Vandalism <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Incel Behavior <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	White Supremacy <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Being Teased <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Stalked <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Controlled <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3

## Pathway One

- Misogynist attitudes
- Using alcohol to obtain sex
- Separates desired person from their friends
- Uses persuasion and coercion to obtain sex





# Sexual Violence

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

## Pathway Two

- Has nonconsensual sex through alcohol/drugs
- Threatens and intimidates others into sexual acts
- Uses group pressure and threats to silence complaints





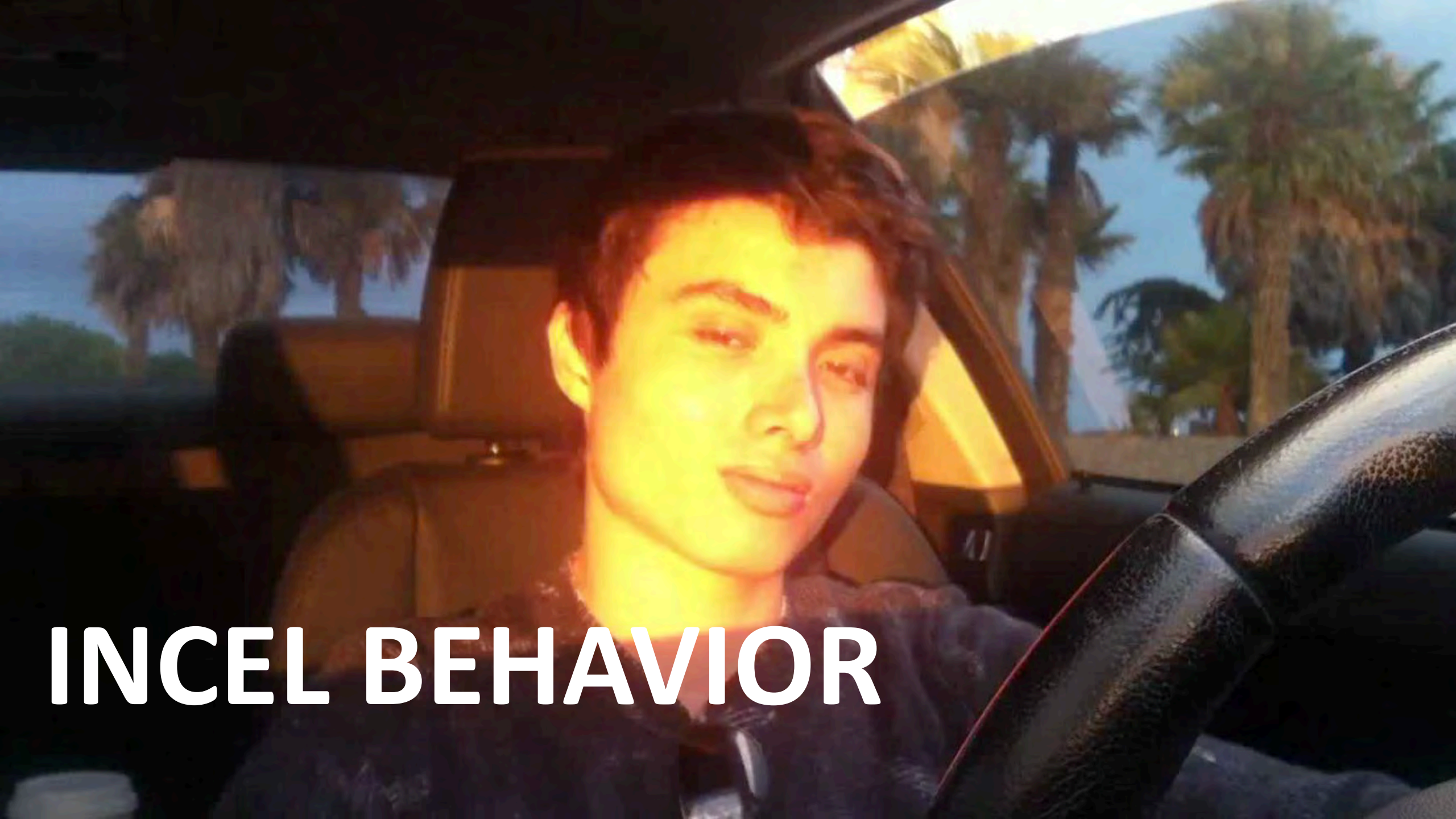
# Sexual Violence

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

## Pathway Three

- Uses or threatens to use force to rape
- Disregard for impact of behavior toward others
- Threatens retaliation or shaming if victim reports





**INCEL BEHAVIOR**





# Incel Behavior

## Description

At the early stages, they often feel alone, unable to date, or have any success in connecting with women. They blame women and society for their perceived failures at dating and increasingly turn to chat groups and the internet to find others who agree with them. Their anger increases as they continue to create unrealistic expectations for their dating and sexual desires and they become increasingly isolated, angry, and vindictive towards women and society. Their behavior further escalates to involve threats of violence with conduct and/or law enforcement engagement.

Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Depression <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Academic Trouble <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Stalking Others <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Trolling Actions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Self-Injury <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Transient Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Alcohol/THC <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Adjusting to Change <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intimidating Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Sexual Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Substantive Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Serious Drug Use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Vandalism <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Incel Behavior <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	White Supremacy <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Being Teased <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Stalked <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Controlled <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3





# Incel Behavior

## Questions

- How important is it to find someone to date and be with sexually?
- What are some of the roadblocks to dating and connecting with others?
- Do you think you have something valuable you can share in a relationship?
- How does society need to change to create an improved playing field?
- What would you tell a friend is the best way is to approach someone they want to date?

Suicide <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Social Problems <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Anxiety <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Affective Violence <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3
Depression <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Academic Trouble <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Stalking Others <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Trolling Actions <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3
Self-Injury <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Transient Threats <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3
Alcohol/THC <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Adjusting to Change <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Intimidating Behaviors <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Sexual Violence <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Substantive Threats <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3
Serious Drug Use <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Vandalism <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Incel Behavior <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	White Supremacy <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3
Being Teased <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Being Stalked <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Being Controlled <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3





# Incel Behavior

Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
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Serious Drug Use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Vandalism <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Incel Behavior <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	White Supremacy <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Being Teased <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Stalked <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Controlled <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3

## Pathway One

- Alone, frustrated and little social or dating success
- Blames women for their own failure
- Reads incel theory online and/or joins incel chat groups





# Incel Behavior

Suicide <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Social Problems <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Anxiety <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Affective Violence <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3
Depression <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Academic Trouble <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Stalking Others <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Trolling Actions <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3
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Alcohol/THC <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Adjusting to Change <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Intimidating Behaviors <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Sexual Violence <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Substantive Threats <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3
Serious Drug Use <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Vandalism <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Incel Behavior <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	White Supremacy <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3
Being Teased <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Being Stalked <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Being Controlled <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3

## Pathway Two

- Pervasive struggles in class
- Anger towards women with harassment and threats made
- Failure at dating
- Increased social media posts
- Poor self-concept; believes no one cares for them





# Incel Behavior

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
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<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
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## Pathway Threat

- Vindictive and angry at their failure and at women
- Escalating angry threats and harassment of women
- Giving up, isolation, adopting 'black pill' incel belief



**EATING/SLEEPING**







# Eating/Sleeping

## Description

They experience a loss of appetite due to sadness or an increase in eating as emotional coping. As eating problems increase, they begin to lose or gain weight, have increasing health concerns, and others express concern about their behaviors. Sleep may be difficult to maintain due to early waking, difficulty falling asleep, or sleeping to escape or avoid others. They feel tired, overwhelmed, and exhausted and have difficulty focusing on school or friendships. They may experience intense nightmares or wakefulness and others express concern. As sleep and/or eating trouble increases, they can think of little else. Problems continue with increased isolation, and they are unable to function at school or with friends.

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# Eating/Sleeping

## Questions

- How much time do you spend thinking about eating each day?
- Have other people expressed worry about your eating too much or too little?
- Do you find yourself sleeping eight hours or more and still feeling tired?
- Do you have difficulty falling asleep and staying asleep at night?
- Do you regularly use sleep to escape thinking about your life?
- Have you slept too much or too little such that it has impacted your school?

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# Eating/Sleeping

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## Pathway One

- Loss of appetite or eating more to cope
- Unable to fall asleep, frequent waking or early rising
- Frequent worry about food or sleep
- Disturbance in daily routine





# Eating/Sleeping

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## Pathway Two

- Sleep and/or eating concerns are all consuming
- Low appetite, not eating, growing weight loss
- Missing classes due to sleep exhaustion
- Others express worry over their eating/sleep habits





# Eating/Sleeping

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<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
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<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
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## Pathway Three

- Medical concern around weight loss
- Jittery and unable to sleep or almost constant sleeping
- Increased hopelessness, negative self-view
- Emergence of suicidal thoughts or actions to avoid pain





**AFFECTIVE VIOLENCE**





# Affective Violence

## Description

This violence is driven by emotions and immediate environmental stressors. The individual is reactive, impulsive, and acts in a poorly planned manner. This often involves yelling, intimidating gestures, and transient threats (threats possessing a lower likelihood of being carried out). This type of violence rarely leads to life threatening actions (such as school shootings), however as the individual escalates, they often face multiple interactions with student conduct and law enforcement.

Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
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Self-Injury <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Transient Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Alcohol/THC <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Adjusting to Change <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intimidating Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Sexual Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Substantive Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Serious Drug Use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Vandalism <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Inc el Behavior <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	White Supremacy <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Being Teased <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Stalked <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Controlled <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3





# Affective Violence

## Questions

- Do you ever get so angry that you just want to hit something?
- Do you feel as if others push your buttons on purpose and really get what is coming to them?
- Have your friends, teachers, family, or others described you as someone with a short fuse?
- Have you gotten into frequent arguments with others that become physical?
- Have you had run ins with law enforcement because of your anger?
- Have you lost relationships (dating, friendships) because of your anger?

