Intermediate Risk Assessment Tool – Adult Victim-Survivor

An intermediate risk assessment begins to explore and map the risks and safety of the victim-survivor to help inform appropriate or time-critical responses

Who can use this tool: Tier 2 or 3 organisations or workers can use this tool. For information on tiers and roles and responsibilities, please see the ACT RAMF.

What is the purpose of this tool: This tool aims to determine the risk of escalating violence, including immediacy of lethality. From this risk assessment, safety planning should be undertaken to manage the identified risk, including to make appropriate referrals as needed.

When should this tool be used: When DFV has already been identified or disclosed. While this is not a comprehensive assessment of risk, Tier 2 and 3 workers may use this intermediate risk assessment to help inform a **time-critical intervention** and their initial response to clients at risk of harm. If this tool is used as a **time-critical intervention**, workers may skip the 'protective factors' in Part B.

Part A: Personal information	This section includes demographic information to identify cohort specific considerations that may impact the victim-survivors experience of domestic and family violence.
Part B: Assessment of risk	This section guides you through assessing risk to the victim-survivor, using: • **Evidence-based risk factors:** These questions are used to determine which risk factors are present to help identify the risk of domestic and family violence occurring or escalating. • **Victim-survivor self-assessment:** This is a crucial part of risk assessment. Victim-survivors are often best placed to assess their own level of risk. • **Protective factors (if intervention is not time-critical):** Protective factors are individual, relational and environmental characteristics that may reduce the impact of violence and promote safety, recovery and wellbeing of victim-survivors.
Part C: Outcome and actions	Practitioners determine the level or seriousness of risk using the information collected above in Part B, by applying their professional judgement. There are three risk levels: At-risk, Elevated Risk and Serious Risk. A guide for each level is set out in the RAMF. The outcome of this assessment informs both safety planning, and further referrals which may be required.

Name of worker completing this tool:	
Date:	

Part A – Personal information

Victim-survivor

Full name:	
Date of Birth:	
Client ID:	
Contact details:	
Gender identity:	☐ Woman/Girl ☐ Man/Boy ☐ Non-binary ☐ Preferred not to say ☐ Unknown ☐ Self-described, please specify:
Intersex status:	☐ Yes ☐ No ☐ Preferred not to say ☐ Unknown
Transgender history, experience or identity:	☐ Yes ☐ No ☐ Preferred not to say ☐ Unknown Pronouns:
Sexuality:	☐ Straight or heterosexual ☐ Gay, lesbian, or homosexual ☐ Bisexual or pansexual ☐ Asexual ☐ Preferred not to say ☐ Unknown ☐ Other, please specify:
Aboriginal and/or Torres Strait Islander origin:	☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and Torres Strait Islander ☐ Preferred not to say ☐ Neither ☐ Unknown
LGBTIQA+:	☐ Yes ☐ No ☐ Not known
People with disabilities:	☐ Yes ☐ No ☐ Not known Details:
Additional information and adjustments (if needed):	
CALD:	☐ Yes ☐ No ☐ Not known Details:
Identified cultural background or ethnicity:	
Country of birth:	
Year of arrival in Australia:	
Interpreter required:	☐ Yes ☐ No ☐ Not known
Language mainly spoken at home:	
Bridging or Temporary Visa?	☐ Yes ☐ No (If yes, what type):
Primary address:	
Current Location:	

Person using violence

Full name:	
Relationship to victim-survivor:	
Primary address:	
Current Location:	
Additional information:	

Part B – Assessment of risk

The initial aim of the risk assessment is to encourage the victim-survivor to tell their story and define their safety in their own words.

This tool will help practitioners ask questions about key risk factors. However, practitioners should avoid following a strict question and answer format, because key information about risk may be missed and you may erode trust and rapport by not being engaged with the person's disclosures. For example, a victim-survivor may disclose that the violence is getting worse. In this scenario, practitioners should seek to openly explore what this means and elicit information from the victim-survivor in their own words.

Victim-survivors may also disclose the presence of high-risk indicators (such as non-fatal strangulation or sexual violence). In these scenarios, you should openly explore their disclosures to understand the behaviours they have experienced.

Following the standard screening questions (if applicable)

If this risk assessment tool is administered following the Screening Tool, advise the person that you understand that screening and a disclosure of DFV has occurred. You now want to work with them to better understand their situation and to inform additional actions, including referrals and risk management.

