

# CLIENT ASSESSMENT FORM

For Use by Lay Advocates

\*\*\*CONFIDENTIAL\*\*\*

*This survey should be completed for all clients and kept in their files. Ideally the survey is used to structure the initial interview with the client, but if this is inappropriate then the survey should be filled out immediately after the interview ends.*

Client ID Number: \_\_\_\_\_ Advocate: \_\_\_\_\_

Date of initial visit (dd/mm/yy): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

List dates of all repeat visits:

_____	/	_____	/	_____
_____	/	_____	/	_____
_____	/	_____	/	_____
_____	/	_____	/	_____
_____	/	_____	/	_____

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone Numbers:	Home	_____	(safe to call? Y/N)
	Mobile	_____	(safe to call? Y/N)
	Work	_____	(safe to call? Y/N)
	Other	_____	(safe to call? Y/N)

Preferred contact times: \_\_\_\_\_

Unsafe zones: \_\_\_\_\_

**To be read to client:** "Information from this form may need to be shown to other people, during the course of legal proceedings. This could be the judge hearing the case or the lawyer acting for the defendant. This however, will not be done, without discussing it with you first."

## CLIENT DEMOGRAPHIC INFORMATION

DOB (dd/mm/yy): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age: \_\_\_\_\_

Gender: Male Female Transgendered

Race: White Chinese Asian Black Mixed race Arab Other: \_\_\_\_\_

Interpreter needed: Yes: \_\_\_\_\_ No  
Asylum seeker/refugee: Yes: \_\_\_\_\_ No

Currently pregnant:	Yes	No
Currently disabled:	Yes: _____	No
Mental health issues:	Yes: _____	No
Alcohol Problem:	Yes: _____	No
Drug Problem:	Yes: _____	No

#Family Members in Household: \_\_\_\_\_

#Children in Household: \_\_\_\_\_

Name: _____	Age: _____	M/F	w/ defendant	other partner
Name: _____	Age: _____	M/F	w/ defendant	other partner
Name: _____	Age: _____	M/F	w/ defendant	other partner
Name: _____	Age: _____	M/F	w/ defendant	other partner

Any children on the Child Protection Register? Yes No

## HOUSING AND RESOURCES

Housing type:	Detached/semi Bedsit	Terraced Family/friends	Flat Homeless
Tenure:	Owner occupied	Private rented	Council
Tenant:	Client	Perpetrator	Both
Has client moved from Previous home due to DV	Yes	No	
Access to Telephone:	Yes	No	
Access to Motorised Vehicle:	Yes	No	
Use of Motorised Vehicle:	Yes	No	
Employment:	Housewife/Mother Full Time Student	Unemployed Part Time Other: _____	Self Employed Training Scheme

Private Income: Yes (amount per month: £\_\_\_\_\_) None

Benefits: Yes (amount per month: £\_\_\_\_\_) None

Specify: Income Support  
Disabled Living Allowance  
Working Families Tax Credit  
Incapacity Benefit  
Other: \_\_\_\_\_

## CLIENT ABUSE HISTORY

From this perpetrator, have you ever experienced *Physical Abuse/Violence*? Yes No

If yes, duration of abuse \_\_\_\_\_ months \_\_\_\_\_ years

If yes, frequency of abuse is  
constant daily weekly monthly other: \_\_\_\_\_

If yes, feels pattern of abuse escalating  
in severity                      in duration                      in frequency

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From this perpetrator, have you ever experienced *Sexual Abuse or Violence*?      Yes  
No

If yes, duration of abuse                      \_\_\_\_\_ months \_\_\_\_\_ years

If yes, frequency of abuse is  
constant      daily      weekly      monthly      other: \_\_\_\_\_

If yes, feels pattern of abuse escalating  
in severity                      in duration                      in frequency

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From this perpetrator, have you ever experienced *Emotional/Mental Abuse*?      Yes  
No

If yes, duration of abuse                      \_\_\_\_\_ months \_\_\_\_\_ years

If yes, frequency of abuse is  
constant      daily      weekly      monthly      other: \_\_\_\_\_

If yes, feels pattern of abuse escalating  
in severity                      in duration                      in frequency

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From this perpetrator, have you ever experienced *Financial Abuse*?      Yes  
No

If yes, please describe the type of financial problems: \_\_\_\_\_  
\_\_\_\_\_

If yes, duration of abuse                      \_\_\_\_\_ months \_\_\_\_\_ years

If yes, frequency of abuse is  
constant      daily      weekly      monthly      other: \_\_\_\_\_

If yes, feels pattern of abuse escalating  
in severity      in duration      in frequency

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has client experienced from any previous partner (*Tick all that apply*)

*Physical Abuse/Violence*

*Emotional/Mental Abuse*

*Sexual Abuse or Violence*

*Financial Abuse*

Client's perception of the current situation: (*Tick one box for each statement*)

	Agree	Disagree	Unsure
I feel I may be injured by the perpetrator			
I feel I may be killed by the perpetrator			
I feel unable to cope with the abuse			
I want to end the relationship			
I have tried to end the relationship			
I have told my family and/or friends about the abuse			
I have sought outside help for the abuse (police, counselling, etc.)			
I feel protective of the perpetrator			
I feel isolated from help			
I am worried that my kids might be hurt ( Not applicable)			