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3





# Affective Violence

Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Depression <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Academic Trouble <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Stalking Others <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Trolling Actions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Self-Injury <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Transient Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Alcohol/THC <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Adjusting to Change <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intimidating Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Sexual Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Substantive Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Serious Drug Use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Vandalism <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Incel Behavior <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	White Supremacy <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Being Teased <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Stalked <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Controlled <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3

## Pathway One

- Immediate emotional reactions
- Impulsive behaviors that are poorly thought out
- No major injury or legal involvement





# Affective Violence

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

## Pathway Two

- Escalating yelling, threatening, gesturing
- Outburst resulting in negative outcomes
- Conduct or law enforcement involvement





# Affective Violence

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3

## Pathway Three

- Immediate emotional reactions
- Impulsive behaviors that are poorly thought out
- No major injury or legal involvement



The image features three garden gnomes against a dark blue background. The gnomes are made of light-colored material, possibly ceramic or wood, and have large, bulbous noses and pointed green hats. The gnomes in the foreground are in sharp focus, while the one in the background is blurred. The text "TROLLING ACTIONS" is overlaid in white, bold, sans-serif font across the lower portion of the image.

**TROLLING ACTIONS**





<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

# Trolling Actions

## Description

They take pleasure in setting up scenarios that frustrate and infuriate others, in face-to-face and/or online interactions. They often don't care about the issue, but instead take a point of view to get a reaction from someone who feels strongly about a topic (often politics, religion, abortion, women's rights, GLBTQ rights). As the behavior increases the frequency of the interactions and posts become defining in a person's life. They care little for others and often end up in student conduct or legal/criminal actions. They can end up isolated and alone, sometimes engaging in affective violence when they feel trapped or called out on their true nature.





<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

# Trolling Actions

## Questions

- Do you enjoy saying or posting things online that you know are going to cause turmoil?
- Have you ever gotten spoken to by student conduct or police for what would be considered “trolling” or harassing behaviors?
- Do you feel like trolling others is really a way of pranking someone and people shouldn’t take it so seriously?
- Have you ever harassed or trolled someone and were surprised by the kind of reaction they had?
- What is your best story where someone fell for one of your jokes, posts, memes or the like?





Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Depression <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Academic Trouble <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Stalking Others <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Self-Injury <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Transient Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Alcohol/THC <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Adjusting to Change <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intimidating Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Sexual Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Substantive Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
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# Trolling Actions

## Pathway One

- Enjoys 'pushing buttons' and getting attention
- Posts on social media or verbal baiting; gaslighting
- Has multiple issues they troll on, seeking to get reaction





Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Depression <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Academic Trouble <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Stalking Others <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Self-Injury <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Transient Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Alcohol/THC <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Adjusting to Change <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Intimidating Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Sexual Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Substantive Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Serious Drug Use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Vandalism <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Incels Behavior <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	White Supremacy <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Being Teased <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Being Stalked <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Being Controlled <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3

# Trolling Actions

## Pathway Two

- Increasing trolling intensity on social media or in person
- Goes 'for the laugh' despite conduct or criminal outcome
- Trolls on multiple subjects to increase reactions





Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
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Self-Injury <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Transient Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Alcohol/THC <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Adjusting to Change <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intimidating Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Sexual Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Substantive Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Serious Drug Use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Vandalism <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Incels Behavior <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	White Supremacy <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
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# Trolling Actions

## Pathway Three

- Trolling becomes constant
- Legal/conduct action
- Engages others intensely and aggressively
- Total disregard for others' feelings or outcome



A close-up shot of a young man with dark, curly hair, wearing a large, black and red gaming headset. He has a very intense, angry expression on his face, with his mouth wide open in a shout or scream, showing his teeth. His eyes are squinted and his eyebrows are furrowed. He is wearing a light blue button-down shirt over a dark t-shirt. The background is dark and out of focus, with a prominent circular bokeh light source in the upper left. The overall lighting is cool and blue-toned.

**TRANSIENT THREATS**





# Transient Threats

## Description

They engage in threats that have very little likelihood of being carried out (actionability). The threat itself lacks danger (lethality), is often made in the “heat of the moment,” and is reactive to a situation they find themselves in. The threats are poorly planned and have more in common with affective violence than predatory or targeted violence. As they continue to engage in transient threats the frequency increases, the specificity toward a target becomes more narrowed and a time or location may be mentioned. It would be reasonable to see the extreme level of transient threats to cross over into the substantive threat range, as the threats become more actionable (likely to occur) and lethal (dangerous).

Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
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Self-Injury <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Transient Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
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Being Teased <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Being Stalked <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Being Controlled <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3





# Transient Threats

## Questions

- Have you ever gotten in trouble for something you said in the heat of the moment?
- Are there times you can remember when you have gotten so angry you aren't even sure of what you said to another person?
- Have you gotten in trouble for yelling or threatening something you didn't really mean?
- Have you had to talk to police or law enforcement because of a threat you made to another person?
- Are there times that someone has taken what you said in anger out of context and felt threatened by it?

