IN THE MATTER OF THE ROYAL COMMISSION INTO FAMILY VIOLENCE

ATTACHMENT JA-9 TO STATEMENT OF JUDITH DORENE ABBOTT

Date of document: 14 July 2015
Filed on behalf of: State of Victoria
Prepared by:
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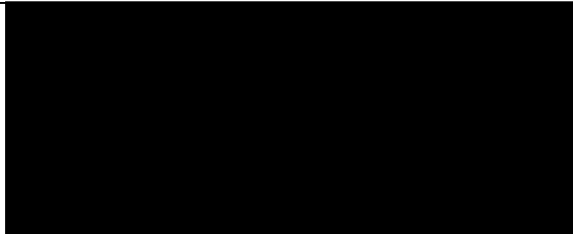
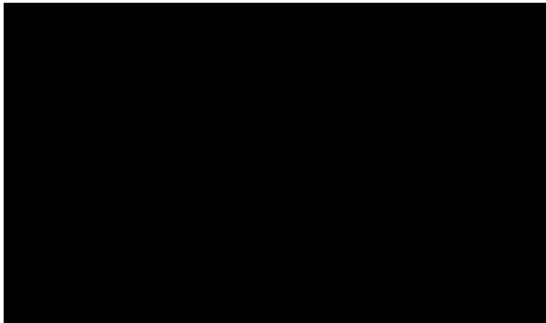
Melbourne VIC 3000



This is the attachment marked "**JA-9**" produced and shown to **JUDITH DORENE ABBOTT** at the time of signing her Statement on 14 July 2015.



An Australian Legal Practitioner within the meaning of the Legal Profession Uniform Law (Victoria)

OPTIONAL MODULE 10:
FAMILY VIOLENCE
(DHS Identifying Family Violence Recording Template)

FOR STAFF ONLY
UR Number:
Surname:
Given name:
Date of birth:
(Please fill in if no label available)

PURPOSE OF MODULE
To record experiences of family violence.

WHO CAN ADMINISTER THIS MODULE?
This module should only be completed by clinicians who have been trained or feel confident in identifying and recording family violence.

INSTRUCTIONS
1. Assess whether any possible indicators of family violence have been mentioned (a list of indicators is included in clinician guide).
2. Ask suggested prompting question/s if appropriate (see list in clinician guide).
3. Fill out recording template and refer to a family violence worker or service as appropriate. If trained in family violence assessment, consider completing the preliminary assessment found here: http://www.tafe.swinburne.edu.au/CRAF/resources/CRAF%20manual%202012.PDF

VICTIM

Family name

First name Second name

Other names/aliases Preferred name/s

Current address

Postcode

Phone numbers:
Home Work Mobile

Preferred phone number Can you leave a message? ☐ No ☐ Yes

Date of birth / / Age

Gender identity Country of birth

Language/dialect(s) Spoken at home

Interpreter required ☐ No ☐ Yes (specify language /dialect)

Aboriginal and/or Torres Strait Islander ☐ Aboriginal ☐ T.S.I. ☐ Both ☐ Neither ☐ Unknown

Disability ☐ No ☐ Yes (specify nature of disability)

Relationship to perpetrator ☐ Wife ☐ Defacto wife ☐ Former wife (including defacto)
☐ Husband ☐ Defacto husband ☐ Partner ☐ Former husband (including defacto)
☐ Girlfriend ☐ Former girlfriend ☐ Carer ☐ Boyfriend
☐ Son ☐ Daughter ☐ Brother ☐ Sister
☐ Former boyfriend ☐ Father ☐ Mother ☐ Other (please specify)

Does the perpetrator live in your household? ☐ No ☐ Yes

Are there any children living in your household? ☐ No ☐ Yes (please specify)

Emergency contact
Name Phone number

Income source Visa category

Carer ☐ No ☐ Yes (please specify)

Any additional needs (e.g. communication aid, medication, personal care attendants, special dietary requirements?) ☐ No ☐ Yes (please specify)

FOR STAFF ONLY

Clinician name: Position: Signature: Date:

FOR STAFF ONLY
UR Number:
Surname:
Given name:
Date of birth:
(Please fill in if no label available)

PERPETRATOR

Family name

First name Second name

Other names/aliases

Current address

Postcode

Phone numbers:
Home Work Mobile

Date of birth / / Age

Gender identity Country of birth

Language/dialect(s) Spoken at home

Interpreter required ☐ No ☐ Yes (specify language /dialect)

Aboriginal and/or Torres Strait Islander ☐ Aboriginal ☐ T.S.I. ☐ Both ☐ Neither ☐ Unknown

Disability ☐ No ☐ Yes (specify nature of disability)

CHILD 1

Family name

First name Second name

Current address ☐ Same as victim ☐ Other, please specify

Postcode

Date of birth / / Age

Gender identity

Aboriginal and/or Torres Strait Islander ☐ Aboriginal ☐ T.S.I. ☐ Both ☐ Neither ☐ Unknown

Relationship to perpetrator ☐ Son ☐ Daughter ☐ Other (please specify below)
☐ Stepson ☐ Stepdaughter

Concerns/issues for child ☐ Child Protection involvement ☐ Other (please specify)
☐ Family Court Order

FOR STAFF ONLY

Clinician name: Position: Signature: Date:

FOR STAFF ONLY
UR Number:
Surname:
Given name:
Date of birth:
(Please fill in if no label available)

CHILD 2

Family name

First name Second name

Current address ☐ Same as victim ☐ Other, please specify

Postcode

Date of birth / / Age

Gender identity

Aboriginal and/or Torres Strait Islander ☐ Aboriginal ☐ T.S.I. ☐ Both ☐ Neither ☐ Unknown

Relationship to perpetrator ☐ Son ☐ Daughter ☐ Other (please specify below)
☐ Stepson ☐ Stepdaughter

Concerns/issues for child ☐ Child Protection involvement ☐ Other (please specify)
☐ Family Court Order

CHILD 3

Family name

First name Second name

Current address ☐ Same as victim ☐ Other, please specify

Postcode

Date of birth / / Age

Gender identity

Aboriginal and/or Torres Strait Islander ☐ Aboriginal ☐ T.S.I. ☐ Both ☐ Neither ☐ Unknown

Relationship to perpetrator ☐ Son ☐ Daughter ☐ Other (please specify below)
☐ Stepson ☐ Stepdaughter

Concerns/issues for child ☐ Child Protection involvement ☐ Other (please specify)
☐ Family Court Order

FOR STAFF ONLY

Clinician name: Position: Signature: Date: