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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** | | | | | |
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\*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 | | | |