

ATTACHMENT "MH-1"

This is the attachment marked "**MH-1**" referred to in the witness statement of Maria Hagias dated 7th July 2015.



Government
of South Australia

DOMESTIC VIOLENCE RISK ASSESSMENT

An assessment of risk to victims of domestic/family violence must include consideration of:

- the victim's own assessment of their safety and risk levels
- identification of factors which indicate an increased likelihood of reoccurrence of violence
- the professional judgement of the assessor

Victim: _____

Agency / File No.: _____

** All fields shaded grey contribute to the risk assessment score
irrespective of when the factor occurred. Only put one score per box **

SECTION A - OFFENDER	Presence of factor		
	Yes/No (Y/N)	In past 14 days	> 14 days
Behaviour:			
Has threatened to assault/harm the victim	2		
Has threatened to use a weapon (including firearm) against the victim	2		
Has threatened to kill the victim	5		
Has physically assaulted the victim	4		
Has physically used a weapon (including firearm) against the victim during an assault	4		
Has assaulted the victim outside of the home environment	4		
Has breached an intervention/restraining order	2		
Has held a victim against their will in a location or otherwise impeded their freedom	4		
Has used violence/threats of violence against other family members	3		
Has used violence/threats of violence against non-family members	3		
Has harmed or threatened to harm family pets/other animals	3		
Has threatened or attempted suicide	4		
Has a prior arrest for murder/manslaughter/rape or sexual assault	4		
Has a history of domestic violence against a previous partner(s)	4		
Personality Characteristics:			
Is highly controlling/manipulative	3		
Attitude and/or cultural beliefs support violence towards women/children/elderly	3		
Has demonstrated a sudden change in personality or behaviour	2		
Situational Factors			
Has access to firearms	3		
Is unemployed	1		
Drug and/or alcohol misuse/dependency present	4		
Experiences depression or has other mental health issues	2		
Is not taking prescribed medication	2		
Is experiencing financial problems, not normal to the offender	1		
Has witnessed or experienced violence in their 'family of origin' (as a child/during upbringing)	2		
SECTION B - VICTIM			<i>Subtotal (A)</i>
Perceptions / Beliefs:			
Expresses/indicates through actions that they are afraid of the offender	2		
Expresses/indicates through actions that their level of fear of the offender is extreme (feels terror)	4		
Believes the offender is capable of killing victim/children	5		
Vulnerability Factors:			
Victim reports an escalation in the seriousness and/or frequency of the violence	5		
Victims injuries are not consistent with the explanation/account of the incident	3		
Is isolated (geographic reasons/actions of offender to restrict contact with family or friends)	5		
Is isolated for cultural reasons (lack of support from cultural community)	4		
Experiences depression or has other mental health issues	1		
Verbalised or had suicidal ideas, or tried to commit suicide	2		
Drug and/or alcohol misuse/dependency present	1		
Has a disability or frailty which impairs physical activity/mobility	2		
Has a disability or frailty which impairs cognitive/sensory functioning (deaf, intellectual, dementia)	2		
Is financially dependent on the offender	1		
Is dependent on the offender for their physical care (illness/infirmity/age/dementia/disability)	2		
Is dependent on the offender for their residential status in this country	2		
SECTION C - CHILDREN			<i>Subtotal (B)</i>
Vulnerability Factors:			
Present at, or witness to, incidents of violence	1		
Under school age (not yet commenced primary school)	2		
Subject to threats of harm from the offender	2		
Subject to actual harm/assault from the offender	4		
Subject of threats to kill from the offender	5		
Offender has access to children (is aware of where they live/attend school/shared care/contact)	1		
Child from another relationship in the home	1		
Perceptions / Beliefs:			
Expresses/indicates through actions that they are afraid of the offender	2		
Refusing or stating unwillingness to have contact with the offender	2		
			<i>Subtotal (C)</i>

DOMESTIC VIOLENCE RISK ASSESSMENT

Victim: _____

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SECTION D - INTIMATE PARTNERS		Presence of factor		
		Yes/No (Y/N)	In past 14 days	> 14 days
Victim is pregnant or there has been a recent birth in the family (child under 12 months)	5			
There has been a recent separation or the victim wishes to separate	5			
There is an actual or perceived new partner in the victim's life	4			
Offender has strangled or choked the victim during an assault	5			
Offender has used sexual violence or coerced victim into unwanted sexual practices	4			
Offender has stalked the victim	4			
Offender appears obsessed with the victim and/or children	5			
Offender appears jealous, bitter or hostile towards the victim and/or children	2			
Offender has recently been denied or restricted access or contact with children	4			
		<i>Subtotal (D)</i>		
(Add the scores of the 'In past 14 days' column to determine current risk level)		Risk Score Total:		

VICTIMS OWN ASSESSMENT OF THEIR SAFETY AND RISK LEVELS
<p>1. How frequently and seriously does the offender intimidate, threaten or injure you and/or your children?</p>
<p>2. Describe the most frightening event/worst incident of violence suffered at the hands of the offender?</p>
<p>3. How has the offender's behaviour impacted on your safety and the safety of your children?</p>

Worker's comments as to any other factors / circumstances which may affect the level of risk

OVERALL ASSESSED RISK - PAST 14 DAYS			
Standard	0 - 23	<input type="checkbox"/>	← A score of standard or medium risk may be overridden through the exercise of professional judgement, if you believe a victim to be at a higher level of risk. In these instances, provide a brief explanation in the Worker's comments above.
Medium	24 - 44	<input type="checkbox"/>	←
High	45 +	<input type="checkbox"/>	← If you select this box, please consider the QUESTION OF IMMINENCY required for referring to a Family Safety Meeting. Take all immediate steps to mitigate the high risk.
<Agency specific instructions can be added here>			

Worker Name: _____	Agency: _____
Email: _____	Phone: _____
Signature: _____	Date: ____ / ____ / ____

Supervisor's Signature: _____	Date: ____ / ____ / ____
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