## SERVICES OFFERED TO CLIENT

Was client offered:

safety advice	Yes	No
advocacy	Yes	No
counselling	Yes	No
to seek medical treatment	Yes	No

Other services: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## PERPETRATOR INFORMATION

Name: \_\_\_\_\_

DOB (dd/mm/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_\_

Gender:                                      Male                      Female                      Transgendered

Race:                                      White                      Black                      Arab  
    Chinese                      Mixed race  
    Asian                      Other: \_\_\_\_\_

Interpreter needed:	Yes: _____	No
Currently disabled:	Yes: _____	No
Mental health issues:	Yes: _____	No
Alcohol Problem:	Yes: _____	No
Drug Problem:	Yes: _____	No

Employment:                      Full time                      Part time                      Self employed  
    Student                      Training scheme                      Unemployed  
    Other: \_\_\_\_\_

Relationship with client                      Married                      Partners                      Separated  
    Divorced                      Other: \_\_\_\_\_

Length of relationship:      \_\_\_\_years \_\_\_\_months

Same sex relationship:                      Yes                      No

Living arrangements                      Living together  
    Previously lived together  
    Never lived together  
    Other: \_\_\_\_\_

## PERPETRATOR'S CRIMINAL HISTORY

Prior history of <i>domestic violence with client?</i>	yes	no	don't know
If yes,      Arrests	yes	no	don't know
Convictions	yes	no	don't know
Custodial sentences	yes	no	don't know
Prior history of <i>domestic violence with other women?</i>	yes	no	don't know
If yes,      Arrests	yes	no	don't know
Convictions	yes	no	don't know
Custodial sentences	yes	no	don't know
Prior history of <i>other violent offences?</i>	yes	no	don't know
If yes,      Arrests	yes	no	don't know
Convictions	yes	no	don't know
Custodial sentences	yes	no	don't know

Prior history of <i>drug offences</i> ?	yes	no	don't know
If yes, Arrests	yes	no	don't know
Convictions	yes	no	don't know
Custodial sentences	yes	no	don't know

## CLIENT'S PERCEPTIONS OF POLICE SERVICE

How satisfied are you with how the police handled your situation?

Very satisfied      Satisfied      Neutral or d/k      Dissatisfied      Very dissatisfied

What did you want the police to do for you at the incident? (*Tick all that apply*)

Arrest the perpetrator  
 Make the perpetrator leave  
 Try to reconcile you and the perpetrator  
 Provide you with information and/or referrals  
 Comfort and/or reassure you  
 I did not want the police involved  
 Other: \_\_\_\_\_

Have you contacted police previously for a similar (DV) problem?

Yes # \_\_\_\_\_  
 No  
 Unsure

Would you call the police again if you needed help for DV?

Yes  
 No  
 Unsure

Did the police take a Victim Personal Statement from you?

Yes  
 No  
 Unsure

Did the police offer you (*Tick all that apply*)

Alarms  
 Surveillance  
 Refuge  
 Other: \_\_\_\_\_

What do you want to result from this incident? (*Tick all that apply*)

Custodial sentence for the perpetrator  
 Perpetrator put on probation  
 Perpetrator made to pay a fine  
 Bindover for perpetrator  
 Treatment for alcohol/drugs for the perpetrator  
 Anger management/counseling for the perpetrator  
 Counseling for myself  
 Couples therapy for us both  
 For the relationship to continue without the violence  
 For the relationship to be over  
 To be safe  
 I don't know what I want to happen  
 Other: \_\_\_\_\_

## CLIENT'S PERCEPTIONS OF CPS / COURT

**What type of contact have you had with the prosecutor assigned to your case?**

None  
Letter  
Telephone call  
Face-to-face meeting

<b>Were you offered a pre-trial meeting with the prosecutor?</b>	<b>Yes</b>	<b>No</b>
<b>If yes, did you take it up?</b>	<b>Yes</b>	<b>No</b>

<b>Were you offered a pre-trial visit to the court?</b>	<b>Yes</b>	<b>No</b>
<b>If yes, did you take it up?</b>	<b>Yes</b>	<b>No</b>

<b>Were you provided info about the process of the trial?</b>	<b>Yes</b>	<b>No</b>
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<b>Were you kept informed about the progress of your case?</b>	<b>Yes</b>	<b>No</b>
<b>E.g., kept informed about bail decisions?</b>	<b>Yes</b>	<b>No</b>
<b>E.g., timely information about adjournments?</b>	<b>Yes</b>	<b>No</b>
<b>E.g., provided information about outcome/sentence?</b>	<b>Yes</b>	<b>No</b>

<b>Were you offered a safe place to wait in the court?</b>	<b>Yes</b>	<b>No</b>
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<b>Were you offered assistance with travel expenses?</b>	<b>Yes</b>	<b>No</b>
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<b>Was child care assistance or facilities available?</b>	<b>Yes</b>	<b>No</b>
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**Overall, how satisfied are you with how the CPS handled your case?**

Very satisfied  
Satisfied  
Mixed (somewhat satisfied, somewhat dissatisfied)  
Dissatisfied  
Very dissatisfied

**Any other comments you would like to make?** \_\_\_\_\_

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**Do you have any ideas about how the CJS response to victims experiencing domestic violence could be improved?**

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_