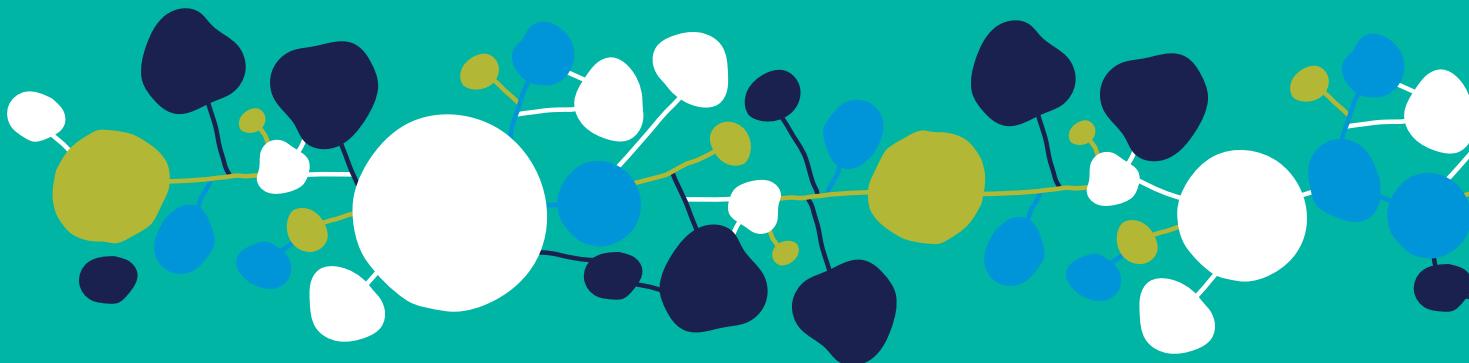


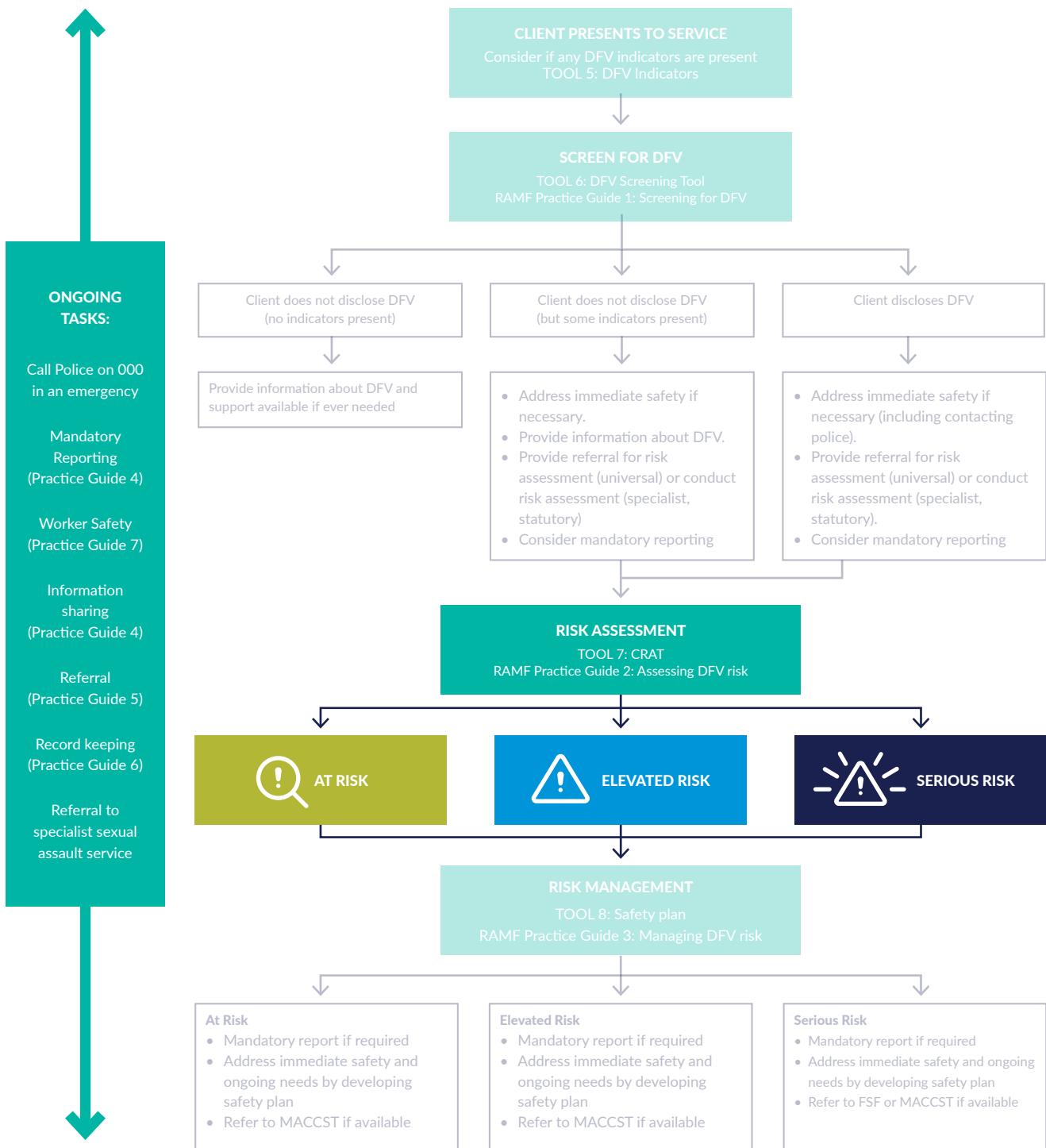
# PRACTICE GUIDE 2: ASSESSING DFV RISK

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## PRACTICE GUIDE 2: ASSESSING DFV RISK

This practice guide provides information, resources, tools and practice tips about assessing DFV risk, including what it is, why it is required, when it should be used, who should do it and how it should be done safely and effectively.



## PRACTICE GUIDE 2: ASSESSING DFV RISK

Risk assessments are best done by specialist DFV services, and/or by workers with DFV skills and a sound understanding of DFV. This may include workers in statutory services.

**REMEMBER:** All adults must comply with their existing legal obligations under mandatory reporting laws – see Practice Guide 4 Shared Legal Responsibilities.

It is best practice to inform the client of your responsibility to report DFV, and child abuse and neglect, as early as possible in the interaction, provided this does not compromise their safety.

**NOTE: IF THE CLIENT (OR ANY OTHER PERSON) IS IN IMMEDIATE DANGER, CONTACT POLICE.**

<b>What is DFV risk assessment?</b>	Risk assessment is the process of gathering and analysing relevant, evidence-based information about a DFV situation to determine the level of risk and to guide the response. A tool may be used to assess risk, which is based on evidence about what factors have been found to be predictive of injury, serious injury or death. The DFV assessment tool used in the RAMF is the Common Risk Assessment Tool (CRAT).
<b>Why is DFV risk assessment important?</b>	Risk assessment is done to estimate the risk of injury, serious injury or homicide for a DFV victim survivor, in order to inform the risk management response. DFV risk assessment is central to effective response that keep victim survivors safe while keeping the person who is committing DFV visible and accountable.
<b>Who should do DFV risk assessment?</b>	Risk assessments are best done by specialist DFV services, and/or by workers with specialist DFV skills and a sound understanding of DFV, this may include workers in statutory services. Full assessment of risks should not be done by workers who are unable to provide the time and skill needed. Workers who do not have the skills or time should refer to a specialist or trained worker who can appropriately conduct a risk assessment.
<b>When should DFV risk assessment occur?</b>	Risk assessment must be undertaken when DFV has been identified in the screening process (see Practice Guide 1 – Screening for DFV). Risk must be reviewed and re-assessed continually. It is common for risk to fluctuate, including rapid escalation, as circumstances change. Evidence shows that there are particular circumstances where risk can escalate, including during and just after separation, during pregnancy, when there is an imminent release from custody, or during family court matters. At these times a new risk assessment should be completed.

