# APPENDIX 11: COMPREHENSIVE RISK ASSESSMENT TOOL

## Adult Victim Survivor Comprehensive Risk Assessment Tool

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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  Older person  Yes  No  Not known |
| 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: |

|  |  |
| --- | --- |
| 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  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:  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) | |  |  | |  |
| 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…** | | | | |
| shown signs of a mental health condition? |  |  | |  |
| 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) |  |  | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Question | | | Yes | No | Comments (or not known) |
| 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?\* |  |  |  |
|  | been reported to police by you or anyone else for family violence? |  |  |  |
|  | breached or broken the conditions of an intervention order or a court order? |  |  |  |
|  | had a history of violent behaviour to previous partners, other family members or non-family members? (specify details) |  |  |  |
|  | harmed or threatened to harm a pet or animal?\* |  |  |  |
|  | been arrested for violent or other related behaviour? |  |  |  |
|  | been to court or been convicted of a violent crime or other related behaviour? (specify details) |  |  |  |
| Do they have access to weapons?\* | |  |  |  |

\* May indicate an increased risk of the victim being killed or almost killed.

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| --- | --- | --- | --- | --- |
| Question | | Yes | No | Comments (or not known) |
| 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?\* |  |  |  |
| From 1 (not afraid) to 5 (extremely afraid) how afraid of them are you now? (enter number in space provided) |  | |  |
| 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 police if you felt unsafe? (If no, discuss barriers to why not) |  |  |  |
| IMMINENCE | Have you recently separated from your partner?\* |  |  |  |
| Do you have pending Family Court matters? |  |  |  |
| Are they about to be, or have they recently been, released from jail or another facility? (Specify when) |  |  |  |
| 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.

|  |  |  |  |
| --- | --- | --- | --- |
| 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

|  |  |  |  |
| --- | --- | --- | --- |
| ADDITIONAL CONSIDERATIONS | | | |
| ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE | | | |
| Question | Yes | No | Comments (or not known) |
| Are you able to get support from your family and community? |  |  |  |
| Are you concerned that other people in the community or other family members will find out what is occurring? |  |  |  |
| Are you concerned about further violence from other family members or the community? |  |  |  |
| Have you ever been made to go or stay somewhere you didn’t want to be? |  |  |  |
| Have you been deprived access to your culture? (including language, community events, sorry business) |  |  |  |
| LESBIAN, GAY, BISEXUAL, TRANSGENDER, INTERSEX, QUEER (LGBTIQ) | | | |
| Question | Yes | No | Comments (or not known) |
| Have they undermined or refused to accept your identity, including in public and with other family members? (sexual orientation and gender identity) |  |  |  |
| Are you concerned that other people in the community or other family members will find out what is occurring? |  |  |  |
| Have they outed you or threatened to do so, when you did not want them to? |  |  |  |
| If affirming your gender, have they stopped you from taking steps to do so? |  |  |  |
| Have they ever stopped you from accessing medication? (e.g. Hormones, HIV medication) |  |  |  |
| OLDER PEOPLE | | | |
| Question | Yes | No | Comments (or not known) |
| Are you dependent on them to meet your daily needs? |  |  |  |
| Are they dependent on you or are you dependent on them financially? |  |  |  |
| Have they threatened to relocate you or make you stay somewhere you do not want to go? (e.g. forced into care, forced to downsize home) |  |  |  |
| Do you feel isolated / lonely or not have the level of contact with other people that you would like? |  |  |  |
| If on medication, do you manage your medication on your own? |  |  |  |
| RURAL | | | |
| Question | Yes | No | Comments (or not known) |
| Do you have mobile reception where you live? |  |  |  |
| Do you have people close by to help you should you need practical assistance? |  |  |  |
| Are you concerned that other people in the community or other family members will find out what is occurring? |  |  |  |
| Is your closest police station located far from your property or is it open only limited hours? |  |  |  |
| Do you have access to transport? |  |  |  |
| CULTURALLY AND LINGUISTICALLY DIVERSE COMMUNITIES | | | |
| Question | Yes | No | Comments (or not known) |
| If you are not a citizen or permanent resident, have they threatened your immigration status or made threats to send you or your children overseas, or threatened to or taken away your passport? |  |  |  |
| If you were thinking about separating from your partner would your family or friends be supportive? (Exploration of other risks in relation to this question, such as honour killings) |  |  |  |
| Are you concerned that other people in the community or other family members will find out what is occurring? |  |  |  |
| Are you dependent on them for financial needs? (consider ineligible for Centrelink or work rights in Australia, access to own bank account) |  |  |  |
| Are you restricted from having contact with your family, friends and community in Australia or overseas? (including children) |  |  |  |
| Did you have a choice about being married? (Only applicable if married) |  |  |  |
| Are there any cultural or religious beliefs that would prevent you from leaving the relationship? |  |  |  |
| PEOPLE WITH DISABILITIES | | | | |
| Question | Yes | No | Comments (or not known) |
| Does anyone in your family use your disability against you? (consider whether they, or any other family member, withheld, misused or delayed needed supports, or stopped the victim survivor from accessing therapy, aids, equipment, medication, or control disability support payment or NDIS funding (if relevant)?) |  |  |  |
| Do you have access to support from services and/or your community? |  |  |  |
| If supported by the person using violence, do you fear they will stop supporting you? |  |  |  |
| Does anyone in your family control your daily activities, such as your engagement with family, friends, services or the community? |  |  |  |
| To be safe, are there more support services that you need? (this question is relevant to considering what supports a person with disability might need when supports relating to their disability were being provided by a family member but are no longer being provided by them – or is there a new support they might need to be safe) |  |  |  |
| Further details |  |  |  |

