

AfriAus iLEAC Inc COMPREHENSIVE RISK ASSESSMENT TOOL

Adult Victim Survivor Comprehensive Risk Assessment Tool

Victim Survivor Details

Full Name: _____ Alias: _____

Date of Birth: _____ Also known as: _____

<p>Gender:</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p><input type="checkbox"/> Self-described (please specify)</p> <p><input type="checkbox"/> Client preferred not to say</p> <p><input type="checkbox"/> Unknown</p>	<p>Intersex:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Client preferred not to say</p> <p><input type="checkbox"/> Unknown</p>
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<p>Transgender:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Client preferred not to say</p> <p><input type="checkbox"/> Unknown</p>	<p>Sexual Orientation:</p> <p><input type="checkbox"/> Gay, lesbian or homosexual</p> <p><input type="checkbox"/> Straight or heterosexual</p> <p><input type="checkbox"/> Bisexual or pansexual</p> <p><input type="checkbox"/> Asexual</p> <p><input type="checkbox"/> Other sexual orientation</p> <p><input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client preferred not to say</p> <p><input type="checkbox"/> Unknown</p>
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Primary address: _____ Current Location: _____

Contact number: _____ Comments: _____

<p>Aboriginal and/or Torres Strait Islander</p> <p><input type="checkbox"/> Aboriginal</p> <p><input type="checkbox"/> Torres Strait Islander</p> <p><input type="checkbox"/> Both Aboriginal and Torres Strait Islander</p> <p><input type="checkbox"/> Client preferred not to say</p> <p><input type="checkbox"/> Neither</p> <p><input type="checkbox"/> Not known</p>	<p>CALD <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known</p> <p>LGBTIQ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known</p> <p>People with disabilities <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known</p> <p>Rural <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known</p> <p>Older person <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known</p>
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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: _____ 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)
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"/>	
Have they physically hurt you in any way? (hit, slapped, kicked or otherwise physically hurt you)	<input type="checkbox"/>	<input type="checkbox"/>	
Is more than one person making you feel afraid? (Are there multiple perpetrators)	<input type="checkbox"/>	<input type="checkbox"/>	

The following risk related questions refer to the perpetrator:

RECENTY	Are they currently unemployed?*	<input type="checkbox"/>	<input type="checkbox"/>	
	Have they recently...			
	shown signs of a mental health condition?	<input type="checkbox"/>	<input type="checkbox"/>	
	threatened or attempted suicide or self harm?*	<input type="checkbox"/>	<input type="checkbox"/>	
	misused alcohol, drugs or other substances?* (specify substance)	<input type="checkbox"/>	<input type="checkbox"/>	
	followed you, repeatedly harassed or messaged/emailed you?*	<input type="checkbox"/>	<input type="checkbox"/>	
	been obsessively jealous towards you?*	<input type="checkbox"/>	<input type="checkbox"/>	
has any violence increased in severity or frequency?* (what and how)	<input type="checkbox"/>	<input type="checkbox"/>		

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"/>	
	been reported to police by you or anyone else for family violence?	<input type="checkbox"/>	<input type="checkbox"/>	
	breached or broken the conditions of an intervention order or a court order?	<input type="checkbox"/>	<input type="checkbox"/>	
	had a history of violent behaviour to previous partners, other family members or non-family members? (specify details)	<input type="checkbox"/>	<input type="checkbox"/>	
	harmed or threatened to harm a pet or animal?*	<input type="checkbox"/>	<input type="checkbox"/>	
	been arrested for violent or other related behaviour?	<input type="checkbox"/>	<input type="checkbox"/>	
	been to court or been convicted of a violent crime or other related behaviour? (specify details)	<input type="checkbox"/>	<input type="checkbox"/>	
Do they have access to weapons?*	<input type="checkbox"/>	<input type="checkbox"/>		

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

	Question	Yes	No	Comments (or not known)
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"/>	
	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?	<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"/>	
	Do you have pending Family Court matters?	<input type="checkbox"/>	<input type="checkbox"/>	
	Are they about to be, or have they recently been, released from jail or another facility? (Specify when)	<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.