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3





# Transient Threats

## Pathway One

- Occasional or one-time intimidation
- Threat is vague and lacks actionability
- Threat results from stressor or feeling threatened

Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Depression <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Academic Trouble <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Stalking Others <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Trolling Actions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Self-Injury <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Transient Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Alcohol/THC <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Adjusting to Change <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Intimidating Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Sexual Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Substantive Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Serious Drug Use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Vandalism <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Incel Behavior <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	White Supremacy <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Being Teased <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Being Stalked <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Being Controlled <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3





# Transient Threats

Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Depression <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Academic Trouble <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Stalking Others <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Trolling Actions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Self-Injury <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Transient Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Alcohol/THC <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Adjusting to Change <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intimidating Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Sexual Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Substantive Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Serious Drug Use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Vandalism <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Incel Behavior <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	White Supremacy <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Being Teased <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Stalked <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Controlled <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3

## Pathway Two

- Frequent or more severe threat made
- Threat is more specific and plausible
- Others are concerned person will act





# Transient Threats

Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Depression <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Academic Trouble <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Stalking Others <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Trolling Actions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Self-Injury <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Transient Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Alcohol/THC <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Adjusting to Change <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Intimidating Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Sexual Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Substantive Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Serious Drug Use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Vandalism <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Incel Behavior <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	White Supremacy <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Being Teased <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Being Stalked <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Being Controlled <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3

## Pathway Three

- Threat is severe and detailed to target
- Could be actionable and lethal
- Threat reinforced or made multiple times



A close-up, low-angle shot of a person's hand holding a black handgun. The person is wearing a grey t-shirt and blue jeans. The background is a blurred hallway with lockers or storage units on the right side. The lighting is dim, creating a somber and tense atmosphere.

**SUBSTANTIVE THREATS**





# Substantive Threats

## Description

In contrast to transient threats, substantive threats are more actionable (likely to occur) and lethal (life threatening and dangerous). While substantive threats may be vague and broad at first, there remains a level of concern in what was said that is different than a transient threat. Lower-level substantive threats (like transient ones) are often used to save face, avoid embarrassment, or intimate another person. As the threat becomes more specific (e.g., mentions time, location, weapon, overcoming security or a police response), the threat becomes a higher level of concern. In extreme substantive threats, the individual often sees no other action and is willing to carry out their threat with little concern for their personal safety.

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3





# Substantive Threats

## Questions

- Have you ever made a threat that resulted in you talking with police?
- When people hurt you, do you sometimes think it's best to wait and get them back when they are vulnerable?
- Have you made a threat toward someone that has caused them so much worry that they have missed school or a social event?
- Do you agree with the phrase, "if someone pushes me far enough, I don't threaten, I make a promise to them about what is about to happen?"

Suicide <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Social Problems <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Anxiety <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Affective Violence <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3
Depression <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Academic Trouble <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Stalking Others <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Trolling Actions <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3
Self-Injury <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Transient Threats <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3
Alcohol/THC <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Adjusting to Change <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Intimidating Behaviors <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Sexual Violence <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Substantive Threats <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3
Serious Drug Use <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Vandalism <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Incels Behavior <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	White Supremacy <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3
Being Teased <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Being Stalked <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Being Controlled <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="radio"/> <input type="radio"/> 1 2 3





# Substantive Threats

## Pathway One

- Conditional ultimatum or intimidation
- Not a lethal threat, even if acted upon
- Used to save face or emotional reaction

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3





# Substantive Threats

Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Depression <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Academic Trouble <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Stalking Others <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Trolling Actions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Self-Injury <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Transient Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Alcohol/THC <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Adjusting to Change <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intimidating Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Sexual Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Substantive Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Serious Drug Use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Vandalism <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Incels Behavior <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	White Supremacy <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Being Teased <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Stalked <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Controlled <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3

## Pathway Two

- Threat is clear, repeated and detailed
- Intimidates, changes behavior, saves face
- Has actionability and lethality potential





# Substantive Threats

Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Depression <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Academic Trouble <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Stalking Others <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Trolling Actions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Self-Injury <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Transient Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Alcohol/THC <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Adjusting to Change <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intimidating Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Sexual Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Substantive Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Serious Drug Use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Vandalism <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Incel Behavior <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	White Supremacy <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Being Teased <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Stalked <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Controlled <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3

## Pathway Three

- Threat is clear, direct, actionable and lethal
- Likely to occur, non-conditional ultimatum
- Threatener feels trapped without options





**WHITE SUPREMACY**





# White Supremacy

## Description

As with incel behavior, white supremacist ideology and action should be seen as a spectrum of behavior that ranges from interest and exploration to a dedication to the cause and a commitment to act. This often arises out of feelings of isolation and separation, where the group connection fills a void for the individual. They push against concepts such as “being woke” or “politically correct” and feel as if being white is increasingly seen as a negative in society. They find groups of like-minded individuals, such as the KKK and proud boys, and attend protests, wear images and symbols of the movement, and justify their violent threats and actions as a reaction to their perceived discrimination and marginalization. Of note, the swastika symbol with a red circle and line through it is a symbol used by some in the alternative straight-edge or punk movements to denote their anarchist, anti-government views but as sending a clear message they do not affiliate with Nazis or other white supremacists.

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3





# White Supremacy

## Questions

- Do you feel as if society and woke culture have left white people behind?
- Do you think the only way to change the marginalization of white America is through direct action?
- Do you feel the Jewish people have unfair control of powerful markets such as banking and the entertainment industry?
- Have you studied the white power movement through groups such as the proud boys and the KKK?
- Do you feel that violence is wrong but there is nothing bad about being proud of being white and sharing these ideas with others?
- Would you ever date or marry someone who was Black or Jewish?

Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Depression <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Academic Trouble <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Stalking Others <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Trolling Actions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Self-Injury <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Transient Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Alcohol/THC <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Adjusting to Change <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intimidating Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Sexual Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Substantive Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Serious Drug Use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Vandalism <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Incel Behavior <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	White Supremacy <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Being Teased <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Stalked <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Controlled <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3





# White Supremacy

Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Depression <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Academic Trouble <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Stalking Others <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Trolling Actions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Self-Injury <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Transient Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Alcohol/THC <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Adjusting to Change <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Intimidating Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Sexual Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Substantive Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Serious Drug Use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Vandalism <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Incel Behavior <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	White Supremacy <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Being Teased <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Being Stalked <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Being Controlled <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3

## Pathway One

- Growing interest in white nationalism
- Frustration at being left behind, called racist
- Difficulty fitting in socially
- Hates PC speech or action





# White Supremacy

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

## Pathway Two

- Increasingly angry sharing of white supremacy doctrine
- Exploration or joining with an extremist group (KKK, Proud Boys)
- Growing commitment to the cause





# White Supremacy

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3

## Pathway Three

- Attending protests, making violent threats
- Justifies violence based on their white supremacy
- Escalating action or planning for violence in future



A close-up photograph of a handgun and three spent shell casings. The handgun is in the background, out of focus, lying on a dark, reflective surface. In the foreground, three spent shell casings are lying on the same surface, their brass casings and red primer tips clearly visible. The lighting is dramatic, highlighting the textures of the metal and the reflective surface.

**WEAPONS INTEREST/ACCESS**





# Weapons Interest/Access

## Description

The person has access to different types of firearms, knives, explosive devices, and corresponding tactical equipment such as harnesses, night-vision goggles, expanded magazines, optics, and bullet-proof vests. As their interest progresses, they become increasingly obsessed with the topic and talk about weapons freely with others despite negative consequences to their friendships or academics. They gain experience with weapons by shooting at a range or practicing in another location.

Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Depression <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Academic Trouble <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Stalking Others <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Trolling Actions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
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Alcohol/THC <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Adjusting to Change <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Intimidating Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Sexual Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Substantive Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Serious Drug Use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Vandalism <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Inc el Behavior <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	White Supremacy <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
Being Teased <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Stalked <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Being Controlled <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3





# Weapons Interest/Access

## Questions

- Do you have plans to acquire a gun or other weapon?
- Have you spent time researching firearms and other weapons?
- Has your interest in weapons ever gotten in the way of your school or other responsibilities?
- Have friends, family, teachers, or supervisors expressed a concern about your interest in weapons?
- Have you lost friendships over your interest in firearms?

Suicide <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Social Problems <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Anxiety <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Harassing Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Affective Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Depression <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Academic Trouble <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Intense Thought/Action <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Stalking Others <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Trolling Actions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Self-Injury <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Financial Insecurity <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Hallucinations/Delusions <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Acts of Partner Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Transient Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Alcohol/THC <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Adjusting to Change <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Intimidating Behaviors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Sexual Violence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Substantive Threats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Serious Drug Use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Loss or Bereavement <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Vandalism <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Incels Behavior <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	White Supremacy <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3
Being Teased <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Being Stalked <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Being Controlled <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Eating/Sleeping <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3	Weapons Interest/Access <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ○ 1 ○ 2 ○ 3





# Weapons Interest/Access

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Inc el Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3

## Pathway One

- Curiosity and talking to others about weapons, guns, tactics
- Plays first person shooter games several hours/day
- Develops plans to save up to acquire guns or firearms





# Weapons Interest/Access

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
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<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

## Pathway Two

- Goes online to research and talk about weapons
- Looks for opportunities to shoot, rent or test-fire guns
- Develops ways to access guns, may have access at home





# Weapons Interest/Access

<b>Suicide</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Social Problems</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Anxiety</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Harassing Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Affective Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Depression</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Academic Trouble</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Intense Thought/Action</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Stalking Others</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Trolling Actions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Self-Injury</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Financial Insecurity</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Hallucinations/Delusions</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Acts of Partner Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Transient Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Alcohol/THC</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Adjusting to Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Intimidating Behaviors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Sexual Violence</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Substantive Threats</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Serious Drug Use</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Loss or Bereavement</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Vandalism</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Incel Behavior</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>White Supremacy</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3
<b>Being Teased</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Being Stalked</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Being Controlled</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Eating/Sleeping</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3	<b>Weapons Interest/Access</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3