## How should DFV risk assessment be done?

Risk assessment involves:

1. a conversational assessment/s with the victim survivor, followed by
2. the completion of the CRAT.

The CRAT uses structured professional judgement, which combines all three good practice and evidence-based elements:

1. **The client's own assessment of their risk, needs and safety:** Evidence shows that in many cases the victim survivor is the best judge of their level of risk, because they are most familiar with the patterns of behaviour of the person committing DFV against them.
2. **The presence of risk factors that, based on the evidence, indicate an increased likelihood of serious injury or death:** Findings from academic and practice-based literature, and reports produced by international and Australian DFV death review committees and Coroners' Courts, indicate that some risk factors are associated with a higher likelihood of violence re-occurring, serious injury, or death, in the context of intimate partner violence committed by men against women.
3. **The worker's professional judgement of the risk:** A worker's professional judgement of the level of risk to a victim survivor may override the level of risk indicated by the victim survivor's own responses, or by the evidence based factors.

In addition, information held by other services may need to be accessed using client consent and/or information sharing legislation to complete a risk assessment.

## TIPS – Preparing for risk assessment

**Risk assessment should not be undertaken if the person suspected of committing DFV is present.** Make sure the assessment is done away from the person suspected of committing DFV or by people who may inform the person who committed DFV.

If DFV has been identified through a screening process or otherwise, the following steps are to be undertaken:

- Prepare yourself to discuss the purpose of DFV risk assessment with the client.
- The client can have a support person with them if they feel more comfortable.
- When working with people whose English is limited, it is important to use interpreters. You can access interpreters through the [Aboriginal Interpreter Service](#) or through the [Interpreting and Translating Service NT](#).
- Check that you understand confidentiality and its limitations, including your mandatory reporting obligations.
- Prepare for any children/dependents accompanying the victim survivor so that they are looked after and not present during conversations that may be distressing for them.
- Remember that disclosing DFV always carries an element of risk for the victim survivor. This risk may be from the person who is committing the DFV, or from the service system, for example, how the worker or service responds to the disclosure or how the victim survivor perceives they may respond.
- Before conducting a risk assessment, consider what effective responses are actually available to support the client, especially in areas where services are limited. You should do everything possible to improve the situation of safety for the client, but also be careful not to promise more than you are capable of within available resources. This can act to further erode trust with an already vulnerable client.

## TIPS – Starting the conversation

One of the most effective ways to assess DFV risk is to have a conversation with the client. This provides a less formal atmosphere than filling in forms, reveals a more detailed picture of the situation, and develops rapport.

During an effective conversational assessment you should:

- build rapport by demonstrating care for the client and recognising their strengths;
- provide information about DFV;
- seek to understand the situation and risk the client is facing;
- seek to understand what assistance would be helpful from the client's perspective;
- understand what DFV responses are mandated by law.

Conducting a full conversational assessment with a client experiencing DFV takes time and requires a reasonable understanding of DFV. Proper assessment of risk is best done by specialist or trained workers who are able to provide the time and skill needed.

The CRAT can be used to guide the conversation but should not be done as a survey. The questions in the CRAT should be woven into a conversation that explores the client's experience and level of fear. The CRAT is designed to be completed by the worker when the client is not present, following one or more conversational DFV assessments.

It is important to inform the client if you will be completing the CRAT, and if possible gain their consent to do this. While consent should always be sought, the victim survivor's safety is the priority.

Explain that you are asking for information because you are concerned for their safety. For example:

*Many people/women have problems with their family, their husband or partner or someone they live with, so we ask more questions about the safety of all our clients so that we can work out what kind of help is needed to keep you (and your children) safe.*

*I am a bit worried about you because [list the DFV indicators that are present]. I would like to ask you some questions about how you feel about your safety so that we can work out what kind of help you need to keep you safe.*

*We are doing this assessment to see how we can help you, I can fill in this form to work out the best way to help you.*

*I would like to talk to you to find out more so that I can understand, and so together we can work out any risk to you (and your children). Once we have done that, we can work out a plan to help keep you (and your children) as safe as possible. Are you OK to do this now?*

Explain that participation is voluntary.

