Non-Clinical Victim Needs Assessment Tool (NCVNAT)

Format

The NCVNAT is a single page (front and back) tool with individual sections on the five identified categories of common victim needs and a box for prioritization of these needs. The Needs Assessment provides a framework for collecting information about victim-identified needs. Screening questions are embedded within the five categories which further assess for SAFE needs, intimate partner violence, revictimization risk, and suicide risk.

Method of Administration

This version was designed to be administered and completed by the SAPR Professional using input and responses from the victim. The Needs Assessment may be used in a variety of settings, including offices, clinics, or emergency rooms.

SAPR Professionals should verbally ask each question and annotate the victim's response by marking yes or no. Do not skip items. However, if in the course of a conversation an answer to a question has been given, you do not need to repeat that question, instead just provide the response on the form.

After all questions have been completed, review each of the needs that were marked yes, and ask the victim to rate the needs from highest to lowest priority. Mark this is the priority box. The SAPR Professional should then use the rankings to begin to address the victim's needs.

Time to Complete

It is anticipated that a SAPR Professional could administer the complete NCVNAT in 3-5 minutes, although ideally, they would be able to spend 5-10 minutes on the assessment. Familiarity with the form, e.g., if used on multiple occasions with the same victim, could reduce the required completion time. The time required for follow-up discussion about prioritized needs and additional measures required after screening would be dependent upon the individual victim responses and would vary.

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Priority

Safety

1. **Protection from a Threat or Individual:** Are you in any danger, either from the source of the incident or from someone else? Yes ○ No ○ ☐
   Examples: obtaining or extending a protection order or being relocated due to safety concerns

   E-HITS Screener: In the past 12 months, has an intimate partner hurt, insulted, threatened, or screamed at you? Yes ○ No ○
   If YES, identify the source of violence and if it is an intimate partner, complete the full E-HITS measure.

   Revictimization Risk Screener: Since the incident (e.g., assault), has the alleged offender or anyone associated with them contacted or harassed you in any way? This could include threats or confrontations in-person, online, by phone, etc. Yes ○ No ○
   If YES, identify the source and complete the full Revictimization Risk measure.

Physical, Psychological, and Spiritual Support

2. **Medical Services:** Do you need help in securing any medical services? Yes ○ No ○ ☐
   Examples: ER or obtaining treatment for injuries or pain resulting from the incident

   SAFE Screener: Did your (sexual) assault occur within the last 7 days? Yes ○ No ○ ☐
   If YES, inquire about a Sexual Assault Forensic Exam (SAFE).

3. **Mental Health Services:** Would you like to talk to someone about any mental health needs you have? Yes ○ No ○ ☐
   Examples: stress or anxiety management

   C-SSRS Screener: In the past month, have you wished you were dead or wished you could go to sleep and not wake up? Yes ○ No ○
   In the past month, have you actually had any thoughts of killing yourself? Yes ○ No ○
   If YES to either item, complete the full Columbia-Suicide Severity Rating Scale (C-SSRS) starting with question 3.

4. **Spiritual Support Services:** Would you like to talk to someone from your religious or spiritual community about any faith-based concerns you have? Yes ○ No ○ ☐
   Examples: meeting with a chaplain or spiritual advisor

Priority

Justice and Legal Support

5. **Legal Assistance:** Do you need additional help in understanding your legal rights as a victim or help finding legal assistance or representation? Yes ◯ No ◯ ☐
Examples: education on victim rights/legal options or securing legal representation

Information and Basic Needs

6. **Dependent Care:** Do you need assistance with childcare or care for someone else who depends on you? Yes ◯ No ◯ ☐
Examples: securing care for future medical, legal, or support appointments

7. **Housing:** Do you need any help in securing a place to stay? Yes ◯ No ◯ ☐
Examples: identifying housing that separates victim and the source of the incident or alleged offender

8. **Other Basic Needs:** Do you need assistance with any other basic needs? Yes ◯ No ◯ ☐
Examples: scheduling transportation for future medical, legal, or support appointments or obtaining basic necessities (food, clothing)

Financial Support

9. **Financial Assistance:** Do you have any financial needs or concerns? Yes ◯ No ◯ ☐
Examples: parking validation for appointments, identifying benefits, or support for bills

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E-HITS Assessment

Purpose: To assess risk for Intimate Partner Violence (IPV)

Over the Last 12 months, how often has this person:	Never	Rarely	Sometimes	Fairly Often	Frequently
	(1)	(2)	(3)	(4)	(5)
Physically HURT you	☐	☐	☐	☐	☐
INSULTED or talked down to you	☐	☐	☐	☐	☐
THREATENED you with physical harm	☐	☐	☐	☐	☐
SCREAMED or cursed at you	☐	☐	☐	☐	☐
Forced you to have sexual activities	☐	☐	☐	☐	☐

Total Score: _____

Risk & Intervention Recommendations

Base the intervention on the highest risk color indicator. A score of 7 or higher elevates the intervention to high risk.