## Pathway Three

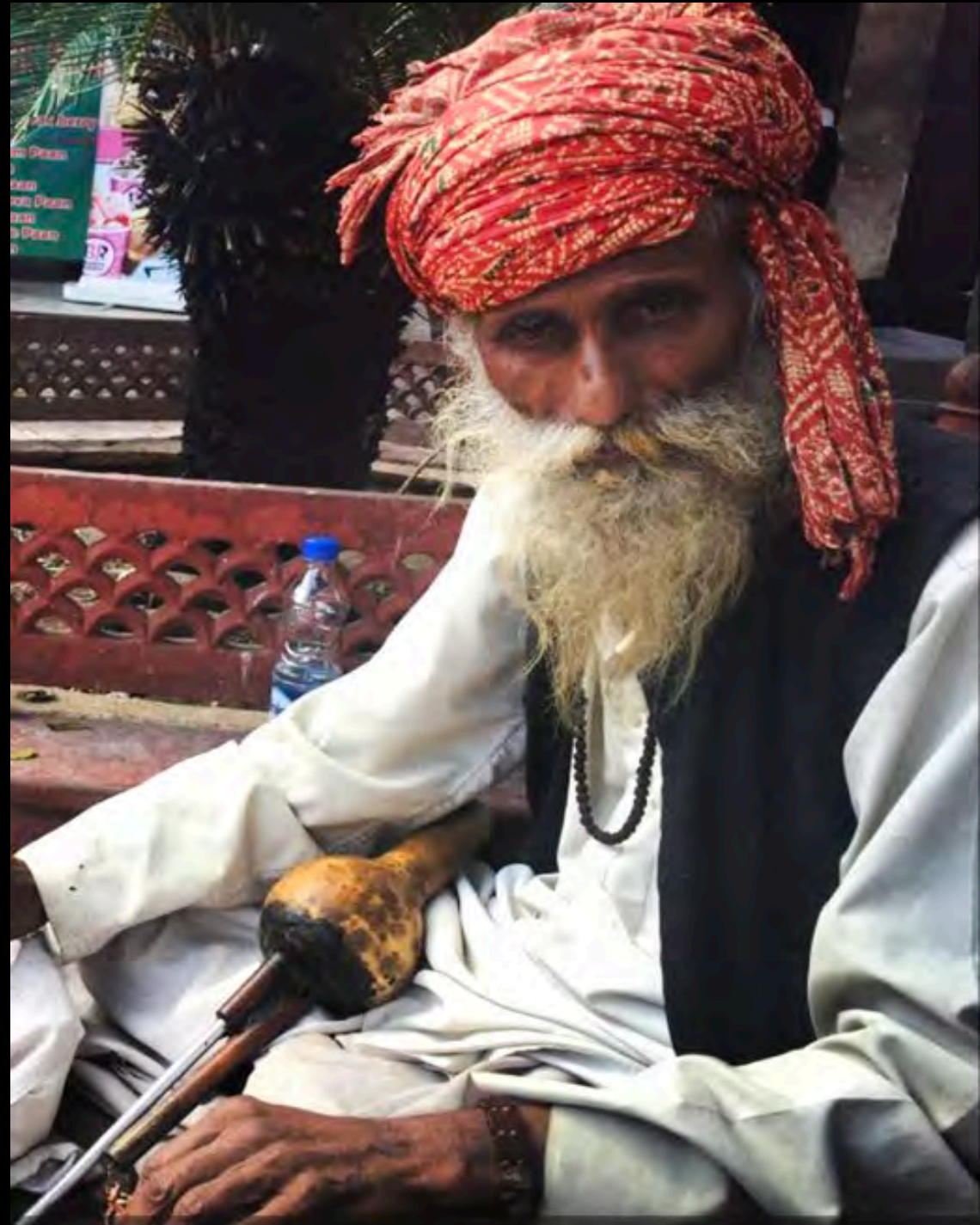
- Has easy access to multiple guns and firearms at home
- Practices with guns and has a familiarity with their use
- Constant talking about guns impacts school and relationships



# Agenda: Part I

- ✓ Types of Assessments
- ✓ Affective & Targeted Violence
- ✓ Transient & Substantive Threats
- ✓ Hunting & Howling
- ✓ Bark vs. Bite
- ✓ The Elephant
- ✓ Pathways System
- ✓ Pathways Cases

New Delhi, India





## Module One

# College Case Study



### Case Details

Campus police received a complaint regarding a threat to blow up a building on campus made on the social media app Fizz. Campus police contacted the social media app. Fizz provided the information that the post was allegedly made by Klaus Hargreeves, "I wish we actually did something to spur up the board of trustees into divesting instead doing our performative liberal arts thing. Let's blow up a building or something." Of note, the college has several students engaged in protests and encampments on campus related to the Gaza/Israeli conflict. Hargreeves denies any involvement with any of these protests or groups.

Hargreeves was transported to the campus police department and then taken into custody by local police officers, where he was charged and remained the night in jail. Upon release, two roommates picked him up, and he described the night as "very difficult," joking that he had spent the time "in the hole." He is a second-year student, studying sociology and has a girlfriend at a local college who has been supportive during this time. Hargreeves has no student conduct history and a 3.5 GPA. He drinks occasionally with friends and played Lacrosse in high school but not at college due to a shoulder injury.

He signed some documents to give the police access to his phone and generally expressed defensiveness and surprise that this statement resulted in him being in trouble. After spending the night in jail, he began to rethink the seriousness of what had occurred.

### Questions to Consider

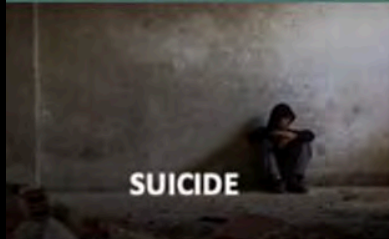
- What are some of the primary risks you see in this case?
- What type of assessment(s) would be best (psychological, triage, violence risk, threat)?
- Would you characterize the threats as transient or substantive in nature? What questions would you need to ask to help with this appraisal?
- Would you consider this case behavior as more hunting or howling?
- Would this case be better understood as an affective or targeted violence motivation?
- Using the metaphor example of "touching all the parts of the elephant," what parts of this case should we include to gain a better context?
- How might you have handled the case differently?
- What other facts would help complete an assessment and engage in risk mitigation planning?
- While you consider risk or escalation factors on one side of the see-saw, what might be some supportive, stabilizing, or protective factors on the other side?
- What general level of risk would you assign to the case (low, moderate, high)?