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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 |

|  |  |
| --- | --- |
| 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 |

## Child victim survivor assessment Tool – if assessing with an adult victim survivor

If assessing a child victim survivor through an adult victim survivor, demographic details for a child victim survivor may be captured in the adult victim survivor’s assessment.

|  |  |  |
| --- | --- | --- |
| Child 1: | | Child 2: |
| Child 3: | | Child 4: |
| Person answering on behalf of the child/ren: | | |
| Was a parent/guardian/adult assessed using the adult victim survivor form prior to this assessment? | Yes  No | |
| If yes, please indicate which of the following risk factors were identified in the adult victim survivor assessment: | | |
| Factors relevant to adult victim survivor  Physical assault while pregnant/following new birth\*  Isolation  Self-assessed level of risk  Factors relevant to adult victim survivor and perpetrator’s relationship  Planning to leave or recent separation\*  Escalation – increase in severity and/or frequency of violence\*  Financial difficulties  Imminence  Factors relevant to perpetrator  Use of weapon in most recent event\*  Access to weapons\*  Has ever harmed or threatened to harm victim or family members (including child/ren)  Has ever tried to strangle or choke the victim\*  Has ever threatened to kill victim\*  Has ever harmed or threatened to harm or kill pets or other animals\*  Has ever threatened or tried to self-harm or commit suicide\*  Stalking of victim\*  Sexual assault of victim\*  Previous or current breach of intervention order  Drug and/or alcohol misuse/abuse\*  Obsession/jealous behaviour toward victim\*  Controlling behaviours\*  Unemployed/Disengaged from education\*  Depression/mental health issue  History of violent behaviour (not family violence)  Physical harm  History of family violence  Emotional abuse  Property damage | | |

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

|  |
| --- |
| REMEMBER  You may use a variety of sources to answer questions and inform this assessment. Possible sources include:   * Using information obtained from external sources (external agencies, L17 data, or other relevant sources) * Using information the adult victim shares about the children during their own adult victim assessment by asking the adult victim appropriate questions about the child victim survivor, or * By asking the child victim survivor questions directly, when appropriate.   Questions are divided into two sections (appropriate questions to ask children / appropriate questions to ask an adult). However, the decision on what source of information informs this assessment is based on professional judgement. |

## QUESTIONS ABOUT THE CHILD VICTIM SURVIVOR

The following questions can be asked directly of a child victim survivor where it is assessed as safe, appropriate and reasonable to do so considering: their age and capacity; their level of maturity; and, their ability to understand the question. Please use your professional judgement to decide on how to frame the questions and whether they should be asked directly of the child victim survivor, an adult, or answered through information received from external sources.