Acknowledge that some of the questions may be confronting and difficult to answer. Be aware of the distress and fear that disclosing DFV may cause.

Check that the client understands confidentiality and its limitations, such as your obligation to follow mandatory reporting procedures.

Always watch and listen closely to what is happening for the client during the conversation. If they appear upset, ask if they would like to stop or take a break. It is important that they go at their own pace and are not pushed to reveal information that they are not ready to.

<b>TIPS - Guiding the conversation</b>	<p><b>Ask questions to help you understand who is around the client, for example:</b>      'Tell me about who lives in your house?'      'Are there people in the house or community who you can't trust? '      'Is there anybody that you worry about or anybody who is not safe or not OK?'</p> <p><b>Ask questions to help you understand the behaviour of the person committing DFV, for example:</b>      'Is anybody hurting you, treating you badly, acting the wrong way or doing bad things?'      'Are the kids safe and if they are not safe who is making them unsafe? or do bad things happen to them? '</p> <p><b>When asking the client to assess their own level of risk and safety, the following questions may be helpful:</b></p> <p>How scared do you feel (eg, not at all scared, sometimes scared, really scared that I (and/or my children) will be seriously injured or killed)?</p> <p>What are you afraid might happen?</p> <p>Is the violence happening more often or getting worse?</p>
<b>TIPS - Acknowledging disclosures</b>	<p>When a client discloses experiences of DFV, and talks about it in depth such as during an assessment, it is very important to respond in a supportive way.</p> <p>Take care that the client does not feel blamed for the DFV or responsible for making it stop, and hears the message that all people have a right to be and feel safe.</p> <p>It is important to recognise the client's strengths. Many will have strategies in place to keep them and their child/ren safe which may not be evident without further exploration.</p> <p><i>I am sorry that that has happened to you.</i>  <i>It is not your fault that this is happening.</i>  <i>I will do what I can to support you.</i>  <i>You have the right to feel and to be safe and I'm working with you and the people that I know to try to keep you safe.</i></p>
<b>TIPS - Completing the CRAT</b>	<p>The CRAT is an evidence based tool which can be used to assess risk, particularly the risk factors which are predictive of harm or death for a DFV victim survivor.</p> <p>The CRAT can be used to guide the conversation but should not be done as a survey. The questions in the CRAT should be woven into a conversation that explores the client's experience and level of fear. The CRAT is designed to be completed by the worker when the client is not present, following one or more conversational DFV assessments.</p> <p>The CRAT combines evidence based risk factors (SECTION A), with the victim survivor's self-assessment of their risk (SECTION B) and the worker's professional judgement (SECTION C).</p> <p>Once completed, the CRAT provides an assessed level of risk and recommended actions to be taken to respond.</p> <p>For clients assessed as being at serious risk, the CRAT can also be used to refer a client to a Family Safety Framework meeting. This is discussed further in Practice Guide 3 – Managing DFV Risk. Clients can also be referred to MACCST.</p>

**TIPS –**  
**Completing**  
**the CRAT**  
(Continued)

Workers need to discuss their risk assessments with their Team Leader or Supervisor for the accountability and safety of both the worker and the client.

A risk assessment using the CRAT may result in the following risk levels which can change and escalate at different points in time.

