



# DOMESTIC AND FAMILY VIOLENCE RISK ASSESSMENT FORM

## Family Safety Framework

**Safety is Everyone's Right**

*This is a guide – Professional judgement should also be used*

VICTIM Name:

Date of Birth:

Date Form completed:

Total Score

**Instructions:**

\* The score is either the maximum indicated or zero (it is not a grading scale)

		Past Month	In the Past
<b>SECTION A:</b>	<b>OFFENDER*</b>	<i>Sub-Total A</i>	
<b>Behaviour</b>			
1.	Has threatened to assault / harm the victim	2	
2.	Has threatened to use a weapon (including a firearm) against the victim	2	
3.	Has threatened to kill the victim	5	
4.	Has physically assaulted the victim	4	
5.	Has physically used a weapon (including a firearm) against the victim during an assault	4	
6.	Has assaulted the victim outside of the home environment	4	
7.	Has breached an intervention / restraining order	2	
8.	Has held a victim against their will in a location or otherwise impeded their freedom	4	
9.	Has used violence / threats of violence against other family members	3	
10.	Has used violence / threats of violence against non-family members	3	
11.	Has harmed or threatened to harm family pets / other animals	3	
12.	Has threatened or attempted suicide / self-harm	4	
13.	Has a prior arrest for murder / manslaughter / rape or sexual assault	4	
14.	Has a history of domestic violence against a previous partner(s)	4	
<b>Personality Characteristics</b>			
15.	Is highly controlling / manipulative	3	
16.	Attitude and / or cultural beliefs support violence towards women / children / elderly	3	
17.	Has demonstrated a sudden change in personality or behaviour	2	
<b>Situational Factors</b>			
18.	Has access to firearms	3	
19.	Has access to weapons	1	
20.	Is unemployed	1	
21.	Drug and / or alcohol misuse / dependence present	4	
22.	Experiences depression or has other mental health issues	2	
23.	Is not taking prescribed mental health medication (depression / anxiety)	2	
24.	Is experiencing financial problems, not normal to the offender	1	
25.	Has witnessed or experienced violence in their 'family of origin' (as a child / during their upbringing)	2	
26.	Has experienced other significant trauma	1	
<b>SECTION B:</b>	<b>VICTIM</b>	<i>Sub-Total B</i>	
<b>Perceptions / Beliefs</b>			
27.	Expresses / indicated through actions that they are afraid of the offender	2	
28.	Expresses / indicated through actions that their level of fear of the offender is extreme (feels terror)	4	
29.	Believes the offender is capable of killing victim / children	5	
<b>Vulnerability Factors</b>			
30.	Victim reports an escalation in the seriousness and/or frequency of the violence	5	
31.	Victims injuries are not consistent with the explanation / account of the incident	3	
32.	Is isolated (geographic reasons / actions of offender to restrict contact with family or friends)	5	
33.	Is isolated for cultural reasons (lack of support from cultural community)	4	
34.	Experiences depression or has other mental health issues	1	
35.	Verbalised or had suicidal idea or tried to commit suicide / self-harm	2	
36.	Drug and / or alcohol misuse / dependency present	1	
37.	Has a disability or frailty which impairs physical activity / mobility	2	
38.	Has a disability or frailty which impairs cognitive / sensory functioning (deaf, intellectual, dementia)	2	
39.	Is financially dependent on the offender	1	
40.	Is dependent on the offender for their physical care (illness/ infirmity/ age/ dementia/ disability)	2	
41.	Is dependent on offender for their residential status in this country	2	

		Past Month	In the Past
<b>SECTION C:</b>	<b>CHILDREN</b>	<i>Sub-Total C</i>	
<b>Perceptions / Beliefs</b>			
42.	Present at or witness to incidents of violence	1	
43.	Under school age (not yet commenced at primary school)	2	
44.	Subject to threats of harm from the offender	2	
45.	Subject to actual harm / assault from the offender	4	
46.	Subject to threats to kill from the offender	5	
47.	Offender has access to children (is aware of where they live / attend school / shared care / contact)	1	
48.	Child from another relationship in the home	1	
49.	Expresses / indicates through action that they are afraid of the offender	2	
50.	Refusing or stating unwillingness to have contact with the offender	2	

<b>SECTION D:</b>	<b>INTIMATE PARTNERS</b>	<i>Sub-Total D</i>	
51.	Victim is pregnant or there has been a recent birth in the family (child under 12 months)	5	
52.	There has been a recent separation or the victim wishes to separate	5	
53.	There is an actual or perceived new partner in the victim's life	4	
54.	Offender has strangled or choked the victim during an assault	5	
55.	Offender has used sexual violence or coerced victim into unwanted sexual practices	4	
56.	Offender has stalked the victim	4	
57.	Offender appears obsessed with the victim and / or children	5	
58.	Offender appears jealous, bitter or hostile towards the victim and / or children	2	
59.	Offender has recently been denied or restricted access or contact with children	4	