> *I would like to find out a bit more about you and [person using violence] so that together we can work out the risks and then explore what we could do to try to keep you (and your children) as safe as possible. Are you OK if we do that now?*
>
> **If yes:**
>
> *The ACT has developed a process to use as a bit of a guide for this conversation just to make sure we think of the right things and then make decisions about the next steps that work best for you. Are you OK if we work through that together?*

Initial questions

- Could you tell me a little more about the last time your [partner/ex-partner/family member] hurt or frightened you?
- Are there things they do that are about trying to control you?
- What is the scariest thing they have done to you or others?
- How long has this been going on?

Evidence-based risk factors

These questions are based on the evidence-based risk factors contained in the ACT RAMF. Practitioners should note that not all risk factors may be directly relevant to the victim-survivor, or the violence may be occurring in a different family or relationship structure outside of the intimate partner context. Practitioners should ensure they explore risk assessment in a way that is relevant and responsive to the victim-survivor and their experience of violence.

> *We know from research that there are things that can happen that indicate a high risk of further or escalating violence. Some of these questions may be a bit confronting, but this information will help us to better understand your safety, so we know what to do next. Would it be OK if we go through these?*

It is essential to risk assessment practice that you create a safe space for the victim-survivor to choose what they disclose to you and remind them that they have agency through the risk assessment process to stop it at any time. You should consider saying something along the lines of:

- These questions are about circumstances you have experienced, and the person's behaviours towards you. These are not questions about you.
- I want you to know that we can stop at any time. If there are any questions you do not want to answer, you can tell me.

Questions	Response	Comments
1. Is more than one person making you feel afraid? (Are their multiple people using violence)	☐ Yes ☐ No ☐ Not disclosed	
2. Have you recently separated, thinking about separation, or are in the process of separating?*	☐ Yes ☐ No ☐ Not disclosed	
3. (If appliable) Are you pregnant or have a new baby? *	☐ Yes ☐ No ☐ Not disclosed	
4. Is the violence getting worse and/or happening more often? *	☐ Yes ☐ No ☐ Not disclosed	
5. Have they ever applied pressure to your neck or throat? *	☐ Yes ☐ No ☐ Not disclosed	
6. Do they try to control what you do? *	☐ Yes ☐ No ☐ Not disclosed	
7. Have they ever threatened to kill you or someone else (children or someone else in your family)? *	☐ Yes ☐ No ☐ Not disclosed	
8. Have they physically hurt you in the past?	☐ Yes ☐ No ☐ Not disclosed	
9. Have you ever been pressured, coerced or forced into sexual activity that you did not want? *	☐ Yes ☐ No ☐ Not disclosed	
10. Have you ever felt like they might be monitoring or tracking you in some way?*	☐ Yes ☐ No ☐ Not disclosed	
11. Do they have access to weapons and/or have they ever threatened or hurt you with a weapon? *	☐ Yes ☐ No ☐ Not disclosed	
12. Have they ever breached a protection order or another sort of order (such as parole conditions or child contact)?	☐ Yes ☐ No ☐ Not disclosed	
13. Have they ever harmed or threatened to harm pets?	☐ Yes ☐ No ☐ Not disclosed	
14. Have they engaged in drug and/or alcohol use? *	☐ Yes ☐ No ☐ Not disclosed	

Questions	Response	Comments
15. Have they ever experienced any mental illness or have a diagnosis for a mental illness?	☐ Yes ☐ No ☐ Not disclosed	
16. Have they ever threatened suicide or self-harm?*	☐ Yes ☐ No ☐ Not disclosed	

* May indicate that the victim-survivor is at increased risk of serious harm or lethality.

Remember

Risk of DFV, including lethal violence, increases and decreases at different points in time. Increases could be related to factors in the lives of the victim-survivor, the PUV and their families that increase stress, create imminency, represent a shift in circumstances, or otherwise change the risk profile.

Victim-survivor's own assessment

The victim-survivor's assessment of risk is a highly relevant consideration in determining risk. This section seeks to understand their perception of risk and their experience of violence. Victim-survivors are best placed to assess their own level of risk, and their concerns need to be treated seriously, especially if they say they are at risk of experiencing significant harm. Remember that minimisation of risk can also occur, even in situations where several evidence-based risk factors are present.