Risk level	CRAT scoring	Meaning
<b>At risk</b>	14	<ul style="list-style-type: none"><li>• While there is evidence of risk to a victim survivor's safety and wellbeing, high risk factors that are linked to an increased likelihood of serious injury or death are not present.</li><li>• Other DFV risk factors are present.</li><li>• The victim survivor's self-assessed level of fear and risk is not high and risk management and protective strategies such as safety plans are in place.</li></ul>
<b>Elevated risk</b>	15 – 27	<ul style="list-style-type: none"><li>• A number of risk factors including high risk factors are present.</li><li>• Risk is likely to continue and increase if risk management is not initiated in response</li><li>• The victim survivor's self-assessed level of fear and risk is elevated and safety is moderate due to activation of risk management strategies.</li></ul>
<b>Serious risk</b>	28+	<ul style="list-style-type: none"><li>• There are high risk factors present which indicate serious risk of harm or death.</li><li>• Urgent action is necessary to prevent or lessen the risk.</li><li>• The victim survivor's self-assessed level of fear and risk is high to extremely high and safety is low due to no or low activation of risk management strategies.</li><li>• In the worker's professional judgement the victim survivor (including children and young people) is likely to be in serious and imminent danger if immediate action is not taken.</li></ul>

<b>What needs to happen after a DFV risk assessment?</b>	<p><b>All levels of risk require a risk management response.</b></p> <p>After a risk assessment is made, the worker then manages the risk according to the risk level. For further details, see Practice Guide 3 – Managing DFV.</p> <p>DFV risk can change quickly so must be reviewed and responded to continually. Risk assessment is an ongoing process, not a one-off event.</p> <p>Remember to fulfil your record keeping responsibilities.</p> <p>If the client has experienced sexual assault (recent or historical) AND they consent to support contact a specialist sexual assault service.</p>
<b>Related resources</b>	<p>Practice Tool 7: Common Risk Assessment Tool</p> <p><b>Story cards</b> are cards that can be used with a client to help identify and talk about forms of DFV, as well as aid in a risk assessment and management process. They can be useful to encourage discussion, and to assist clients whose english is limited to talk about DFV. The cards have pictures which depict different forms of DFV on one side, with plain English explanations on the other. NT Legal Aid and Tangentyere Council have both produced story cards that may be useful in DFV risk assessment and management. Story cards do not replace the CRAT, but can be used to start or assist the conversational assessment.</p>

## PRACTICE TOOL 7: NORTHERN TERRITORY DOMESTIC AND FAMILY VIOLENCE COMMON RISK ASSESSMENT TOOL (CRAT)

The CRAT is an evidence based tool which is used to assess and respond to DVF risk, particularly the risk factors which are predictive of harm or death for a DFV victim survivor.

For more information, see the RAMF Practice Guide 3: Managing DFV Risk.

Details of person completing this form			
Date form completed		Worker name	
		Organisation name	
Email		Phone	
Victim survivor details			
Name (and any other names victim survivor is known by)		Date of birth	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Trans, gender diverse, non-binary <input type="checkbox"/> Male	Language/s spoken	<input type="checkbox"/> Interpreter needed
Ethnicity		Visa status	
Aboriginal	<input type="checkbox"/> YES <input type="checkbox"/> NO	Home community	
Primary address		Contact number	
Other locations the victim survivor has connections to			
Relationship to the perpetrator			
Has victim survivor previously been on FSF in relation to same perpetrator?			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
Comments			

### Children, young people accompanying victim survivors

	Child 1	Child 2	Child 3
Name			
Date of birth			
Gender			
Language/s spoken			
Ethnicity			
Aboriginal			
Home community			
Primary address			
Current location			
Primary carer			
Relationship to victim			
Relationship to perpetrator			

### Perpetrator details

Name (and any other names perpetrator is known by)		Date of birth	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Trans, gender diverse, non-binary <input type="checkbox"/> Male	Language/s spoken	
Ethnicity		Visa status	
Aboriginal	<input type="checkbox"/> YES <input type="checkbox"/> NO	Home community	
Primary address		Contact number	
Other locations the perpetrator has connections to			
Relationship to the victim survivor			
Is currently incarcerated (including on remand)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date of release (if known): / /20	
Comments			

## SECTION A – EVIDENCE-BASED RISK FACTORS

### Instructions:

- For each factor that is relevant, write the score for that factor in the right hand column.
- If the factor is not relevant, leave it blank.
- Do not put a partial score in. For example if the risk score for a factor is 3, put 3 in the right hand column (not 2 or 1.5).

