

Alcohol and Domestic Violence  
Project.



Victim details – to be attached to  
perpetrator referral

Please return to:

Joanne Woods – Senior Practitioner

Fax: 024 76 353493

Email: joanne.woods@swanswelltrust.org

Name of Victim: _____	Date of Birth _____
Address: _____	
Home Telephone: _____	Mobile: _____
Has the victim given permission for initial contact by Swanswell? Y / N	
Is the person still in contact with the perpetrator? Y / N	
If yes, what type of contact? _____	
_____	
_____	
Does the victim have children? Y / N	
How many children and ages? _____	

<b>Has any risk been identified?</b>
Risk to Self e.g. Physical health; mental health; self harm; suicide? _____ _____ _____
Risk to others e.g. child protection; domestic violence; offending behaviour; risk to staff? _____ _____ _____

