



### **Perpetrator Safety Plan**

Name \_\_\_\_\_ Date \_\_\_\_\_

#### **LOW LEVEL (MILD)**

1. The following signs indicate that my "mild" safety plan needs to be activated:
  
  
  
  
  
2. The steps I will take to ensure absolute safety at a "mild" level are:

#### **MEDIUM LEVEL (MODERATE)**

1. The following signs indicate that my "moderate" safety plan needs to be activated:
  
  
  
  
  
2. The steps I will take to ensure absolute safety at a "moderate" level are:

#### **HIGH LEVEL (CRITICAL)**

1. The following signs indicate that my "critical" safety plan needs to be activated:
  
  
  
  
  
2. The steps I will take to ensure absolute safety at a "critical" level are:

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Signature of Group Facilitator

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Date