### Perpetrator's high risk behaviours towards victim survivor

If this risk factor applies, write the total risk score in the risk score column

Risk score

Has physically harmed the victim survivor	3	
Has used a weapon(s) or object(s) in violence towards the victim survivor	3	
Is intoxicated while being violent towards the victim survivor	3	
Started using DFV early in the relationship	3	
Has a history of violence against the victim survivor	3	
DFV (including physical and sexual violence, and coercive control) is becoming worse and/or more frequent	3	
Has tried to kill the victim survivor	3	
Has sexually assaulted the victim survivor or coerced them into unwanted sexual practices	3	
Has choked, strangled or suffocated the victim survivor or attempted to do so	3	
Has assaulted the victim survivor in a public place or outside the home	3	
Has stalked or monitored the victim survivor	3	
Has used highly coercive and or controlling behaviours	3	
Has threatened or attempted suicide and/or self-harm	3	
Has harmed or threatened to harm pets	3	
Has threatened to physically or sexually harm, or to kill, the victim survivor	2	
Has a reported or unreported history of violence against a previous partner (or previous partner is a missing person)	2	
Has breached court orders such as a DVO, bail or parole	2	
Has a history of other violent behaviour	2	
Has attitudes and/or cultural beliefs which support violence towards women / children / elderly	2	

Comments

## Child victim(s) (accompanying adult victim survivor, and aged under 18)

If this risk factor applies, write the total risk score in the risk score column

Risk score

Perpetrator has threatened to harm or kill the child/ren	2	
Child/ren has been in the adult victim survivor's arms or physically in between the victim survivor and the perpetrator when the victim survivor was attacked	2	
Perpetrator has physically harmed the child/ren	2	
Perpetrator has sexually harmed the child/ren	2	
Child/ren has tried to stop the perpetrator from being violent towards victim survivor	2	
Perpetrator unreasonably controls the child and disrupts the non-offending parent's relationship with the child/ren	2	
Perpetrator has emotionally harmed the child/ren	2	
Child/ren from a previous relationship is in the victim survivor's care	1	
Child/ren expresses / indicates through action that they are afraid of the perpetrator including saying that they don't want to have contact with the perpetrator	1	
Child/ren named on victim survivor's DVO and or has own DVO	1	

### Comments

## Situational risk factors

If this risk factor applies, write the total risk score in this column

Risk score

Victim survivor is isolated (including isolated from family, friends, culture, services or supports)	3	
Perpetrator is due to be released from prison and or is currently on bail, remand and or parole in relation to violent offences	3	
There has been a recent separation or a planned separation in the near future	3	
Perpetrator is aged under 25 years	3	
Perpetrator has access to firearm(s) or prohibited weapon(s)	3	
Perpetrator has recently been denied or restricted access to the children	3	
Perpetrator misuses alcohol and/or other drugs	2	
Victim survivor is pregnant or has a new baby (within the last 12 months)	2	
Victim survivor is reliant on the perpetrator for their immigration status	2	
Perpetrator is involved in pending child protection matters	2	
Perpetrator's family actively support the perpetrator's use of violence and/or blames the victim survivor for the violence	2	
Perpetrator and or victim survivor's / perpetrator's family puts pressure on the victim survivor	2	

Perpetrator and/or victim survivor has recently experienced extreme social, economic, and/or environmental disruptions	2	
Perpetrator is experiencing employment or financial difficulties (including gambling)	1	
There is an actual or perceived new partner in the victim survivor's life	1	
Comments		
<b>TOTAL</b>		
<b>TOTAL SCORE</b> (add up the numbers in the Risk Score column and use the Total to identify the risk level by ticking the corresponding box below):		
<input type="checkbox"/> AT RISK (0-14) <input type="checkbox"/> ELEVATED RISK (15-27) <input type="checkbox"/> SERIOUS RISK (28+)		

