|  |  |
| --- | --- |
| Date: Time:  Worker: ......................................................................... | Referring Agency: .................................…................................Referrer’s Name: .....................................................................Referrer’s Contact: ................................…................................ |

# CONSENTHas the client consented to the referral being made? 🗆 YES 🗆 NOIs the Authority to release information between referring agencies attached? 🗆 YES 🗆 NO

|  |
| --- |
| IMMEDIATE RISK/SAFETY (Please complete attached Risk Assessment Form)Is it safe to talk now? 🗆 YES 🗆 NO If NO, when would it be safe to talk?................................….…..………..…………………….....................Where is the perpetrator?...................................................……………………………...............................…………………………….………………………….…....**Risk category:** 🗆 Requires immediate protection/High 🗆 Elevated risk/Medium 🗆 At risk/low |

### CLIENT DETAILS

|  |  |  |
| --- | --- | --- |
| **Name & Contact** | **Cultural** | **Housing & Income** |
| First name: ............................………..............Family name: .......................………................D.O.B. .................................………................Address: ........................………...............................................................……….................................…….............. Postcode: ......…..........Mobile Phone: ......………................................Other: .......................………..........................What time is it safe to call? ......……….............Safe to leave a message? 🗆 YES 🗆 NO | Country of birth: .................………..................Cultural background: ......………............…........Interpreter required? 🗆 YES 🗆 NOPreferred language: ………..............................Aboriginal and/or Torres Strait Islander?🗆 Aboriginal 🗆 TSI🗆 Both 🗆 Neither | **Current accommodation type:**🗆 Private Rental 🗆 OoH🗆 THM 🗆 E/A**Usual accommodation:**🗆 Private Rental 🗆 OoH🗆 THM 🗆 NoneResiding with perpetrator? 🗆 YES 🗆 NOIs it safe to remain? 🗆 YES 🗆 NOEmployment status: …………….……………………..Primary income: ………………….………….…………. |

|  |
| --- |
| **Reason for contact:** |

# MOST RECENT INCIDENT OF VIOLENCEWhen was the most recent incident of violence and what occurred? Did the Police attend? 🗆 YES 🗆 NO

# ………………………………………………………………………………………………………………………………………………………………………………………………………………………

# ………………………………………………………………………………………………………………………………………………………………………………………………………………………

# ………………………………………………………………………………………………………………………………………………………………………………………………………………………

# ………………………………………………………………………………………………………………………………………………………………………………………………………………………

# MOTHER/CARER’S RELATIONSHIP TO PERPETRATOR🗆 Married 🗆 Divorced 🗆 Defacto 🗆 Ex-partner 🗆 Carer

🗆 Girlfriend 🗆 Same-sex partner 🗆 Parent 🗆 Grandparent 🗆 Sibling

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Gender** | **D.O.B.** | **With client?** | **Child Protection?** | **Family Court?** |
|  |  |  / / | 🗆 YES 🗆 NO | 🗆 YES 🗆 NO | 🗆 YES 🗆 NO |
|  |  |  / / | 🗆 YES 🗆 NO | 🗆 YES 🗆 NO | 🗆 YES 🗆 NO |
|  |  |  / / | 🗆 YES 🗆 NO | 🗆 YES 🗆 NO | 🗆 YES 🗆 NO |
|  |  |  / / | 🗆 YES 🗆 NO | 🗆 YES 🗆 NO | 🗆 YES 🗆 NO |
|  |  |  / / | 🗆 YES 🗆 NO | 🗆 YES 🗆 NO | 🗆 YES 🗆 NO |

🗆 Other …………………………………………………………………………………………………………………………………………………………………………………………………..…..

# FAMILY MEMBERS

# If children are not with the client where are they? ……………………………………………………………………………………………………………………………..…..…………Does the perpetrator have access with the children? 🗆 YES 🗆 NOAre there concerns about the children’s safety? 🗆 YES 🗆 NO If YES has a Child Protection Report been made? 🗆 YES 🗆 NO

# Additional information regarding children: …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

# LEGALIs there an Intervention Order in place? 🗆 YES 🗆 NOIf YES, what is the date of Order? ……../………/………. Is the perpetrator excluded from the residential home? 🗆 YES 🗆 NOIf NO, does the client want to pursue an Intervention Order? 🗆 YES 🗆 NO

# Additional legal concerns: …………………………………………………………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………………………………………………………………………………………………………………………

### OTHER SERVICES INVOLVED

|  |  |  |
| --- | --- | --- |
| **Service/Agency** | **Contact Person** | **Contact Details** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Family Violence related support needs:** (i.e. Advocacy / Legal / Relocation / Referral to counselling / Further safety planning) |

|  |
| --- |
| **How is the client going to stay safe?** |

##### Preliminary Risk Assessment

### Aide memoire

Note: these risk and vulnerability factors should be explored through the course of a conversation. Risk
indicators are not intended to be asked as part of a data collection process and should not be used as such.

|  |  |
| --- | --- |
| Risk or vulnerability factor | **Presence of factor** |
|   | **Yes** | **No** |
| Victim |
| Pregnancy/new birth\* | 🗆 | 🗆 |
| Depression/ mental health issue | 🗆 | 🗆 |
| Drug and/or alcohol misuse/abuse | 🗆 | 🗆 |
| Has ever verbalised or had suicidal ideas or tried to commit suicide | 🗆 | 🗆 |
| Isolation | 🗆 | 🗆 |
| Perpetrator |
| Use of weapon in most recent event\* | 🗆 | 🗆 |
| Access to weapons\* | 🗆 | 🗆 |
| Has ever harmed or threatened to harm victim | 🗆 | 🗆 |
| Has ever tried to choke the victim\* | 🗆 | 🗆 |
| Has ever threatened to kill victim\* | 🗆 | 🗆 |
| Has ever harmed or threatened to harm or kill children\* | 🗆 | 🗆 |
| Has ever harmed or threatened to harm or kill other family members | 🗆 | 🗆 |
| Has ever harmed or threatened to harm or kill pets or other animals\* | 🗆 | 🗆 |
| Has ever threatened or tried to 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 behaviour\* | 🗆 | 🗆 |
| Unemployed\* | 🗆 | 🗆 |
| Depression/mental health issue# | 🗆 | 🗆 |
| History of violent behaviour (not family violence) | 🗆 | 🗆 |
| Relationship |
| Recent separation\* | 🗆 | 🗆 |
| Escalation – increase in severity and/or frequency of violence\* | 🗆 | 🗆 |
| Financial difficulties | 🗆 | 🗆 |

\* May indicate an increased risk of the victim being killed or almost killed. # Mental health issues such as depression
and paranoid psychosis, which focuses on the victim as hostile, are high risk when they are present in conjunction with
other risk factors, particularly a previous history of violence. The presence of a mental health issue must be carefully

considered in relation to the co-occurrence of other risk factors.