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

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?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you concerned that other people in the community or other family members will find out what is occurring?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you concerned about further violence from other family members or the community?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever been made to go or stay somewhere you didn't want to be?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you been deprived access to your culture? (including language, community events, sorry business)	<input type="checkbox"/>	<input type="checkbox"/>	

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)	<input type="checkbox"/>	<input type="checkbox"/>	
Are you concerned that other people in the community or other family members will find out what is occurring?	<input type="checkbox"/>	<input type="checkbox"/>	
Have they outed you or threatened to do so, when you did not want them to?	<input type="checkbox"/>	<input type="checkbox"/>	
If affirming your gender, have they stopped you from taking steps to do so?	<input type="checkbox"/>	<input type="checkbox"/>	
Have they ever stopped you from accessing medication? (e.g. Hormones, HIV medication)	<input type="checkbox"/>	<input type="checkbox"/>	

OLDER PEOPLE

Question	Yes	No	Comments (or not known)
Are you dependent on them to meet your daily needs?	<input type="checkbox"/>	<input type="checkbox"/>	
Are they dependent on you or are you dependent on them financially?	<input type="checkbox"/>	<input type="checkbox"/>	
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)	<input type="checkbox"/>	<input type="checkbox"/>	
Do you feel isolated / lonely or not have the level of contact with other people that you would like?	<input type="checkbox"/>	<input type="checkbox"/>	
If on medication, do you manage your medication on your own?	<input type="checkbox"/>	<input type="checkbox"/>	

RURAL

Question	Yes	No	Comments (or not known)
Do you have mobile reception where you live?	<input type="checkbox"/>	<input type="checkbox"/>	

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?	<input type="checkbox"/>	<input type="checkbox"/>	
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)	<input type="checkbox"/>	<input type="checkbox"/>	
Are you concerned that other people in the community or other family members will find out what is occurring?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you dependent on them for financial needs? (consider ineligible for Centrelink or work rights in Australia, access to own bank account)	<input type="checkbox"/>	<input type="checkbox"/>	
Are you restricted from having contact with your family, friends and community in Australia or overseas? (including children)	<input type="checkbox"/>	<input type="checkbox"/>	
Did you have a choice about being married? (Only applicable if married)	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any cultural or religious beliefs that would prevent you from leaving the relationship?	<input type="checkbox"/>	<input type="checkbox"/>	

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)?)	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have access to support from services and/or your community?	<input type="checkbox"/>	<input type="checkbox"/>	
If supported by the person using violence, do you fear they will stop supporting you?	<input type="checkbox"/>	<input type="checkbox"/>	
Does anyone in your family control your daily activities, such as your engagement with family, friends, services or the community?	<input type="checkbox"/>	<input type="checkbox"/>	

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



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:

- 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 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

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

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known)				
Has the child telephoned for emergency assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known)				
Has the child ever been removed from parental care against their will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known)				
Has the child witnessed either parent being arrested?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known)				
Has the child been asked to monitor you by the other parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known)				
Has the child intervened in any incidents of physical violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known)				
Has the child had contact with the perpetrator post-separation and is it supervised?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known)				
Has Child Protection ever been involved with the family or other children in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known)				
Has the child ever accessed counselling or support services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known)				
Do you have possession of the family's passports?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known):				
Have you ever been physically hurt by either of your parents/caregivers or anyone else in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known):				
Have you ever tried to stop your parents/caregivers from fighting?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known):				
Has your parent/caregiver said bad things to you about your other parent/caregiver?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known):				
Have you ever had to protect or be protected by a sibling or other child in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known):				

Further details

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.

RISK SUMMARY

Protective factors

Risk level assessment and rationale

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

Needs assessment

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