### **SECTION B: Victim survivor's assessment of risk for themselves and their child/ren**

**Instructions:** Fill in the victim survivor's answers to these questions in their own words

How frightened is the victim survivor of what the perpetrator may do to them in the immediate future (eg, not at all scared, scared, terrified that I (and/or my children) will be seriously injured or killed)?		
Has the frequency and severity of the DFV violence (including physical, sexual and controlling violence) increased?		
Would the victim survivor ring police or someone they trust if they feel unsafe? And do they have the means to actually do this?		
Does the victim survivor think workers or the service is at risk from the perpetrator?		
What level of risk does the victim survivor believe they are at?	<input type="checkbox"/> AT RISK <input type="checkbox"/> ELEVATED RISK <input type="checkbox"/> SERIOUS RISK	
Comments		

## SECTION C: Worker's professional judgement and assessment of victim survivor's situation

Instructions: Tick and fill out the sections below if you are aware of any of these additional factors which make you believe there is an increased risk to the safety of the victim survivor, child/ren and/or others?

The victim survivor is 18 years of age or under. Comments:

You believe the victim survivor's injuries are not consistent with explanations they have given. Comments:

The victim survivor is homeless or in unsafe or insecure housing and or highly mobile. Comments:

The victim survivor has a disability and/or is dependent on the perpetrator for day to day care. Comments:

You believe children in the household are at risk of harm. Comments:

The victim survivor is legally compromised (they have a warrant/DVO/are named on the Banned Drinker Register (BDR) / they have been imprisoned for violence against the perpetrator). Comments:

The victim survivor is unlikely to disclose the violence to police or services due to their fear of increased risk, or of being blamed or losing children. Comments:

The victim survivor describes using violence as a form of protection or resistance against the perpetrator's violence, and their use of violence is becoming more serious and frequent. Comments:

The victim survivor misuses alcohol and/or other drugs. Comments:

The victim survivor has diagnosed mental health issues and/or expresses wanting to end their life. Comments:

The victim survivor is financially dependent on the perpetrator. Comments:

There are other critical or imminent safety concerns including cultural / religious practices and customs, conventions, beliefs that may increase the victim survivor's risk. Comments:

Indicate the level of risk the you believe the victim is at:  
NOTE: If in doubt, you should revise the risk level up.

AT RISK  ELEVATED RISK  SERIOUS RISK

Comments

## SECTION D: Overall risk assessment

Instructions: Record the level of risk from sections A, B and C and select an overall level of risk

**AT RISK 0 – 14 | ELEVATED RISK 15 – 27 | SERIOUS RISK 28+**

A	What was the risk level assessed in Section A: Evidence Based Risk Factors?	<input type="checkbox"/> AT RISK <input type="checkbox"/> ELEVATED RISK <input type="checkbox"/> SERIOUS RISK
B	What was the victim survivor's self-assessment of risk in Section B?	<input type="checkbox"/> AT RISK <input type="checkbox"/> ELEVATED RISK <input type="checkbox"/> SERIOUS RISK
C	What was your professional assessment of the victim survivor's level of risk in Section C?	<input type="checkbox"/> AT RISK <input type="checkbox"/> ELEVATED RISK <input type="checkbox"/> SERIOUS RISK
Based on this, tick the overall level of risk? NOTE: If in doubt, you should revise the risk level up.		<input type="checkbox"/> AT RISK <input type="checkbox"/> ELEVATED RISK <input type="checkbox"/> SERIOUS RISK
Tick how imminent the risk is (imminent means that you believe that death or serious physical harm could occur within a short time)		
<input type="checkbox"/> NOT IMMINENT <input type="checkbox"/> IMMINENT		

## SECTION E: Positive actions for workers to respond to the assessed level of risk

Instructions: Take positive action appropriate to the assessed level of risk. A referral to the FSF can be made if the risk is assessed as serious.