COLOR	RISK	INTERVENTION
White	Minimal Risk	No intervention required *unless* victim indicates needing assistance.
Yellow	Low Risk	Review steps to address safety. Offer referral to outpatient mental health. Offer victim a consultation with Family Advocacy Program. **Consult with SARC.**
Orange	Moderate Risk	Review steps to address safety. Offer referral to outpatient mental health. Offer victim a consultation with Family Advocacy Program. Before ending the encounter, **consult with SARC** to address the need for a warm handoff to the Family Advocacy Program or to address the need for a High Risk Response Team. IAW DoDI 6495.02 v1 Enclosure 9
Red	High Risk	Immediate help is required. Before ending the encounter, **consult with SARC** to initiate a warm handoff to the Family Advocacy Program.

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Revictimization Risk Assessment

Purpose: To assess risk for revictimization after reporting a sexual assault

Since the sexual assault incident, how often has the alleged offender or someone associated with them:	Never	Rarely	Sometimes	Fairly Often	Frequently
	(1)	(2)	(3)	(4)	(5)
Contacted or harassed you online by email or social media	☐	☐	☐	☐	☐
Contacted or harassed you by phone or text	☐	☐	☐	☐	☐
Followed you while in public	☐	☐	☐	☐	☐
Confronted or harassed you in person	☐	☐	☐	☐	☐
Made threats about harming you	☐	☐	☐	☐	☐
Physically assaulted or hurt you	☐	☐	☐	☐	☐

Risk & Intervention Recommendations

Base the intervention on the highest risk color indicator.

COLOR	RISK	INTERVENTION
White	Minimal Risk	No intervention required *unless* victim indicates needing assistance.
Yellow	Low Risk	Review steps to address safety. Offer referral to outpatient mental health, spiritual support, legal, and/or MCIO. Discuss options for military or civilian protective orders. **Consult with SARC.**
Orange	Moderate Risk	Review steps to address safety. Offer referral to outpatient mental health, spiritual support, legal, and/or MCIO. Explore the option of a military or civilian protective order. **Consult with SARC** to address the need for a High Risk Response Team IAW DoDI 6495.02 v1 Enclosure 9
Red	High Risk	Immediate help is required. Before ending the encounter, **consult with SARC** to activate the High Risk Response Team IAW DoDI 6495.02 v1 Enclosure 9

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Columbia-Suicide Severity Rating Scale (C-SSRS)

Purpose: To assess risk for suicide. Ask questions that are bolded and underlined.

In the past month…	YES	NO
1. **Have you wished you were dead or wished you could go to sleep and not wake up?**	☐	☐
2. **Have you actually had any thoughts of killing yourself?**	☐	☐
If YES to 2, ask questions 3, 4, 5, and 6. If NO, to 2, go directly to question 6.		
3. **Have you been thinking about how you might do this?** E.g. *"I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it….and I would never go through with it."*	☐	☐
4. **Have you had these thoughts and had some intention of acting on them?** As opposed to "*I have the thoughts but I definitely will not do anything about them.*"	☐	☐
5. **Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?**	☐	☐
6. **Have you ever done anything, started to do anything, or prepared to do anything to end your life?** E.g. Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.	☐	☐
If YES, ask: Was this within the past three months?	☐	☐

Risk & Intervention Recommendations

COLOR	RISK	INTERVENTION
White	Minimal Risk	No intervention needed *unless* victim indicates needing assistance.
Yellow	Low Risk	Offer referral to outpatient mental health. Offer suicide hotline number. Review steps to address safety. Consult with SARC.
Orange	Moderate Risk	Assist with accessing outpatient mental health services. Offer suicide hotline number. Review steps to address safety. Before ending the encounter, consult with SARC to address the need for a High Risk Response Team IAW DoDI 6495.02 v1 Enclosure 9.
Red	High Risk	Immediate help is required. Inform SARC to address the need for a High Risk Response Team IAW DoDI 6495.02 v1 Enclosure 9. Escort to the ER or a mental health clinic for further assessment. Remain with the individual until care is transferred to a medical professional.

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