Consider your possible legal or policy obligations to report concerns for children’s safety and/or wellbeing.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Question | Child 1 | Child 2 | Child 3 | Child 4 |
| Has the child been exposed to or participated in violence in the home? | Yes  No | Yes  No | Yes  No | Yes  No |
| Comments (or not known) | | | | |
| Has the child telephoned for emergency assistance? | Yes  No | Yes  No | Yes  No | Yes  No |
| Comments (or not known) | | | | |
| Has the child ever been removed from parental care against their will? | Yes  No | Yes  No | Yes  No | Yes  No |
| Comments (or not known) | | | | |
| Has the child witnessed either parent being arrested? | Yes  No | Yes  No | Yes  No | Yes  No |
| Comments (or not known) | | | | |
| Has the child been asked to monitor you by the other parent? | Yes  No | Yes  No | Yes  No | Yes  No |
| Comments (or not known) | | | | |
| Has the child intervened in any incidents of physical violence? | Yes  No | Yes  No | Yes  No | Yes  No |
| Comments (or not known) | | | | |
| Has the child had contact with the perpetrator post-separation and is it supervised? | Yes  No | Yes  No | Yes  No | Yes  No |
| Comments (or not known) | | | | |
| Has Child Protection ever been involved with the family or other children in the home? | Yes  No | Yes  No | Yes  No | Yes  No |
| Comments (or not known) | | | | |
| Has the child ever accessed counselling or support services? | Yes  No | Yes  No | Yes  No | Yes  No |
| Comments (or not known) | | | | |
| Do you have possession of the family’s passports? | Yes  No | Yes  No | Yes  No | Yes  No |
| Comments (or not known) | | | | |
| Has a crime been committed? (Not to be asked directly of victim survivor. Criminal offenses include physical abuse, sexual assault, threats, pet abuse, property damage, stalking and breaching Intervention Orders) | Yes  No | Yes  No | Yes  No | Yes  No |
| Comments (or not known) | | | | |

## QUESTIONS FOR THE CHILD VICTIM SURVIVOR

Questions that may be appropriate to ask younger children that may be unable to complete detailed questions.

Consider your possible legal or policy obligations to report concerns for children’s safety and/or wellbeing.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Question | Child 1 | Child 2 | Child 3 | Child 4 |
| Are you scared of either of your parents/caregivers or anyone else in the home?  (From 1 (not afraid) to 5 (extremely afraid)  how afraid of them are you now?)[[1]](#footnote-1) | Yes  No | Yes  No | Yes  No | Yes  No |
| Comments (or not known): | | | | |
| Have you ever been physically hurt by either of your parents/caregivers or anyone else in the home? | Yes  No | Yes  No | Yes  No | Yes  No |
| Comments (or not known): | | | | |
| Have you ever tried to stop your parents/caregivers from fighting? | Yes  No | Yes  No | Yes  No | Yes  No |
| Comments (or not known): | | | | |
| Has your parent/caregiver said bad things to you about your other parent/caregiver? | Yes  No | Yes  No | Yes  No | Yes  No |
| Comments (or not known): | | | | |
| Have you ever had to protect or be protected by a sibling or other child in the home? | Yes  No | Yes  No | Yes  No | Yes  No |
| Comments (or not known): | | | | |
| Further details | | | | |

|  |  |
| --- | --- |
| RISK SUMMARY | |
| Protective factors | |
|  | |
| Risk level assessment and rationale | |
| Serious risk ( and requires immediate protection)  Elevated risk  At risk | Rationale: |
| Needs assessment | |
|  | |
| Safety plan has been completed? (see separate template)  Yes  No  Not known | |

1. This scale is not used to assess level of risk. It is an indicator of fear and may indicate the impact on the child. [↑](#footnote-ref-1)