# APPENDIX 7: CHILD VICTIM SURVIVOR RISK ASSESSMENT TOOL

## Child Victim Survivor Assessment Tool

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| Child Victim Survivor Details[[1]](#footnote-1) | |
| 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 |
| 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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| --- | --- |
| 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)

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| 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.

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

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| --- | --- |
| Question | Response |
| 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?)[[2]](#footnote-2) | 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 |
| Comments (or not known): | |
| Have you ever tried to stop your parents/caregivers from fighting? | Yes  No |
| Comments (or not known): | |
| Has your parent/caregiver said bad things to you about your other parent/caregiver? | 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 |
| Comments (or not known): | |
| 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 assessment | |
|  | |
| Safety plan has been completed? (see separate template)  Yes  No  Not known | |

1. Demographic information may have already been captured in an adult victim survivor’s assessment. If so, this section does not need to be completed. [↑](#footnote-ref-1)
2. 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-2)