Questions	Response
1. Have you ever thought or believed it is possible they could kill or seriously harm you (or others)? (**May indicate increased risk of serious harm or lethality**)	☐ Yes ☐ No ☐ Unsure ☐ Prefer not to say
2. How scared do you feel after the last incident and the pattern of behaviours you are experiencing? (0 = not scared at all, 3 = a little scared, 8 = very scared, 10 = extremely scared)	
0 1 2 3 4 5 6 7 8 9 10	
3. Do you think the violence and/or control will happen again or continue?	☐ Yes ☐ No ☐ Unsure ☐ Prefer not to say
4. Is the violence and/or control getting worse?	☐ Yes ☐ No ☐ Unsure ☐ Prefer not to say
5. If you had to rate the risk of something happening again from 1 to 10 where might you rate that risk? (0 = no likelihood, 3 = could happen again, 7 = will likely happen again, 10 = will definitely happen again)	
0 1 2 3 4 5 6 7 8 9 10	
Notes	

Protective factors

If this tool is used as a time-critical intervention, practitioners may instead focus on the evidence-based risk factors and victim-survivor self-assessment.

Understanding a person's protective factors helps contextualise risk, and take a strengths-based approach to understanding how the victim-survivor navigates the violence. It may also reveal unmet needs that, if they remain unaddressed, can impact their experience of violence. You should explore these questions with neutrality, accounting for the diversity of a victim's personal circumstances. This means asking questions in an open-ended way to invite a discussion that centres the victim-survivor's personal perspectives and experiences.

It is important to remember that "protective" factors may not always mitigate risk. For example, a victim-survivor's engagement with support services may coincide with a person using violence's concern that they may become visible to the system or they are losing control; they may intensify their controlling behaviours or escalate their violence to reinforce control. In addition, some victim-survivors may answer 'no' to many or all these questions.

When victims share their insights with you and the ways they resist violence to keep themselves safe, you should create space to honour their resilience, validate their survival strategies, and observe how they restore their power.

It would be helpful to get a sense of other circumstances in your life to help me work with you to support your safety. I also want to understand the things you are already doing to manage your own safety.

Questions	Response	Comments
1. What does your social network look like?		
2. Do you currently have stable income and is your workplace able to be supportive?	☐ Yes ☐ No ☐ Not disclosed	
3. Do you have safe cultural connections?	☐ Yes ☐ No ☐ Not disclosed	
4. Do you have family members or friends that you have strong and safe relationships with? Do they know what is happening?	☐ Yes ☐ No ☐ Not disclosed	
5. Do you have access to your own finances?	☐ Yes ☐ No ☐ Not disclosed	
6. Do you have access to your own transport?	☐ Yes ☐ No ☐ Not disclosed	
7. Are you currently in contact with any support or advocacy services?	☐ Yes ☐ No ☐ Not disclosed	
8. Do you have a current safety plan?	☐ Yes ☐ No ☐ Not disclosed	
9. Do you have a protection order?	☐ Yes ☐ No ☐ Not disclosed	
10. If so, are they complying with that order?	☐ Yes ☐ No ☐ Not disclosed	
11. Do you have a good relationship with your GP or any medical personnel?	☐ Yes ☐ No ☐ Not disclosed	
12. Are there supports in place for your children?	☐ Yes ☐ No ☐ Not disclosed	
Notes		

Part C – Outcome and actions

Remember: All risk must be acted on.

Domestic and Family Violence Death Reviews and research have shown that even apparently low risk matters can escalate quickly, particularly at the point of separation (or where the person using violence realises that the victim-survivor is resisting the violence or asserting their autonomy). For this reason, regular updates and reassessment are necessary.

Overall risk level assessment and rationale

This section outlines the overall assessment of risk based on the practitioner's professional judgement and the assessment they have undertaken using this tool. Taking the information collected and then assessing the level of risk can be challenging. Risk assessment is not an exact science. The risk factors identified may indicate an increased risk and should be used to guide and inform your responses, along with all aspects and information in Part B.

You may believe the risk to the victim-survivor is serious even when many of the evidence-based risk factors are not present. That may be because there are few protective factors present, or because there is something which has been described or told to you that 'presses your alarm button'. It is good to trust your professional judgement. Where you are unsure, consider consulting an experienced colleague or seek the views of a specialist domestic and family violence service.

