

Victim Support NI

Client Needs Assessment and appointment record

Client's Name:

YSNI Reference number:

Crime Type:

Length of time since crime:

Volunteer:

First Assessment – Date ____/____/____

Follow up meetings

WELCOME AND INTRODUCTION

My name is _____ and I'm a Volunteer Support Worker with Victim Support NI.

WELCOME AND INTRODUCTION

Before we begin our session can I check that the information I have about you is correct. (Check name, crime type and time since crime)

VICTIM SUPPORT NI CONFIDENTIALITY STATEMENT

Welcome back and thank you for coming in again to see me. Today we will focus on following up from what we discussed at your last appointment and seeing what, if anything, has changed since we last spoke.

We will treat your information confidentially unless; something you tell us makes us concerned that you or someone else is at risk of harm; child protection issues are suspected; or if we are legally required to disclose our records, for example where a Court Order is presented. In order to provide you with support and assistance it will be necessary for us to collect and process certain types of your personal data. We will process this data in accordance with the law and our privacy policy. For more information on how we treat your personal data please visit our website. Please sign here to confirm that you understand our limits of confidentiality:

We will agree if there are any new actions that we want to take.

VICTIM SUPPORT NI CONFIDENTIALITY STATEMENT

I just want to remind you that our conversation is confidential and that will normally only be breached if we are concerned about your or someone else's safety.

Signed by _____

Date: _____

First Assessment

Follow up meetings

- We are going to focus today on how the crime is affecting you and what your current needs are. I don't need you to talk about what happened unless you want to.

Is there anything you would like to ask before we proceed?

Follow up 1 -- date ____ / ____ / ____

- Today we are going to revisit how you had been impacted when we last spoke and see how things have changed.
- We will also review any actions we agreed at the last meeting and see if any new actions are needed.

Before we look in more detail, generally are you feeling better or worse than when we last spoke?

Follow up 2 - date ____ / ____ / ____

- Today we are going to revisit how you had been impacted when we last spoke and see how things have changed.
- We will also review any actions we agreed at the last meeting and see if any new actions are needed.

Before we look in more detail, generally are you feeling better or worse than when we last spoke?

First Assessment

How has this crime impacted on you physically?
(e.g. physical injuries both short term and long term, sleep difficulties, stomach upset, overeating/loss of appetite, headaches, blood pressure problems etc.)

How has this crime impacted on you emotionally/psychologically? (e.g. fear and anxiety, anger, irritability, feeling numb, withdrawn or disconnected, loss of interest in favourite activities, sadness, sense of emptiness, hopelessness about the future, feeling unsafe etc.)

Follow up meetings

RECAP OF IMPACT

When we last spoke, the physical impacts were _____. Have any of these resolved / improved?

Are there any new physical effects?

When we last spoke the emotional / psychological impacts were _____. Have any of these resolved / improved?

Are there any new emotional impacts?

RECAP OF IMPACT

When we last spoke, the physical impacts were _____. Have any of these resolved?

Are there any new physical effects?

When we last spoke the emotional / psychological impacts were _____. Have any of these resolved?

Are there any new emotional impacts?

Follow up meetings

<p>First Assessment</p>	<p>If suicide / self-harm was raised previously this MUST be revisited and recorded. The previous safety agreements should be revised in line with ASIST.</p> <p style="text-align: center;"><u>OR</u></p> <p>If not previously disclosed, client should be asked "have you had any thoughts that life is not worth living or of wanting to harm yourself?" If yes, use ASIST.</p>	<p>If suicide / self-harm was raised previously this MUST be revisited and recorded. The previous safety agreements should be revised in line with ASIST.</p> <p style="text-align: center;"><u>OR</u></p> <p>If not previously disclosed, client should be asked "have you had any thoughts that life is not worth living or of wanting to harm yourself?" If yes, use ASIST.</p>
<p>Have you had thoughts that life is not worth living or of wanting to harm yourself?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(IF YES, PLEASE USE THE ASIST MODEL AND FOLLOW PROCEDURES. RECORD ACTIONS BELOW). Escalate to a CO if unsure how to help.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Have you noticed any changes in your behaviour following the crime? (e.g. substance abuse, being overprotective of family, keeping excessively busy, isolating self from others, being very alert at times, startled easily, problems getting to sleep or staying asleep, avoidance etc.)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>When we last spoke, you identified these changes in behaviour _____. Have any of these improved?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Are there any new changes in behaviour?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>First Assessment</p>	<p style="text-align: center;">Follow up meetings</p>	