(Max Score 172)

**Total Score of Incidents in "Past Month" Column Only:**

**OVERALL ASSESSED RISK – Past Month Only**

<b>Standard</b>	0 – 23	<input type="checkbox"/>	
<b>Medium</b>	24 – 44	<input type="checkbox"/>	
<b>High</b>	45 +	<input type="checkbox"/>	If you have ticked this box please consider the issue of <b>'IMMINENT RISK'</b> required for referring to a Family Safety Meeting

An assessment of STANDARD or MEDIUM risk **DOES NOT** negate your responsibility for positive action. You should address the victim/children's needs as per your agencies mandate. Please keep this form in your records.

**IMMANENCY FOR THE REFERRAL AND SHARING OF INFORMATION TO A FAMILY SAFETY MEETING (FSM)**

LIKELIHOOD	DEFINING THE THREAT	TICK	REFERRAL
<b>Currently Occurring</b>	The serious threat to life or health is currently occurring and needs to be prevented or lessened immediately	<input type="checkbox"/>	FSM
<b>Almost Certain</b>	The serious threat to life or health will occur if not prevented or lessened immediately	<input type="checkbox"/>	FSM
<b>Not Likely</b> (standard or medium risk)	The serious threat to life or health is not likely and risk can be managed by agencies usual processes	<input type="checkbox"/>	Non FSM

**Please fill out the *Family Safety Framework Referral Form* first giving consideration to the following examples of when to refer the matter:**

*Consider:*

- \* The relationship and living arrangements for the victim in relation to the offender (ie. Do they live together, do they have separate homes, and how are the parties related?)
  - \* If the victim and children (if any) are safe for now but the victim is intending in the **very near future** to return to live or place themselves back into a high risk situation
  - \* If the victim and children (if any) are not safe and the victim is still continuing to live with the offender
  - \* If the victim is in a high risk category and the offender knows the victim's whereabouts or is currently seeking to locate the victim and children (if any)
- Please always consult your Team Leader/Manager or your FSF Agency Delegate in preparing a referral**

\* The term 'offender' is used in this document, consistent with police practice and common community usage, rather than to indicate the legal status of the perpetrator.

## SUMMARY

Please complete using BLOCK or clearly PRINT this section  
Complete the whole form before emailing/faxing to the Chairperson

Please Tick	Name and date of birth of Victim/s (including children):	Date of Birth:
<input type="checkbox"/> Victim <input type="checkbox"/> Child		
<input type="checkbox"/> Victim <input type="checkbox"/> Child		
<input type="checkbox"/> Victim <input type="checkbox"/> Child		
<input type="checkbox"/> Victim <input type="checkbox"/> Child		
<input type="checkbox"/> Victim <input type="checkbox"/> Child		
<input type="checkbox"/> Victim <input type="checkbox"/> Child		
<input type="checkbox"/> Victim <input type="checkbox"/> Child		
<input type="checkbox"/> Victim <input type="checkbox"/> Child		
<input type="checkbox"/> Victim <input type="checkbox"/> Child		
<input type="checkbox"/> Victim <input type="checkbox"/> Child		

Name and date of birth of **Main Offender**:

**OFFENDER Name:**  **Date of Birth:**

**Date of Risk Assessment:**

**Total Score:**  "Past Month" Column Only

The victim has given consent to information sharing at the FSM (if known)  Yes  No

If no consent, record reasons on the Referral Form

Is the victim/offender from a non-English speaking background?  Yes  No

If yes, state which:

Is the victim/offender:  Aboriginal  Torres Strait Islander

If yes, from which language group/s:

Has a Cultural Consultant been involved in the assessment process?  Yes  No  Not Required

Has a Disability Consultant been involved in the assessment process?  Yes  No  Not Required

**Child Protection Notification:** **Time Sent:**  AM  PM  **Date Sent:**

**Notification By (Name):**

**Mandatory Report of Family Violence:** **Time Sent:**  AM  PM  **Date Sent:**

**Reported By (Name):**  **REF/PROMIS #:**

**Emailed/Faxed to NT Police CHAIRPERSON:** **Time Sent:**  AM  PM  **Date Sent:**

**Sent By Referring Worker (Name):**

**Agency:**  **Phone:**

**Email:**

**Signature:**