[www.trainingoutpost.com](http://www.trainingoutpost.com)  
[brian@dprep.com](mailto:brian@dprep.com)

# Key Points

- Campus police receive a bomb threat on the Fizz app as follows: "I wish we actually did something to spur up the board of trustees into divesting instead doing our performative liberal arts thing. Let's blow up a building or something"
- Student Klaus spends night in the police holding cell.
- Several students are engaged in protests and encampments on campus related to the Gaza/Israeli conflict.
- Sophomore, sociology, supportive girlfriend, good GPA history of playing Lacrosse in HS.
- Turns over phone to police.

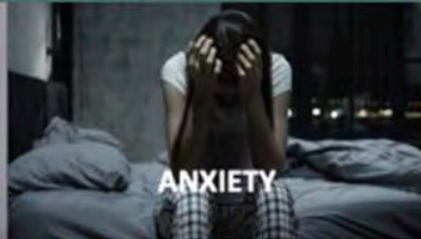




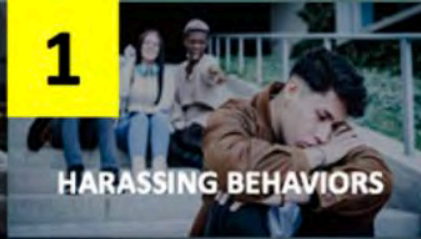
SUICIDE



SOCIAL PROBLEMS



ANXIETY



HARASSING BEHAVIORS



AFFECTIVE VIOLENCE



DEPRESSION



ACADEMIC TROUBLE



INTENSE THOUGHTS/ACTION



STALKING OTHERS



TROLLING ACTIONS



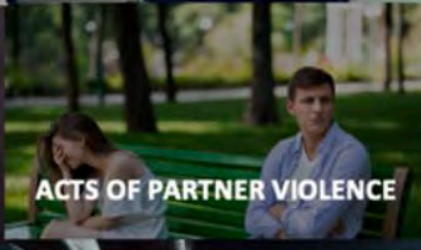
SELF-INJURY



FINANCIAL INSECURITY



HALLUCINATIONS/DELUSIONS



ACTS OF PARTNER VIOLENCE



TRANSIENT THREATS



ALCOHOL/THC



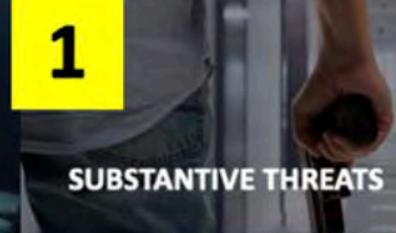
ADJUSTING TO CHANGE



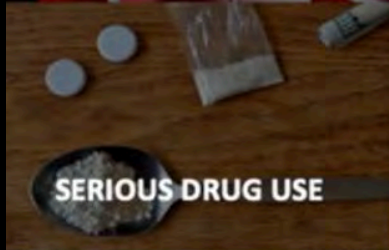
INTIMIDATING BEHAVIORS



SEXUAL VIOLENCE



SUBSTANTIVE THREATS



SERIOUS DRUG USE



LOSS OR BEREAVEMENT



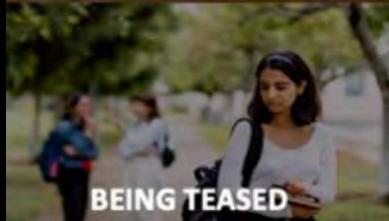
VANDALISM



INCEL BEHAVIOR



WHITE SUPREMACY



BEING TEASED



BEING STALKED



BEING CONTROLLED



EATING/SLEEPING



WEAPONS INTEREST/ACCESS



# Pathways Interventions

## TITLE IX/CONDUCT

### Harassing Behaviors<sup>1</sup>

- Identify the range of behaviors and parties involved
- Consider the conduct process to address their behaviors
- Consider Title IX/EEO involvement
- Offer both parties referrals to counseling support

### Trolling Actions

- Use the progressive disciplinary policy through conduct
- Consider a no-contact order
- Consider suspension or a short-term leave, with BIT/CARE involvement
- Facilitate a meeting with conduct, parents/emergency contact, and police, with BIT/CARE involvement
- Set clear limits, boundaries and follow up processes

## POLICE/CONDUCT

### Transient Threats

- Gather information on the nature of the threats and any plan
- Set clear conduct limits and monitor for compliance
- Consider parental/emergency contact or emergency contact notification

### Substantive Threats

- Explore stressors and identify escalation triggers
- Connect the individual to supports and resources
- Consider the conduct process to address their behaviors



## **Summary from Pathways**

Given the high level of risk and the nature of the initial threat, a full violence risk assessment should be conducted following the pathways triage assessment. Parental involvement is recommended under FERPA's emergency notification clauses. More details about the nature of the threat should be gathered, along with examining the motivation of the threat (e.g., stressors or other driving factors).

Limits around future behaviors (e.g., similar threats) should be in place if he is able to remain on campus. Identify potential targets of the threat (assuming it is more transient and trolling in nature), such as students who are protesting to take risk-mitigating actions. A facilitated meeting with the student, parents, Dean of Students, BIT/CARE team member, student conduct, and on-campus police may be useful to ensure appropriate steps are being taken to evaluate the threat and develop a risk mitigation plan.