How has this crime impacted on you financially? (e.g. loss of earnings, replacing stolen or damaged goods, legal costs, insurance premiums, medical expenses etc.)

TRAUMA SYMPTOMS AND MENTAL HEALTH CHECKLIST

"I am going to go through a list of symptoms that you may or may not be experiencing. They are very normal things to experience in the early stages after crime. We will monitor these symptoms and if they are excessive or continue more than 6 weeks after the crime happened, we will talk about support options for you."

When we last spoke, the financial impacts were _____. Have any of these resolved / improved?

Are there any new financial impacts?

TRAUMA SYMPTOMS AND MENTAL HEALTH CHECKLIST

"Last time we spoke we went through the symptoms of trauma to get an idea of how the crime was impacting on you. I would like to revisit this today to see what has changed."

When we last spoke, the financial impacts were _____. Have any of these resolved / improved?

Are there any new financial impacts?

TRAUMA SYMPTOMS AND MENTAL HEALTH CHECKLIST

"Last time we spoke we went through the symptoms of trauma to get an idea of how the crime was impacting on you. I would like to revisit this today to see what has changed."

<p>First Assessment</p>	<p>Follow up meetings</p>	
<p>ACTIONS "For you to see improvement it is useful to set some practical and realistic recovery goals." The problem I want to work on is:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Action points for client:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Action points for Victim Support NI:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>"What support network do you have?"</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>If the client doesn't have a support network please discuss options for support (eg who they can talk to, who to call if in distress, further appointments with us etc)</p>	<p>RECAP OF ACTIONS Recap the problem identified and the actions agreed at the last meeting from the first assessment column.</p> <p>"How did you get on with your actions?"</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>"I can update you on the actions we took" (This will be detailed on the cover page.)</p> <p>In our last meeting this was the most important problem for you to deal with, how has that changed?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><i>If any new actions are identified for this problem or any actions are to be carried over, note them (and who is responsible) here.</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>RECAP OF ACTIONS Recap the problem identified and the actions agreed at the last meeting from the first follow up meeting column.</p> <p>"How did you get on with your actions?"</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>"I can update you on the actions we took" (This will be detailed on the cover page.)</p> <p>In our last meeting this was the most important problem for you to deal with, how has that changed?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><i>If any new actions are identified for this problem or any actions are to be carried over, note them (and who is responsible) here.</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

First Assessment	Follow up meetings	
<p>Recap the conversation and client's actions. Close meeting and discuss whether a further appointment should be made.</p> <p>Follow Up appointment needed?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Signed by (volunteer) _____</p>	<p>"What is currently the most important problem for you to deal with?"</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><i>If a new problem is raised</i></p> <p>Action points for client: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Action points for Victim Support NI: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Recap the conversation and client's actions. Close meeting and discuss whether a further appointment should be made. For clients who have returned a number of times discuss with Coordinator whether a referral for longer term support is needed.</p> <p>Follow Up appointment needed?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Signed by (volunteer) _____</p>	<p>"What is currently the most important problem for you to deal with?"</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><i>If a new problem is raised</i></p> <p>Action points for client: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Action points for Victim Support NI: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Recap the conversation and client's actions. Close meeting and discuss whether a further appointment should be made. For clients who have returned a number of times discuss with Coordinator whether a referral for longer term support is needed.</p> <p>Follow Up appointment needed?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Signed by (volunteer) _____</p>

