



**DEPARTMENT OF DEFENSE
SEXUAL ASSAULT PREVENTION
AND RESPONSE OFFICE**



SAFETY ASSESSMENT TOOL

Purpose: This tool may be used to assist first-responders when deciding whether a sexual assault survivor is likely to be in imminent danger (i.e., high risk of harm) of serious physical and mental harm that requires rapid and assertive action intervention from law enforcement officials and healthcare providers. In addition, the tool may be used to decide what interventions should be available to provide safety planning and protection. After the determination and prediction of risk, the survivor should be periodically checked for warning signs of suicide, self-harm/abuse or harming others.

Instructions: Use this tool for safety risks and ongoing checking of sexual assault survivors (See A). Explain the purpose of the assessment to survivors. **Carefully read each item and the concluding statement** to the survivor and ensure that all written responses are clear and readable. Tell survivors that their responses are voluntary and confidential.

Ask the questions below:	References	Discussion Points
1. Have you contacted police/law enforcement because the accused physically threatened, maltreated, or harassed you? Has the accused ever threatened you with a weapon? Has the accused ever stalked you? Have you contacted an emergency hotline for advice? Have you contacted a friend after the sexual assault event? Has a friend/family member reported their concern about the accused's threatening behavior? Have you ever protected yourself from the accused? Have you ever contacted neighbors for protection? Does the accused have a criminal record? Does the accused frequently abuse alcohol or drugs?	See A, B, H	<ul style="list-style-type: none"> If the victim responds positively to these questions, have the victim call 911, crisis hotline, local emergency number, or an intervention staff member.
2. Do you have thoughts of harming yourself or someone else?	See G, H	
3. Have you been physically examined by medical staff? Did you sustain a serious injury during the sexual assault event? Are you currently under medical care?		<ul style="list-style-type: none"> (Women only) Do you have a pregnancy concern? Do you have a sexually transmitted disease concern?
4. Do you feel safe in the barracks/quarters/at home/work?	See B, E, F	<ul style="list-style-type: none"> If No, why don't you feel safe?
5. Do you feel at risk of being harmed by the accused after talking about the sexual assault event? Has the accused been acting erratically? Has the accused stalked you? Is the accused violent? Does the accused have a criminal background? Is the accused suicidal? Is the accused a flight risk?	See B	<ul style="list-style-type: none"> Do you feel at risk of being harmed by the accused's coworker(s)? Do you feel at risk of being harmed by the accused's friend(s) or family? Have they threatened or intimidated you?
6. Have you contacted the command or law enforcement?	See B	
7. Is the accused in your chain of command?	See C, D	
8. Do you come in contact with the accused?	See C, D	<ul style="list-style-type: none"> Do you come into contact with the accused's coworker(s)?

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9. Have you ever had a relationship/friendship with the accused? Has the accused ever had a relationship with your family members (i.e., spouse, dependents)? Have you ever lived with the accused? Do you have children with the accused?		
10. Does the accused know where you live, work, or spend time regularly?	See E, F	
11. Has the accused contacted you since the sexual assault event (e.g., face-to-face, telephone, text)?	See C	
12. Has the accused contacted you using social media? Or posted information about you?	See C, D	• Has the accused's coworker(s) contacted you by social media?
		• Have the accused's friend(s) or family contacted you by social media?
13. Has the accused threatened you directly or in other ways (e.g., threatened to tell other people or the command, threatened to damage your property, or harm your family, friends, pets)?	See C	
14. Do you have a system of checking-in with a trusted friend or family member before and after leaving your barracks/quarters/home/work?	See E, F	
15. Does your leadership know about the sexual assault?	See B	
16. Do you trust your command leadership?	See B	
17. Have you experienced any negative responses from the command since reporting the sexual assault?	See B	
18. Do you feel excluded by leadership or peers from command activities?		
19. Do you have a civilian or military protective order?		Has the accused violated the protective order?
Ask the questions below only if you have reasonable grounds to believe that the alleged offender is at risk for suicide or causing harm to the survivor or others.		
20. Does the alleged offender have access to a weapon(s)?		<ul style="list-style-type: none"> • What type of weapon(s)? • Where is the weapon(s) located?
Ask the questions below only if you have reasonable grounds to believe that the survivor is at risk for suicide or causing harm to others.		
21. Do you have access to a weapon(s)?		<ul style="list-style-type: none"> • What type of weapon(s)? • Where is the weapon(s) located?

Concluding Statement: Thank you for your cooperation. You may discuss the results of this assessment and what effect they have on your case with your Sexual Assault Response Coordinator, SAPR Victim Advocate, or counselor.

Date/Time/Location: _____