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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  |
| Has the adult victim survivor been asked screening questions? ☐Yes ☐No  |
| *If yes, please indicate if any of the following risk factors were identified in the screening assessment.* |
| **Factors relevant to adult victim survivor** ☐ Self-assessed level of risk **Factors relevant to perpetrator** ☐ Has ever harmed or threatened to harm victim or family members (including child/ren) | **Factors relevant to perpetrator (continued)** ☐ Controlling behaviours\* ☐ Physical harm☐ History of family violence ☐ Emotional abuse |
| *If no, please ask the following questions about the perpetrator, in addition to the set of questions below.* |

|  |  |  |  |
| --- | --- | --- | --- |
| Question | Yes | No | Comments (or not known) |
| Have they controlled your day-to-day activities (e.g. who you see, where you go) or put you down?\* |  |  |  |
| Have they physically hurt you in any way? (hit, slapped, kicked or otherwise physically hurt you) |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  Question | Yes | No | Comments (or not known) |
| Is more than one person making you feel afraid? (Are there multiple perpetrators) |  |  |  |
| *The following risk related questions refer to the perpetrator:* |
| **RECENCY** | Are they currently unemployed?\* |  |  |  |
| *Have they recently...* |
|  | threatened or attempted suicide or self harm?\* |  |  |  |
|  | misused alcohol, drugs or other substances?\* (specify substance) |  |  |  |
|  | followed you, repeatedly harassed or messaged/emailed you? \* |  |  |  |
|  | been obsessively jealous towards you?\* |  |  |  |
|  | has any violence increased in severity or frequency?\* (what and how) |  |  |  |

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| **PERPETRATOR ACTIONS** | *Have they ever…* |
|  | controlled your access to money, or had a negative impact on your financial situation? |  |  |  |
|  | seriously harmed you?\* (identify type of harm) |  |  |  |
|  | assaulted you when you were pregnant?\* |  |  |  |
|  | threatened to kill you?\* |  |  |  |
|  | threatened or used a weapon against you?\* |  |  |  |
|  | tried to choke or strangle you?\* |  |  |  |
|  | forced you to have sex or participate in sexual acts when you did not wish to do so?\* |  |  |  |
|  | harmed or threatened to harm a pet or animal?\* |  |  |  |
| Do they have access to weapons?\* |  |  |  |

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| **SELF-ASSESSMENT** | Do you believe it is possible they could kill or seriously harm you?\* |  |  |  |
| Do you believe it is possible they could kill or seriously harm children or other family members?\* |  |  |  |
| Do you feel safe when you leave here today? |  |  |  |
| Would you engage with police if you felt unsafe? (If no, discuss barriers to why not) |  |  |  |
| **IMMINENCE** | Have you recently separated from your partner\* |  |  |  |
| Has a crime been committed? (**Not to be asked directly of victim survivors**. Criminal offences include physical abuse, sexual assault, threats, pet abuse, property damage, stalking and breaching IVOs) |  |  |  |

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

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| RISK TO CHILDREN |
| **Question** | **Yes** | **No** | **Comments (or not known)** |
| Have they ever threatened to harm the child/children?\* (identify which children) |  |  |  |
| Have they ever harmed the child/children?\* |  |  |  |
| Have children ever been present during/exposed to family violence incidents? |  |  |  |
| Are there child/children in the family who are aged under 1 year?\* |  |  |  |
| **A separate risk assessment must be completed for each child discussed in this assessment.** |

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

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| **RISK SUMMARY** |
| **Protective factors** |
|  |
| **Risk level assessment and rationale** |
| ☐ Serious risk (☐ and requires immediate protection)☐ Elevated risk☐ At risk |
| **Rationale:** |
| **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 |