PFA Themes	Community Service
Providing practical care and support, which does not intrude	Arranging a convenient location for a client meetings Arranging for a PSNI officer to visit a client who has been burgled and fears it happening again Providing refreshments, tissues etc. to help clients feel safe and supported (There are risks to be assessed and avoided, e.g. risk to evidence process by taking too much information on a CICS form, volunteers become overconfident and invite the full story from victims)
Assessing needs and concerns	Carry out a Needs Assessment Assessing if clients have had thoughts of suicide or self-harm Listening for indicators of risk to a client, such as the level of anxiety, communication or other difficulties that could risk the evidence process
Helping people to address basic needs	Contacting the Housing Executive for a client who is being intimidated Contacting a GP/Social Services for a client who is no longer available to take care of themselves Phoning an Investigating Officer to find out what is happening with an investigation, where the client feels unable to do this for themselves
Listening to people, but not pressuring them to talk	Giving a client time to tell what they need to Sitting in silence with a client where that is what they need Not forcing a client to talk about their feelings or to tell what happened to them
Comforting people and helping them to feel calm	Reassuring clients that what they are feeling is normal under the circumstances Providing a client with information about what they might experience and how they can help themselves to recover
Helping people connect to information, services and social supports	Giving a distressed client a Lifeline card in case they need to talk at any time of the day Referring a client to a specialist agency for counselling Advising a client about the Criminal Injuries Compensation Advice Service at Victim Support NI and supporting them through the application process
Protecting people from further harm	Implementing Applied Suicide Intervention Skills Training (ASIST) to assess to reduce suicidal feelings to refer where appropriate Completing a Domestic Abuse, Stalking and Honour Based Violence (DASH) risk assessment and referring to Multi-Agency Risk Assessment Conference (MARAC) as appropriate Safety planning with a client



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Wien, am 20.03.2019

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Sicherheitsbehörde: LPD Wien

Betreff: KÖRPERVERLETZUNG

Zustimmungserklärung

Ich habe das Informationsblatt für Opfer von Verbrechen erhalten.

Ich bin ausdrücklich damit einverstanden, dass die Landespolizeidirektion Wien meine Daten an folgende Opferhilfe-Einrichtung weiter gibt:

- Opferhilfe-Einrichtung **Weisser Ring**
 Eine andere Opferhilfe-Einrichtung, die ich gewählt habe:

Ich bin damit einverstanden, dass die Opferhilfe-Einrichtung meine Daten verarbeitet. Die Opferhilfe-Einrichtung kann mich dann kontaktieren und informieren.

Zum Beispiel über


- Entschädigungen und Hilfeleistungen und darüber, wie ich die Leistungen in Anspruch nehmen kann
- geeignete Einrichtungen für die Prozessbegleitung

Ich kann meine Zustimmung jederzeit zurücknehmen, und zwar schriftlich bei der Landespolizeidirektion Wien oder bei der Opferhilfe-Einrichtung. Die Opferhilfe-Einrichtung darf dann meine Daten nicht weiter verwenden.

- Ich bin damit einverstanden, dass meine Daten per E-Mail übermittelt werden.
 Ich bin **nicht** damit **einverstanden**, dass meine Daten an eine Opferhilfe-Einrichtung übermittelt werden.

Unter bestimmten Voraussetzungen kann ich Hilfeleistungen nach dem Verbrechenopfer-Gesetz bekommen. Dazu muss ich selbst einen Antrag beim Sozialministerium-Service stellen. Die Landespolizeidirektion Wien muss dem Sozialministerium-Service bestimmte Auskünfte geben. Das steht im § 9 des Verbrechenopfer-Gesetzes.

Die Auskünfte betreffen Tatsachen, die im Zusammenhang mit der polizeilichen Tätigkeit festgestellt wurden.

