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| Victim Survivor Details |
| Full Name: | Alias: |
| Date of Birth: | Also known as: |
| Gender:☐ Woman/Girl ☐ Man/Boy ☐ Self-described (please specify)☐ Client preferred not to say ☐ Unknown | Intersex:☐ Yes ☐ No ☐ Client preferred not to say ☐ Unknown |
| Transgender:☐ Yes ☐ No ☐ Client preferred not to say ☐ Unknown | Sexuality:☐ Same sex/gender attracted ☐ Heterosexual/other gender attracted ☐ Multi-gender attracted ☐ Asexual ☐ None of the above ☐ Client preferred not to say ☐ Unknown |
| Primary address: | Current Location: |
| Contact number: | Comments: |
| **Aboriginal and/or Torres Strait Islander** ☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and Torres Strait Islander ☐ Client preferred not to say ☐ Neither ☐ Not known  | **CALD** ☐ Yes ☐ No ☐ Not known **LGBTIQ** ☐ Yes ☐ No ☐ Not known **People with disabilities** ☐ Yes ☐ No ☐ Not known **Rural** ☐ Yes ☐ No ☐ Not known |
| Was an interpreter used during this assessment? | ☐Yes ☐No (If yes, what language): |
| Country of birth: | Year of arrival in Australia: |
| Bridging or Temporary Visa?  | ☐Yes ☐No (If yes, what type): |
| Language mainly spoken at home: | Service provider client ID: |
| Emergency contact: Relationship to victim survivor: | Name: Contact Number: |

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| Perpetrator Details |
| Full Name: | Alias: |
| Date of Birth: | Also known as: |
| Gender:☐ Woman/Girl ☐ Man/Boy ☐ Self-described (please specify)☐ Client preferred not to say ☐ Unknown | Intersex:☐ Yes ☐ No ☐ Client preferred not to say ☐ Unknown |
| Transgender:☐ Yes ☐ No ☐ Client preferred not to say ☐ Unknown | Sexuality:☐ Same sex/gender attracted ☐ Heterosexual/other gender attracted ☐ Multi-gender attracted ☐ Asexual ☐ None of the above ☐ Client preferred not to say ☐ Unknown |
| Primary address: | Current Location: |
| Relationship to victim survivor: | Service provider client ID: |
| **Aboriginal and/or Torres Strait Islander** ☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and Torres Strait Islander ☐ Client preferred not to say ☐ Neither ☐ Not known  | **CALD** ☐ Yes ☐ No ☐ Not known **LGBTIQ** ☐ Yes ☐ No ☐ Not known **People with disabilities** ☐ Yes ☐ No ☐ Not known **Rural** ☐ Yes ☐ No ☐ Not known |
| **Further details** |
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| Child 1 Details# | #Separate risk assessment must be completed |
| Full Name: | Alias: |
| Date of Birth: | Also known as: |
| Gender:☐ Woman/Girl ☐ Man/Boy ☐ Self-described (please specify)☐ Client preferred not to say ☐ Unknown | Intersex:☐ Yes ☐ No ☐ Client preferred not to say ☐ Unknown |
| Transgender:☐ Yes ☐ No ☐ Client preferred not to say ☐ Unknown | Sexuality:☐ Same sex/gender attracted ☐ Heterosexual/other gender attracted ☐ Multi-gender attracted ☐ Asexual ☐ None of the above ☐ Client preferred not to say ☐ Unknown |
| Primary address: | Current Location: |
| Contact number: | Comments: |
| Relationship to victim survivor: | Relationship to perpetrator: |
| **Aboriginal and/or Torres Strait Islander** ☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and Torres Strait Islander ☐ Client preferred not to say ☐ Neither ☐ Not known  | **CALD** ☐ Yes ☐ No ☐ Not known **LGBTIQ** ☐ Yes ☐ No ☐ Not known **People with disabilities** ☐ Yes ☐ No ☐ Not known **Rural** ☐ Yes ☐ No ☐ Not known |
| Child 2 Details# | #Separate risk assessment must be completed |
| Full Name: | Alias: |
| Date of Birth: | Also known as: |
| Gender:☐ Woman/Girl ☐ Man/Boy ☐ Self-described (please specify)☐ Client preferred not to say ☐ Unknown | Intersex:☐ Yes ☐ No ☐ Client preferred not to say ☐ Unknown |
| Transgender:☐ Yes ☐ No ☐ Client preferred not to say ☐ Unknown | Sexuality:☐ Same sex/gender attracted ☐ Heterosexual/other gender attracted ☐ Multi-gender attracted ☐ Asexual ☐ None of the above ☐ Client preferred not to say ☐ Unknown |
| Primary address: | Current Location: |
| Contact number: | Comments: |
| Relationship to victim survivor: | Relationship to perpetrator: |
| **Aboriginal and/or Torres Strait Islander** ☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and Torres Strait Islander ☐ Client preferred not to say ☐ Neither ☐ Not known  | **CALD** ☐ Yes ☐ No ☐ Not known **LGBTIQ** ☐ Yes ☐ No ☐ Not known **People with disabilities** ☐ Yes ☐ No ☐ Not known **Rural** ☐ Yes ☐ No ☐ Not known |
| Child 3 Details# | #Separate risk assessment must be completed |
| Full Name: | Alias: |
| Date of Birth: | Also known as: |
| Gender:☐ Woman/Girl ☐ Man/Boy ☐ Self-described (please specify)☐ Client preferred not to say ☐ Unknown | Intersex:☐ Yes ☐ No ☐ Client preferred not to say ☐ Unknown |
| Transgender:☐ Yes ☐ No ☐ Client preferred not to say ☐ Unknown | Sexuality:☐ Same sex/gender attracted ☐ Heterosexual/other gender attracted ☐ Multi-gender attracted ☐ Asexual ☐ None of the above ☐ Client preferred not to say ☐ Unknown |
| Primary address: | Current Location: |
| Contact number: | Comments: |
| Relationship to victim survivor: | Relationship to perpetrator: |
| **Aboriginal and/or Torres Strait Islander** ☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and Torres Strait Islander ☐ Client preferred not to say ☐ Neither ☐ Not known  | **CALD** ☐ Yes ☐ No ☐ Not known **LGBTIQ** ☐ Yes ☐ No ☐ Not known **People with disabilities** ☐ Yes ☐ No ☐ Not known **Rural** ☐ Yes ☐ No ☐ Not known |

