

# SARA

## SPOUSAL ASSAULT RISK ASSESSMENT<sup>1</sup>

Offender: \_\_\_\_\_

Assessor: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### RATING PROCEDURE

The SARA is a checklist to assist Case Management in determining risk for violence that might occur in the context of spousal assault. It is important that assessors do not add the individual ratings to determine the level of risk. That is, an offender may have only a few items rated "2" and still be at high risk for violence. General coding instructions are presented below; see the SARA manual for specific instructions about the coding of individual items.

CRIMINAL HISTORY		<u>Absent</u>	<u>Possible Partial</u>	<u>Present</u>
1.	Past assault of family members (Does not include past or present intimate partners)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Past assault of strangers or acquaintances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Past violation of conditional release or community supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PSYCHOSOCIAL ADJUSTMENT				
4.	Recent relationship problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Recent employment problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<sup>1</sup> NOTE: This tool is proprietary to the British Columbia Institute on Family Violence. Source: Kropp, P. R., Hart, S. D., Webster, C. D., and Eaves, D. (1995). Manual for the Spousal Assault Risk Assessment Guide (2nd edition). British Columbia: The British Columbia Institute on Family Violence.

		<u>Absent</u>	<u>Possible Partial</u>	<u>Present</u>
6.	Victim of and/or witness to family violence as a child or adolescent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Recent substance abuse/dependence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Recent suicidal or homicidal ideation/intent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Recent psychotic and/or manic symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Suspected - mental health report needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Confirmed - coded from existing mental health report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Personality disorder with anger, impulsivity, or behavioral instability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Suspected - mental health report needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Confirmed - coded from existing mental health report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### SPOUSAL ASSAULT HISTORY

11.	Past physical assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Past sexual assault/sexual jealousy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Past use of weapons and/or credible threats of death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Recent escalation in frequency or severity of assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Past violation of "no contact" orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Extreme minimization or denial of spousal assault history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Attitudes that support or condone spousal assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<u>Absent</u>	<u>Possible Partial</u>	<u>Present</u>
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**CURRENT/MOST RECENT OFFENCE**

Complete this section if any current offences involve spousal assault or if the offender committed a spousal assault in his last year in the community

- |     |   |                          |                          |                          |
|-----|---|--------------------------|--------------------------|--------------------------|
| 18. | Severe and/or sexual assault                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. | Use of weapons and/or credible threats of death | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. | Violation of "no contact" order                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**OTHER CONSIDERATIONS**

Specify any risk factors not rated elsewhere

- |       |  |                          |                          |                          |
|-------|--|--------------------------|--------------------------|--------------------------|
| <hr/> |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**RISK FOR SPOUSAL ASSAULT**

Low	Moderate	High
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- |   |  |                          |                          |                          |
|---|--|--------------------------|--------------------------|--------------------------|
| Risk of violence toward partner or ex-partner |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Risk of violence toward others                |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Includes violence against targets other than a partner or ex-partner (e.g., child, new spouse of ex-partner, parents-in-law) that might occur in the context of spousal assault

- |                             |       |                          |                          |                          |
|-----------------------------|-------|--------------------------|--------------------------|--------------------------|
| Specify possible target(s): | <hr/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-----------------------------|-------|--------------------------|--------------------------|--------------------------|