



Government of **Western Australia**
Department of **Health**

Health Service: _____

ASSESSMENT FOR FAMILY AND DOMESTIC VIOLENCE (FDV 951)

| | | | |
|-------------|--|------------|----------|
| SURNAME | | UMRN / MRN | |
| GIVEN NAMES | | DOB | GENDER |
| ADDRESS | | | POSTCODE |
| TELEPHONE | | | |

Purpose of this tool

This risk assessment tool is used to guide health professionals in making a judgement about the level of risk a client is experiencing in the context of family and domestic violence (FDV).

Note, If possible, an intoxicated person should be detained in an appropriate and safe setting until assessment can be conducted.

INTRODUCTION: NATURE AND HISTORY OF ABUSE

Have a conversation with the client about the relationship history including all forms of abuse.

Use the risk factors highlighted below to guide your questioning i.e. when the abuse started; frequency; triggers.

Advise client of your limited confidentiality i.e. **“if we are concerned that you or your children are at immediate risk of harm then we may have to involve the Police or relevant support service. It is our preference to speak about this with you first. We do not want to do anything that would put either yourself or your children further at risk”.**

1. IDENTIFY RISK FACTORS

Risk is elevated by the presence of certain evidence based risk factors. These are separated into different categories, victim, perpetrator and children.

The risk factors marked with an * are factors which may indicate that there is an increased risk of the victim being killed or almost killed.

Note that not all professionals need to ask about each risk factor. It depends upon the nature of the risk assessment.

If time is limited, focus on the immediate serious risk factors highlighted with an asterisk.

RISK FACTORS

| Violence towards the victim | Yes | No | Unknown | Source <small>if not the victim</small> |
|---|--------------------------|--------------------------|--------------------------|--|
| Has the perpetrator ever physically harmed or threatened to harm adult victim?* | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is the violence getting worse or more frequent?* | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Has the perpetrator ever tried or threatened to kill the adult victim?* | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Has the perpetrator ever harmed or threatened to harm or kill children?* | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Has the perpetrator ever choked, strangled or suffocated the adult victim or attempted to do so?* | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Has the perpetrator ever forced the adult victim to do anything sexual against their will?* | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is the perpetrator stalking the adult victim (could include harassing and / or monitoring the adult victim using others and / or technology)?* | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is the perpetrator becoming increasingly jealous and / or increasingly controlling towards the adult victim (e.g. verbal and financial abuse, psychologically controlling acts, social isolation)?* | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Has there been a recent separation or a planned separation in the near future?* | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Has the perpetrator ever harmed or threatened to harm or kill pets or other animals?* | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Was a weapon used by the perpetrator in the most recent event?* | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is the adult victim pregnant or is there a new birth?* | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Has the perpetrator ever harmed or threatened to harm or kill other family members? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Has the perpetrator isolated the adult victim from family, friends and / or other social supports? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Has the perpetrator restricted the adult victim's access to money? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |




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ASSESSMENT FOR FAMILY AND DOMESTIC VIOLENCE
FDV 951

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| RISK FACTORS Continued. | | | | |
| Questions about the alleged perpetrator | Yes | No | Unknown | Source if not the victim |
| Does he / she have access to firearms or prohibited weapons?* | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Has he / she ever threatened or attempted suicide?* | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Does he / she misuse / abuse drugs and / or alcohol?* | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Has he / she ever experienced mental ill health? # | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Does his / her family pose a risk to the adult victim? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Has he / she breached any court orders (i.e. bail, violence restraining order and / or police order conditions)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is he / she currently on bail or parole in relations to violent offences? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Has he / she served time of imprisonment or been released recently from custody in relation to violent offences? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Does he / she have a history of violent behaviour (not family violence)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is he / she employed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is he / she experiencing financial difficulties? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Children | Yes | No | Unknown | Source if not the victim |
| Has the child ever been in the adult victim's arms when she / he has been attacked? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Has the child ever tried to intervene in the violence? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are there child contact or residency issues and / or are there Family Court proceedings? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are there children from a previous relationship present in the house? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <i># The presence of mental ill health must be considered in relation to the co-occurrence of other risk factors.</i> | | | | |
| 2. CLIENT'S ASSESSMENT OF RISK | | | | |
| How unsafe / fearful is the adult victim of the perpetrator? | | | | |
| | | | | |
| What are their concerns / what do they think the perpetrator might do? | | | | |
| | | | | |
| 3. PROFESSIONAL JUDGEMENT | | | | |
| Are you aware of any other additional factors, which could impact on risk? Issues to consider e.g. disability, substance misuse, mental health issues, cultural / language barriers, willingness to engage with support services etc. | | | | |
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| Do you have concerns for the safety of the children in the household? | | | | |
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|  <p>Government of Western Australia Department of Health</p> <p>Health Service: _____</p> <h2 style="text-align: center;">ASSESSMENT FOR FAMILY AND DOMESTIC VIOLENCE (FDV 951)</h2> | SURNAME | | UMRN / MRN | | |
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| 4. ASSESSMENT | | | | | |
| <input type="checkbox"/> At high risk of serious harm At high risk of serious harm means there is evidence of a serious risk to the client and urgent action is necessary. A client is identified as high risk of serious harm if: <ul style="list-style-type: none"> • a number of risk factors with an asterisk (*) are checked "Yes" • there is a history of physical violence by the perpetrator towards the client and / or children; and / or • in your professional judgement, combined with the evidence based risk factors, the client and / or children are likely to be in grave danger if action is not taken | | <input type="checkbox"/> At risk of harm At risk of harm means there is evidence of a risk to the client. A client is identified as at risk of harm if: <ul style="list-style-type: none"> • one or more risk factors are checked "Yes" • there is a history of physical violence by the perpetrator towards the adult and child victims; and / or • the violence is escalating. | | | |
| 5. REFERRAL & OUTCOME | | | | | |
| If client at high risk of serious harm, consider immediate referral to Police, and / or Crisis Care for emergency accommodation, and / or a local FDV support service. Consider social admission to hospital if needed. If client not willing to receive assistance, information can be released without clients consent (See Section 28B, Children and Community Services Act 2004). Refer to your delegated authority schedule. If suicide risk identified, refer for a mental health assessment. If recent sexual assault, teleconsultation with SARC or your local sexual assault service is recommended. | | | | | |
| <input type="checkbox"/> Hospital / Regional Social Worker (internal) <input type="checkbox"/> Police <input type="checkbox"/> Crisis Care <input type="checkbox"/> Aboriginal Liaison Officer (internal) <input type="checkbox"/> Sexual Assault Service <input type="checkbox"/> Aboriginal Medical Service <input type="checkbox"/> Specialist FDV Service: _____ <input type="checkbox"/> Communities (Child Protection) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Women's DV Helpline: 1800 007 339 <input type="checkbox"/> Men's DV Helpline: 1800 000 599 | | | | | |
| Consent Client's consent obtained to release information to third party <input type="checkbox"/> Yes <input type="checkbox"/> No If no, approval gained from delegated authority to release information under Section 28B, Children and Community Services Act 2004 <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Consultation Process: | | | | | |
| Other Referrals | | | | | |
| <input type="checkbox"/> Referral for child / children Name/s: _____ Details: _____ <input type="checkbox"/> Referral for child / children Name/s: _____ Details: _____ Is the perpetrator present? <input type="checkbox"/> Yes <input type="checkbox"/> No Are they likely to attend? <input type="checkbox"/> Yes <input type="checkbox"/> No Are they a Health employee with access to confidential records? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 6. DOCUMENTATION | | | | | |
| Record all relevant injuries that you can see and the patient describes (use verbatim quotes), including historical ones. Photographic evidence is preferable. See your Health Service Policy for further guidance on clinical image photography. | | | | | |
| | | | | | |
| | | | | | |
| Discharge Details <input type="checkbox"/> Transfer OR <input type="checkbox"/> Admission To: _____ | | | | | |
| Discharge Address: _____ | | | Contact No: _____ | | |
| Follow up arrangements made: _____ | | | | | |
| | | | | | |
| | | | | | |
| Health Professional Name _____ | | Designation _____ | Signature _____ | Date / Time _____ | Contact No. _____ |

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