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| **Question** | **Yes** | **No** | **Comments (or not known)** |
| Has anyone in your family done something that made you or your children feel unsafe or afraid? |  |  |  |
| Is there more than one person in your family that is making you or your children feel unsafe or afraid? (Are there multiple perpetrators) |  |  |  |
| *The following risk related questions refer to the perpetrator:*  |
| **Perpetrator actions** | *Have they…* |
|  | controlled your day-to-day activities (e.g. who you see, where you go) or put you down?\* |  |  |  |
|  | threatened to hurt you in any way? |  |  |  |
|  | physically hurt you in any way (hit, slapped, kicked or otherwise physically hurt you)? |  |  |  |
| **SELF-ASSESSMENT** | Do you have any immediate concerns about the safety of your children or someone else in your family? |  |  |  |
| Do you feel safe when you leave here today? |  |  |  |
| Would you engage with a trusted person or police if you felt unsafe or in danger?(Note: if lack of trust in police is identified risk management must address this) |  |  |  |
| **Further details** |
|  |

\*May indicate an increased risk of the victim being killed or almost killed (serious risk factors).

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| NEEDS AND SAFETY |
| **Needs assessment** |
|  |
| **Safety plan has been completed? (see separate template)** |
| ☐Yes ☐No ☐Not known |

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| Child 4 Details# | #Separate risk assessment must be completed |
| Full Name: | Alias: |
| Date of Birth: | Also known as: |
| Gender:☐ Woman/Girl ☐ Man/Boy ☐ Self-described (please specify)☐ Client preferred not to say ☐ Unknown | Intersex:☐ Yes ☐ No ☐ Client preferred not to say ☐ Unknown |
| Transgender:☐ Yes ☐ No ☐ Client preferred not to say ☐ Unknown | Sexuality:☐ Same sex/gender attracted ☐ Heterosexual/other gender attracted ☐ Multi-gender attracted ☐ Asexual ☐ None of the above ☐ Client preferred not to say ☐ Unknown |
| Primary address: | Current Location: |
| Contact number: | Comments: |
| Relationship to victim survivor: | Relationship to perpetrator: |
| **Aboriginal and/or Torres Strait Islander** ☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and Torres Strait Islander ☐ Client preferred not to say ☐ Neither ☐ Not known  | **CALD** ☐ Yes ☐ No ☐ Not known **LGBTIQ** ☐ Yes ☐ No ☐ Not known **People with disabilities** ☐ Yes ☐ No ☐ Not known **Rural** ☐ Yes ☐ No ☐ Not known |
| Child 5 Details# | #Separate risk assessment must be completed |
| Full Name: | Alias: |
| Date of Birth: | Also known as: |
| Gender:☐ Woman/Girl ☐ Man/Boy ☐ Self-described (please specify)☐ Client preferred not to say ☐ Unknown | Intersex:☐ Yes ☐ No ☐ Client preferred not to say ☐ Unknown |
| Transgender:☐ Yes ☐ No ☐ Client preferred not to say ☐ Unknown | Sexuality:☐ Same sex/gender attracted ☐ Heterosexual/other gender attracted ☐ Multi-gender attracted ☐ Asexual ☐ None of the above ☐ Client preferred not to say ☐ Unknown |
| Primary address: | Current Location: |
| Contact number: | Comments: |
| Relationship to victim survivor: | Relationship to perpetrator: |
| **Aboriginal and/or Torres Strait Islander** ☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and Torres Strait Islander ☐ Client preferred not to say ☐ Neither ☐ Not known  | **CALD** ☐ Yes ☐ No ☐ Not known **LGBTIQ** ☐ Yes ☐ No ☐ Not known **People with disabilities** ☐ Yes ☐ No ☐ Not known **Rural** ☐ Yes ☐ No ☐ Not known |
| Child 6 Details# | #Separate risk assessment must be completed |
| Full Name: | Alias: |
| Date of Birth: | Also known as: |
| Gender:☐ Woman/Girl ☐ Man/Boy ☐ Self-described (please specify)☐ Client preferred not to say ☐ Unknown | Intersex:☐ Yes ☐ No ☐ Client preferred not to say ☐ Unknown |
| Transgender:☐ Yes ☐ No ☐ Client preferred not to say ☐ Unknown | Sexuality:☐ Same sex/gender attracted ☐ Heterosexual/other gender attracted ☐ Multi-gender attracted ☐ Asexual ☐ None of the above ☐ Client preferred not to say ☐ Unknown |
| Primary address: | Current Location: |
| Contact number: | Comments: |
| Relationship to victim survivor: | Relationship to perpetrator: |
| **Aboriginal and/or Torres Strait Islander** ☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and Torres Strait Islander ☐ Client preferred not to say ☐ Neither ☐ Not known  | **CALD** ☐ Yes ☐ No ☐ Not known **LGBTIQ** ☐ Yes ☐ No ☐ Not known **People with disabilities** ☐ Yes ☐ No ☐ Not known **Rural** ☐ Yes ☐ No ☐ Not known |