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| Child Victim Survivor Details1 | |
| 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 child 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 |
| 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: |
| Parent/Guardian/Carer (who is not a perpetrator) | Name: |
| Emergency contact:  Relationship to child victim survivor: | Name:  Contact Number: |
| **Person answering on behalf of the child victim survivor:** |  |

1Demographic information may have already been captured in an adult victim survivor’s assessment. If so, this section does not need to be completed.

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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\* | **Factors relevant to perpetrator (continued)**  ☐ 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. |

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| 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) | |

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| 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?)1 | ☐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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1This scale is not used to assess level of risk. It is an indicator of fear and may indicate the impact on the child.

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| RISK SUMMARY | | |
| **Protective factors** | | |
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| **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 | | |