LEVEL OF RISK	POSITIVE ACTIONS FOR WORKERS TO TAKE	TOOLS
AT RISK	<ul style="list-style-type: none"> <li>Discuss and explain that client, child/ren or both are at risk of being harmed by the perpetrator</li> <li>Make mandatory report if required (with the client if possible)</li> <li>If client has experienced sexual assault (recent or historical) AND they consent to support contact specialist sexual assault service.</li> <li>Address IMMEDIATE safety by calling police on 000 or 131 444 if there are immediate concerns for the safety of the client and or their child/ren</li> <li>Address safety by developing a SAFETY PLAN</li> <li>Consider referral to specialist DFV service</li> <li>Consider referral to MACCST</li> </ul>	<ul style="list-style-type: none"> <li>Practice Guide 3: Managing DFV Risk</li> <li>Practice Tool 8: Safety Plan</li> </ul>
ELEVATED RISK	<ul style="list-style-type: none"> <li>Discuss and explain that client, child/ren or both are at elevated risk of being harmed by the perpetrator</li> <li>Make mandatory report if required (with the client if possible)</li> <li>If client has experienced sexual assault (recent or historical) AND they consent to support contact specialist sexual assault service.</li> <li>Address IMMEDIATE safety by calling police on 000 or 131 444 if there are immediate concerns for the safety of the client and or their child/ren</li> <li>Address safety by developing a SAFETY PLAN</li> <li>Consider referral to specialist DFV service</li> <li>Consider referral to MACCST</li> </ul>	<ul style="list-style-type: none"> <li>Practice Guide 3: Managing DFV Risk</li> <li>Practice Tool 8: Safety Plan</li> </ul>

SERIOUS RISK	<ul style="list-style-type: none"> <li>Discuss and explain that client, child/ren or both are at risk of being seriously harmed or killed by the perpetrator</li> <li>Make mandatory report if required (with the client if possible)</li> <li>Refer the client to the nearest Family Safety Framework if one operates in your region (Alice Springs, Darwin, Katherine, Nhulunbuy, Tennant Creek, Yuendumu)</li> <li>If client has experienced sexual assault (recent or historical) AND they consent to support contact specialist sexual assault service.</li> <li>Address IMMEDIATE safety by calling police on 000 or 131 444 if there are immediate concerns for the safety of the client and or their child/ren</li> <li>Address safety by developing a SAFETY PLAN</li> <li>Consider referral to specialist DFV service</li> <li>Consider referral to MACCST</li> </ul>	<ul style="list-style-type: none"> <li>Practice Guide 3: Managing DFV Risk</li> <li>Practice Tool 8: Safety Plan</li> </ul>
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## SECTION F: Reporting record

### Mandatory report of child abuse and neglect

Time Sent	AM <input type="checkbox"/> PM <input type="checkbox"/>	Date:	
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Reported by:

Reported to:

REF/PROMIS#:

Comments

### Mandatory report of DFV

Time Sent:	AM <input type="checkbox"/> PM <input type="checkbox"/>	Date:	
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Reported by:

Reported to:

Comments

REF/PROMIS#:

### Referred to FSF

Time Sent:	AM <input type="checkbox"/> PM <input type="checkbox"/>	Date:	
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Referral by (Worker name, agency, contact details):

- |              |  |  |
|--------------|--|--|
| Referral to: | <input type="checkbox"/> Alice Springs FSF (FSFAliceSprings@pfes.nt.gov.au)<br><input type="checkbox"/> Katherine FSF(FSKatherine@pfes.nt.gov.au)<br><input type="checkbox"/> Tennant Creek FSF(FSFTennant@pfes.nt.gov.au) | <input type="checkbox"/> Darwin FSF (FSFDarwin@pfes.nt.gov.au)<br><input type="checkbox"/> Nhulunbuy FSF (FSFNhulunbuy@pfes.nt.gov.au)<br><input type="checkbox"/> Yuendumu FSF (FSFYuendumu@pfes.nt.gov.au) |
|--------------|--|--|

Total Score:

(Enter total CRAT score in this box)

Has the victim survivor given consent to the FSF referral?

Yes  No

If no, why not?

Please always consult your Team Leader/Manager or your FSF delegate in preparing a referral or notification.

Please keep this form in your records.