# APPENDIX 5: BRIEF RISK ASSESSMENT TOOL

## Adult Victim Survivor Brief Risk Assessment Tool

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| Victim Survivor 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: |
| 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 |
| 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:  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 | |

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| 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 |

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| 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 |

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| 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 |

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| 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. | |

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| 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) |  |  |  |

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| 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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| 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?\* |  |  |  |
|  | harmed or threatened to harm a pet or animal?\* |  |  |  |
| Do they have access to weapons?\* | |  |  |  |
| 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:  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 |

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| Child 5 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 |

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| Child 6 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 |