

# Domestic Violence Safety Assessment Tool

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## Domestic Violence Safety Assessment Tool (DVSAT)

For use by non-government service providers and government agencies other than NSW Police Force.

The DVSAT has primarily been designed for use in intimate partner violence situations. Service providers who decide to use the DVSAT in other situations should be mindful that some of the questions in Part A might not be relevant. Service providers should use their professional judgement about the appropriateness of individual questions.

The DVSAT does not change or replace existing child protection obligations and procedures.

Client's name: .....

Client's date of birth: .....

Completed by: .....

Signature: .....

Date: .....

### PART A: Risk identification checklist

#### Violence toward client

Risk indicator	Yes	No	Unknown	Refused to answer	Source of information if not client (e.g. Police)
1. Has your partner ever threatened to harm or kill you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2. Has your partner ever used physical violence against you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3. Has your partner ever choked, strangled or suffocated you or attempted to do any of these things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4. Has your partner ever threatened or assaulted you with any weapon (including knives and/or other objects)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5. Has your partner ever harmed or killed a family pet or threatened to do so?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6. Has your partner ever been charged with breaching an apprehended domestic violence order?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Relationship between client and partner					
Risk indicator	Yes	No	Unknown	Refused to answer	Source of information if not client (e.g. Police)
7. Is your partner jealous towards you or controlling of you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8. Is the violence or controlling behaviour becoming worse or more frequent?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
9. Has your partner stalked, constantly harassed or texted/ emailed you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
10. Does your partner control your access to money?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
11. Has there been a recent separation (in the last 12 months) or is one imminent?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Background of partner					
12. Does your partner or the relationship have financial difficulties?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
13. Is your partner unemployed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
14. Does your partner have mental health problems (including undiagnosed conditions) and/or depression?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
15. Does your partner have a problem with substance abuse such as alcohol or other drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
16. Has your partner ever threatened or attempted suicide?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
17. Is your partner currently on bail or parole, or has served a time of imprisonment or has recently been released from custody in relation to offences of violence?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
18. Does your partner have access to firearms or prohibited weapons?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Children					
Risk indicator	Yes	No	Unknown	Refused to answer	Source of information if not client (e.g. Police)
19. Are you pregnant and/or do you have children who are less than 12 months apart in age?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
20. Has your partner ever threatened or used physical violence toward you while you were pregnant?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
21. Has your partner ever harmed or threatened to harm your children?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
22. Is there any conflict between you and your partner regarding child contact or residency issues and/or current Family Court proceedings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
23. Are there children from a previous relationship present in the household?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sexual assault					
24. Has your partner ever done things to you, of a sexual nature, that made you feel bad or physically hurt you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
25. Has your partner ever been arrested for sexual assault?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>Total number of indicators</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

1 or more 'yes' answers = at threat

12 or more 'yes' answers = at serious threat

## PART B: Professional judgement

How fearful is the client of their partner? (Select one)

Not afraid

Afraid

Terrified

Unable/  
unwilling  
to answer

What concerns did the client express? What did the client think the partner might do and to whom?

Do you believe any children in the household are at risk of harm?

If yes, what action have you taken? Confirm that you have met your mandatory reporting obligations.

Are you aware of any other additional factors, circumstances or details which make you believe overall there is a threat or serious threat to the safety of the client and/or children?

Consider issues such as the client's situation in relation to disability, substance misuse, mental health issues, cultural/ language barriers; whether they are willing to engage with a support service; whether the perpetrator's occupation or interests has given them unique access to weapons, or if there is involvement with Community Services (FACS).

### Threat Level

Select appropriate level based on Part A result and/or Part B result

At threat

At serious threat

### Action Required

- Make referrals and provide support as required.
- For clients at serious threat, address immediate safety needs and make a referral to a Safety Action Meeting where available.

NOTE: Clients' answers to the DVSAT may differ over time depending on a number of factors. In the context of domestic violence, different responses do not necessarily indicate decreased threat or unreliable reporting by clients.



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