## Module Two

# College Case Study



### Case Details

Vanessa is a member of the women's basketball team. Vanessa told her athletic advisor that a teammate she played with in high school recently died by suicide and she would be missing class to attend her funeral.

The advisor reached out to Vanessa while she was away to see how she was doing. Vanessa shared how good it was to see her old teammates, but how tough it was at the same time. She said her parents were very worried about her because they knew she had been experiencing a great deal of stress already with classes and basketball, and now this happened. They wanted her to consider taking some time off. She really did not want to stay at home.

Vanessa's academic records show that she is a psychology major in her second year, taking a tough statistics and research methods course along with other courses. Last semester, she was referred to Title IX about some concerning interactions with a women's basketball volunteer assistant.

Vanessa lives on campus. Vanessa shared with her advisor that she is exhausted with everything and finds it more difficult to get to class or be motivated during practice sessions. She talks briefly about depression, and when asked about suicide, Vanessa shrugs and says, "It's just a lot; I don't really know what I would do."

### Questions to Consider

- This case is different in there is no threat to others that appears to be present. What are some of the general concerns you see in the case?
- What are some of the risk factors for suicide?
- Score the case on Pathways. If indicated, follow the link and score the case on the Suicide WayFinder as well.
- What other questions would you ask related to this case?
- What are some of the pros and cons of involving her parents involved in a risk mitigation plan?
- List 4-5 action steps you would take in this case.

# Key Points

- Vanessa is second year student who plays women's basketball player and is experiencing a great deal of stress between classes and athletics.
- Vanessa had a friend from high school die from suicide
- There was a previous title IX matter she was involved in last year
- Her athletic advisor expresses concern to the BIT/CARE team about her related to suicide.



1

SUICIDE

SOCIAL PROBLEMS

ANXIETY

HARASSING BEHAVIORS

AFFECTIVE VIOLENCE

1

DEPRESSION

1

ACADEMIC TROUBLE

INTENSE THOUGHTS/ACTION

STALKING OTHERS

TROLLING ACTIONS

SELF-INJURY

FINANCIAL INSECURITY

HALLUCINATIONS/DELUSIONS

ACTS OF PARTNER VIOLENCE

TRANSIENT THREATS

ALCOHOL/THC

1

ADJUSTING TO CHANGE

INTIMIDATING BEHAVIORS

SEXUAL VIOLENCE

SUBSTANTIVE THREATS

SERIOUS DRUG USE

2

LOSS OR BEREAVEMENT

VANDALISM

INCEL BEHAVIOR

WHITE SUPREMACY

BEING TEASED

BEING STALKED

BEING CONTROLLED

EATING/SLEEPING

WEAPONS INTEREST/ACCESS



## Pathways Interventions

### Counseling/Case Management Suicide

- Discuss a voluntary referral to counseling services
- Explore stressors and identify escalation triggers
- Connect the individual to peer and social supports and inspire hope

### Depression

- Discuss a voluntary referral to counseling services
- Explore stressors and identify any source of their depression
- Encourage healthy eating, exercise, and social connections

### Loss or Bereavement

- Encourage counseling referral and walk them to the clinic
- Discuss any interruption of academics, relationships, and life skills
- If there was a breakup, identify boundary and conduct risks

### Academic Trouble

- Offer support, normalization, and advice/guidance
- Consider a referral to academic support
- Consider a referral to counseling
- Explore goals and strategies for improvement

### Residential Life/Conduct Adjusting to Change

- Normalize their feelings and offer support and care
- Identify triggers and any comforts or reducers
- Consider a referral to counseling
- Consider a referral to academic support
- Look for social supports



1

STATEMENT

TREATMENT

HOPELESSNESS

1

DEPRESSION

ISOLATION

SELF-INJURY

SELF-CONCPET

IMPULSIVITY

SUBSTANCE USE/ABUSE

EATING/SLEEPING

2

LOSS OR BEREAVEMENT

1

ADJUSTING TO CHANGE

BULLIED / TEASED

LEATHALITY ACCESS

PREVIOUS ATTEMPTS

- Friends, colleagues, coworkers

Pets, religious beliefs, fear of death

Hope in a better future

Resiliency / Grit

Specific reason to live



## **PROTECTIVE FACTORS**

- They have friends and/or other supportive people in their life. Encourage them to reach out to these people and talk to them about what they are feeling.

## **SUGGESTED INTERVENTIONS**

### **At-Risk Demographic (over age 65)**

- Connect them to peer and social supports and inspire hope
- Discuss a voluntary referral to counseling services/EAP
- Normalize their feelings and offer support and care

## **Statement**

- Discuss a voluntary referral to counseling services/EAP
- Explore stressors and identify escalation triggers
- Connect them to peer and social supports and inspire hope

## **Depression**

- Discuss a voluntary referral to counseling services/EAP
- Explore stressors and identify escalation triggers
- Encourage healthy eating, exercise, and social activities

## **Loss or Bereavement**

- Encourage a counseling/EAP referral
- Discuss any interruption of academic, social, and life skills
- In a break-up, identify boundaries and conduct risks

## **Adjusting to Change**

- Normalize their feelings and offer support and care
- Identify any triggers and any comforts and reducers
- Offer referrals to counseling, HR, academic support, and social support