



Identifying Safety Concerns



1. What brings you here today?
Please describe what happened ...
2. Did anyone get hurt? Was (is) medical attention needed?
3. Has this happened before? How often?
4. Do you think this will happen again? Tell me about that.
5. Were threats made? Tell me about that.
6. Do you believe he/she might follow-through with the threats?
7. Do you fear for your safety? Tell me about that.
8. What do you feel you need to be safe?
9. What, if any, help have you already tried? How did that work for you?
10. Do you have support from friends or family? The community?
Others?
11. What services do you need from us to help you stay safe?
12. What other things can we help with?