Risk levels

For further guidance on risk levels, please refer to the ACT RAMF.

Risk category	Description of risk levels
☐ **At-risk** 	At this level, **the person using violence still presents risk**, but current circumstances and supports help reduce the likelihood of escalation. It may be that no high-risk factors are present, and risk is not escalating in severity or frequency despite some risk factors being present.
☐ **Elevated Risk** 	At this level, **multiple risk factors are present (including some high-risk factors), and the risk is likely to continue or escalate** unless risk management is strengthened.
☐ **Serious Risk** 	At this level, **multiple high-risk factors are present and there is evidence of escalation in the frequency, severity or intensity of the violence**. Serious harm has occurred or is likely to occur, and there may be an imminent threat to the life or safety of the victim-survivor, the person using violence, or the community. Immediate, coordinated risk management is required – if it is not occurring already.
Rationale for risk assessment	

Actions

The level of risk identified will determine suggested actions. These actions should be responsive to the victim's needs and be developed in partnership with them.

Risk level	Actions needed	Example of what to say
At-risk 	• Keep in touch • Keep monitoring for any changes • Ensure risk management strategies are working and contact with services is regular	*You have identified some risk to your safety and so have I. You have also outlined ways you are keeping yourself and your family safe. I wonder if we could do up a bit of a safety plan together, so we know what to do if something changes?*
Elevated Risk 	• Need to undertake a safety action plan (or make appropriate referral) • Identify or implement actions to increase/strengthen protective factors • Keep close contact and identify any escalation or changes to the risks	*You have identified that there are quite a few risks to your safety and I agree. I would really like us to develop a safety plan and start taking some actions on that as soon as possible. Are you OK if we do that now?*
Serious Risk 	• Immediate risk management plan and safety planning is required • Statutory and non-statutory service responses may be required • Consider referral to, or secondary consultation with, a Tier 3 organisation or practitioner • Consider referral to the Family Violence Safety Action Program where there are a lack of protective factors, a system response is not engaged or responses are not working.	*You have identified some extremely serious risks to your safety and I agree and think we need to take some actions today. Are you OK if we work through those now?*

Further guidance for serious-risk assessments where there is imminency

If a practitioner has determined the victim-survivor is as serious risk, there may be a number of scenarios which inform what actions should be taken, especially if a victim-survivor requires **immediate protection** because of an imminent risk.

Possible circumstances present	Actions needed
• There has been a dynamic shift in the risk profile through a sudden change in circumstances, or this shift is imminently anticipated • Previous strategies for risk management have been unsuccessful • Escalation of severity of violence has occurred/is likely to occur • Victim-survivor self-assessed level of fear and risk is high to extremely high and safety is extremely low, or conversely, report very low fear and high safety, even in the presence of multiple high-risk factors	• **Clear system responsibility:** Someone needs to be identified to actively risk-manage this situation immediately • **Risk management response:** Statutory/legal and crisis responses are required for full risk management planning and intervention. This could include contacting Police, referral to crisis accommodation, legal support to obtain a protection order, among other things. • **After hours response:** Consider contacting the Domestic Violence Crisis Service who can assist in supporting crisis intervention strategies

Barriers to help-seeking

Despite serious and immediate risk, a victim-survivor may feel unable to try escape, access certain supports or pursue legal or other enforcement avenues. It is critical to understand that a victim-survivor's efforts to resist violence and assert their autonomy can escalate the risk of serious harm to themselves and their families. Other barriers to a victim-survivor accessing supports may include:

- fear for their safety and an escalation of violence,
- wanting to protect the person using violence,
- previous negative experiences when they have disclosed, including being misidentified as the primary aggressor,
- fear of social rejection and isolation,
- internalised stigma and shame,
- wanting the violence to stop but still loving the person who is using violence,
- fear of poverty and other socio-structural impacts, and
- fear of losing access to their children.

If a victim-survivor expresses reluctance in help-seeking or accessing services, you should explore their fears and concerns around service engagement to inform appropriate steps.

As these fears are often real, you should never minimise or dismiss them, but work with the victim-survivor to seek solutions to the barriers they have identified.