Person:	Opfer/Geschädigter	
Familiename/n:	[REDACTED]	
Geburtsname:	[REDACTED]	
Vorname/n:	[REDACTED]	
Geschlecht:	Weiblich	
Akad. Grad/Titel:	[REDACTED]	
Geburtsdatum:	[REDACTED]	
Geburtsort:	[REDACTED]	
Staatsangehörigkeit:	Serbien	
Adressen:	Hauptwohnsitz	
Straße, HNr, Stiege, Stock, Tür, ParzellenNr., Postfach:	 <p>Wir helfen Kriminalitätsoffern.</p>	
Postleitzahl, Ort:		
Staat:		
Telefonnummer:		
ausgewiesen durch:		geheim:
Nummer:		
Probeführerschein:		
Ausstellungsdatum:		
Ausstellungsland:		Ort: Wien
Aussteller:		Bis: 18.03.2033
Kurzbeschreibung:		
Gültigkeit:		
Anmerkungen/Auflagen:		
Abgenommen:		
Fälschung:		

Koshiö *One*

 Unterschrift

IVWS Referral Form



Please enter your name and contact details:	
Referral agency	
Referrer's name	
Role/ Job title	
Contact number	
Contact email	

Client details & contact information:	
First name	
Last name	
Other names	
What do they like to be called	
DOB	
Current address	
Safe address to write to?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
Is the perpetrator known to the client?	
Does the perpetrator live at this address?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
Phone number	Safe to contact? <input type="checkbox"/>
Email address	Safe to contact? <input type="checkbox"/>
Safe time to contact client?	

Domestic violence & risk:	
Has the client disclosed domestic violence/abuse?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has a SafeLives Dash risk assessment been completed?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what risk level?:
Risk nominal: Standard or High	Standard <input type="checkbox"/> High <input type="checkbox"/>
If high has a referral been made to MARAC?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when?:

Accessibility requirements:	
Does this client have any accessibility requirements (for example, hearing loop, braille documents)	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> If yes, please provide details:
Does this client require an interpreter?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> If yes, please provide details:

Support needs & additional details:	
Please tell us about any support needs the client may have:	
Mental health <input type="checkbox"/>	Substance misuse <input type="checkbox"/>
Physical health <input type="checkbox"/>	Offending <input type="checkbox"/>
Additional details:	
Please include details of any other professionals involved	

Children & dependents:		
Is the client pregnant?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide due date:
Does the client have any children or dependents?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide details:
Living arrangements and address (if different from client details above)		
Safeguarding concerns		

Incident & perpetrator details:	
Date of last incident	
Details of last incident	
Are Police involved?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
Police Officer's details, if known	
Perpetrator's name	
DOB	
Relationship to client	
Address	

Significant concerns flag:
(For example: staff safety issues/ serial or repeat perpetrator/ HBV/ suicide or self-harm concerns/ known To MARAC)

Equality, diversity & inclusion monitoring:	
How would the client describe their gender?	Female <input type="checkbox"/> Male <input type="checkbox"/> In another way <input type="checkbox"/> Please specify: _____
Do they consider themselves to have a disability? (Please tick any that apply)	Physical <input type="checkbox"/> Learning <input type="checkbox"/> Mental health <input type="checkbox"/> Deaf / hearing impaired <input type="checkbox"/> Blind / visually impaired <input type="checkbox"/> Something else <input type="checkbox"/> Please specify: _____ Don't know <input type="checkbox"/>
What is their sexual orientation? (Tick one option)	Heterosexual/ straight <input type="checkbox"/> Gay woman/ Lesbian <input type="checkbox"/> Gay man <input type="checkbox"/> Bisexual <input type="checkbox"/> Something else <input type="checkbox"/> Please specify: _____ Don't know <input type="checkbox"/>
What is their relationship status? (Tick one option)	Civil partnership <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Cohabiting but not married/ CP <input type="checkbox"/> In a relationship (not cohabiting) <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/>
How would they describe their ethnicity?	
White British <input type="checkbox"/> White Irish <input type="checkbox"/> <input checked="" type="checkbox"/> Any other White background <input type="checkbox"/> Asian British <input type="checkbox"/> Asian Indian <input type="checkbox"/> Asian Pakistani <input type="checkbox"/> Asian Bangladeshi <input type="checkbox"/> Any other Asian background <input type="checkbox"/> Chinese <input type="checkbox"/> Arab <input type="checkbox"/>	White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed / multiple background <input type="checkbox"/> Black British <input type="checkbox"/> Black African <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Any other Black background <input type="checkbox"/> Other <input type="checkbox"/> Please specify: _____ Don't know <input type="checkbox"/>
Do they practice a faith/ religion?	
No religion <input type="checkbox"/> Bahai <input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Jain <input type="checkbox"/>	Muslim <input type="checkbox"/> Shinto <input type="checkbox"/> Sikh <input type="checkbox"/> Zoroastrian <input type="checkbox"/> Other <input type="checkbox"/> Please specify: _____ Don't know <input type="checkbox"/>
Please securely email referral to IVWS@victimsupport.cjsm.net or password protect and send to IVWS@victimsupport.org.uk	



