

APPENDIX 5: BRIEF RISK ASSESSMENT TOOL

Adult Victim Survivor Brief Risk Assessment Tool

Victim Survivor Details

Full Name:	Alias:
Date of Birth:	Also known as:
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Self-described (please specify) <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Unknown	Intersex: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Unknown
Transgender: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Unknown	Sexual Orientation: <input type="checkbox"/> Gay, lesbian or homosexual <input type="checkbox"/> Straight or heterosexual <input type="checkbox"/> Bisexual or pansexual <input type="checkbox"/> Asexual <input type="checkbox"/> Other sexual orientation <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Unknown
Primary address:	Current Location:
Contact number:	Comments:
Aboriginal and/or Torres Strait Islander <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Neither <input type="checkbox"/> Not known	CALD <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known LGBTIQ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known People with disabilities <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known Rural <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known Older person <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
Was an interpreter used during this assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, what language):
Country of birth:	Year of arrival in Australia:
Bridging or Temporary Visa?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, what type):
Language mainly spoken at home:	Service provider client ID:
Emergency contact:	Name:
Relationship to victim survivor:	Contact Number:

Perpetrator Details

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

- Female Male
 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

Sexual Orientation:

- Gay, lesbian or homosexual
 Straight or heterosexual
 Bisexual or pansexual
 Asexual
 Other sexual orientation
 Client doesn't know
 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

Older person Yes No Not known

Further details

Child 1 Details#

#Separate risk assessment must be completed

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

- Female Male
- 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

Sexual Orientation:

- Gay, lesbian or homosexual
- Straight or heterosexual
- Bisexual or pansexual
- Asexual
- Other sexual orientation
- Client doesn't know
- 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:

- Female Male
- 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

Sexual Orientation:

- Gay, lesbian or homosexual
- Straight or heterosexual
- Bisexual or pansexual
- Asexual
- Other sexual orientation
- Client doesn't know
- 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:

- Female Male
- 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

Sexual Orientation:

- Gay, lesbian or homosexual
- Straight or heterosexual
- Bisexual or pansexual
- Asexual
- Other sexual orientation
- Client doesn't know
- 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)
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Have they controlled your day-to-day activities (e.g. who you see, where you go) or put you down?*	<input type="checkbox"/>	<input type="checkbox"/>	
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Have they physically hurt you in any way? (hit, slapped, kicked or otherwise physically hurt you)	<input type="checkbox"/>	<input type="checkbox"/>	
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Question	Yes	No	Comments (or not known)
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Is more than one person making you feel afraid? (Are there multiple perpetrators)	<input type="checkbox"/>	<input type="checkbox"/>	
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The following risk related questions refer to the perpetrator:

RECENTY	Are they currently unemployed?*	<input type="checkbox"/>	<input type="checkbox"/>
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Have they recently...

threatened or attempted suicide or self harm?*	<input type="checkbox"/>	<input type="checkbox"/>
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misused alcohol, drugs or other substances? * (specify substance)	<input type="checkbox"/>	<input type="checkbox"/>
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followed you, repeatedly harassed or messaged/emailed you? *	<input type="checkbox"/>	<input type="checkbox"/>
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been obsessively jealous towards you?*	<input type="checkbox"/>	<input type="checkbox"/>
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has any violence increased in severity or frequency? * (what and how)	<input type="checkbox"/>	<input type="checkbox"/>
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Question	Yes	No	Comments (or not known)	
Have they ever...				
PERPETRATOR ACTIONS	controlled your access to money, or had a negative impact on your financial situation?	<input type="checkbox"/>	<input type="checkbox"/>	
	seriously harmed you?* (identify type of harm)	<input type="checkbox"/>	<input type="checkbox"/>	
	assaulted you when you were pregnant?*	<input type="checkbox"/>	<input type="checkbox"/>	
	threatened to kill you?*	<input type="checkbox"/>	<input type="checkbox"/>	
	threatened or used a weapon against you?*	<input type="checkbox"/>	<input type="checkbox"/>	
	tried to choke or strangle you?*	<input type="checkbox"/>	<input type="checkbox"/>	
	forced you to have sex or participate in sexual acts when you did not wish to do so?*	<input type="checkbox"/>	<input type="checkbox"/>	
	harmed or threatened to harm a pet or animal?*	<input type="checkbox"/>	<input type="checkbox"/>	
Do they have access to weapons?*				
SELF-ASSESSMENT	Do you believe it is possible they could kill or seriously harm you?*	<input type="checkbox"/>	<input type="checkbox"/>	
	Do you believe it is possible they could kill or seriously harm children or other family members?*	<input type="checkbox"/>	<input type="checkbox"/>	
	Do you feel safe when you leave here today?	<input type="checkbox"/>	<input type="checkbox"/>	
	Would you engage with police if you felt unsafe? (If no, discuss barriers to why not)	<input type="checkbox"/>	<input type="checkbox"/>	
IMMINENCE	Have you recently separated from your partner?*	<input type="checkbox"/>	<input type="checkbox"/>	
	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)	<input type="checkbox"/>	<input type="checkbox"/>	

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

RISK TO CHILDREN

Question	Yes	No	Comments (or not known)
Have they ever threatened to harm the child/children?* (identify which children)	<input type="checkbox"/>	<input type="checkbox"/>	
Have they ever harmed the child/children?*	<input type="checkbox"/>	<input type="checkbox"/>	
Have children ever been present during/exposed to family violence incidents?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there child/children in the family who are aged under 1 year?*	<input type="checkbox"/>	<input type="checkbox"/>	

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).

RISK SUMMARY

Protective factors

Risk level assessment and rationale

- Serious risk (and requires immediate protection)
 - Elevated risk
 - At risk
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Rationale:

NEEDS AND SAFETY

Needs assessment

Safety plan has been completed? (see separate template) Yes No Not known

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

- Female Male
- 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

Sexual Orientation:

- Gay, lesbian or homosexual
- Straight or heterosexual
- Bisexual or pansexual
- Asexual
- Other sexual orientation
- Client doesn't know
- 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

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

- Female Male
- 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

Sexual Orientation:

- Gay, lesbian or homosexual
- Straight or heterosexual
- Bisexual or pansexual
- Asexual
- Other sexual orientation
- Client doesn't know
- 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

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

- Female Male
- 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

Sexual Orientation:

- Gay, lesbian or homosexual
- Straight or heterosexual
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- Asexual
- Other sexual orientation
- Client doesn't know
- 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

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CALD Yes No Not known

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People with disabilities Yes No Not known

Rural Yes No Not known