Example of what to say:

I can understand your reluctance to talk with another service, please know that I am also extremely concerned for your safety. The things we have identified today often lead to more serious and ongoing abuse that I am really worried about. I can assure you that there are services who can work with you to find strategies to support you. Could we give them a call and see what they say, we don't have to give your name, and then we can work out what you want to do next?

Consider risk to children

Where this risk assessment reveals there are risks of significant harm(s) to a child or young person, a worker may have legal obligations to take statutory actions. While this tool provides guidance on statutory obligations, practitioners should refer to their organisation's guidance on reporting child abuse in the ACT.

Circumstance	Guidance
A child sexual offence has been disclosed	In the ACT, it is a criminal offence to not report a child sexual offence to police. All practitioners have a positive duty to ensure appropriate actions are taken if a child sexual offence has been disclosed, unless an exception applies. For example, mandatory reporters who have reported the information to Children, Youth and Families are not required to report to police.
Grounds for mandatory reporting	There is a legal requirement to make a child protection report if through the course of your work (paid or unpaid) you believe on reasonable grounds a child or young person has experienced or is experiencing: • sexual abuse, or • non-accidental physical injury (physical abuse). Mandated reporters do not have to report the abuse if someone else has already reported the same abuse of the same child.
Other child-safety concerns	Any person who is concerned about a child can consider making a voluntary report to Children, Youth and Families. This may include concerns about abuse, neglect or the risk of these harms to the child or young person.

Considerations when reporting child abuse

To make a child protection report, contact Children, Youth and Families on 1300 556 729 or online.

Please Note: For Aboriginal and Torres Strait Islander families, child abuse reporting is a huge concern as there is a serious and ongoing impact from intergenerational trauma experienced since colonisation and the impact of assimilation policies resulting in the Stolen Generations. Aboriginal and Torres Strait Islander children are removed at a higher rate than others due to systemic racism, discrimination and barriers which are still being broken down to date.

See the practice guidance on reporting child abuse below.

Child abuse reporting is a critical risk point for the escalation of domestic and family violence. Safety and risk mitigation must be considered when reporting child abuse to statutory authorities.

If you decide to make a child protection report or report a child sexual offence, it is usually appropriate to tell the adult victim-survivor beforehand.

Whenever reporting child abuse, practitioners should appropriately detail the behaviours of the person using violence, the harms that they have caused to the child or young person, and how the patterns of abuse are impacting the protective parent's capacity to mitigate risk to the child or young person. This is an essential part of making sure that responsibility for the abuse is placed with the person using violence.

When speaking with a victim-survivor about making a report, you might want to say something like:

> *I understand that you feel you have little control over aspects of your life right now and so it's been important to me to give you the power to decide on actions to keep yourself and your children safe. At the same time, I cannot keep information confidential where I believe children are at risk of significant harm or violence. And I really do believe that they are, based on the information you have given me. I need to [outline your agency's agreed process for notifying about children at risk].*
>
> *I know and accept that may mean you no longer trust me or want to keep seeing me, though I really hope that isn't the case. I am happy to give you contact details for other services if you want.*

Having these conversations is difficult and you can get support for yourself from your manager, a supportive colleague, your Employee Assistance Program (EAP) provider, a social worker or psychologist in your work environment, DVCS, Lifeline, or 1800 RESPECT.

Record of actions

You should record what actions, if any, you take arising from the outcome of risk assessment. If no actions are taken, you should detail the reasons why.

Were actions taken following risk assessment?	☐ Yes ☐ No
If no, detail reasons why:	

If yes, document your actions below.

Actions taken	Response	Details
Referral Referrals to other services (e.g., specialist DFV service/practitioner, GP, other support services)	☐ Yes ☐ No ☐ N/A	
Information sharing Has the information in this tool been shared under the ACT Domestic and Family Violence Information Sharing Scheme? If information was shared, record if consent was given.	☐ Yes ☐ No ☐ Other	
Contact Police (if immediate emergency response is needed)	☐ Yes ☐ No ☐ N/A	
Contact Children, Youth and Families (if mandatory reporting obligations apply)	☐ Yes ☐ No ☐ N/A	
Other actions		

Note: If you are making a referral or plan to contact the victim-survivor, always ensure you have asked them about their preferred method of contact. This is critical to ensuring their safety.