Perfectionnement aux techniques d'écoute et d'entretien

Objectifs de la formation

Perfectionner sa pratique professionnelle et comprendre les enjeux d'un entretien avec une victime.

Public

Toute personne ayant suivi une formation sur les techniques d'écoute et d'entretien et ayant de l'expérience dans l'accueil des victimes.

Prérequis

Avoir suivi une formation sur les techniques d'écoute et d'entretien.

Contenu

- Rappel du cadre et des grandes étapes de l'entretien à partir de situations rencontrées par les stagiaires
- Notions de transfert et contre-transfert
- Les résistances et mécanismes de défense
- Analyse de situations et jeux de rôles

12 stagiaires maximum

Durée en heures

2 jours = 12 heures

Date et lieu

Paris

13 et 14 mai 2019

Formation animée par :

Marie-Yvonne Harry – psychologue clinicienne

Méthodes et outils pédagogiques

Apports théoriques, exercices sur les techniques de communication, jeux de rôles.

Coût

- Adhérents France Victimes et étudiants : 200 €
- Partenaires : 300 €
- Tarif autre public : 500 €

Coût intra : sur devis par groupe

Évaluation

Évaluation sur le déroulement du stage et l'adéquation avec les attentes
Remise d'une attestation individuelle de formation.





Travailler au sein d'une association d'aide aux victimes – 5 jours

Objectifs de la formation

Bien comprendre le rôle et fonctionnement des associations d'aide aux victimes par rapport aux publics accueillis, à l'environnement partenarial et à la politique nationale d'aide aux victimes et de permettre à chacun d'apporter les premières réponses juridiques en matière de procédure pénale et de démarches à faire suite à une infraction pénale.

Public

Bénévoles, salariés et nouvellement recrutés des associations d'aide aux victimes.

Prérequis

Accessible à tout intervenant des AAV de France Victimes quels que soient sa formation, son statut et son poste.

Contenu

- L'environnement de l'association d'aide aux victimes
 - L'aide aux victimes en France : définition, historique, structuration du réseau aide aux victimes
 - La fédération France Victimes (missions, services, organisation)
 - Les partenaires des AAV
 - Les missions des AAV
- Approche du droit des victimes
 - L'organisation judiciaire
 - Les étapes de la procédure pénale
 - L'indemnisation
- Les conséquences psychologiques de l'infraction
- Les techniques d'écoute et d'entretien
- Les conséquences sociales de l'infraction
- Cas pratiques et jeux de rôles

12 stagiaires maximum

Durée en heures

5 jours = 30 heures

Date et lieu

Paris

du 21 au 25 janvier 2019

du 18 au 22 mars 2019

du 18 au 22 novembre 2019

Formation animée par :

Jérôme Bertin – directeur général de France Victimes

Michel De Sousa – chargé d'animation réseau France Victimes

Marie-Yvonne Harry – psychologue clinicienne

Aurélie Clesse – assistante sociale à l'APAVIM (France Victimes 64 Pau)

Méthodes et outils pédagogiques

Apports théoriques, mises en situation et cas pratiques.

Coût

Gratuit pour les associations adhérentes à France Victimes

Évaluation

Évaluation sur le déroulement du stage et l'adéquation avec les attentes

Remise d'une attestation individuelle de formation.

