# APPENDIX 3: SCREENING AND IDENTIFICATION TOOL

## Adult Victim Survivor Screening and Identification Tool

|  |  |
| --- | --- |
| Victim Survivor Details | |
| Full Name: | Alias: |
| Date of Birth: | Also known as: |
| Gender:  Female  Male  Self-described (please specify)  Client preferred not to say  Unknown | Intersex:  Yes  No  Client preferred not to say  Unknown |
| Transgender:  Yes  No  Client preferred not to say  Unknown | Sexual Orientation:  Gay, lesbian or homosexual  Straight or heterosexual  Bisexual or pansexual  Asexual  Other sexual orientation  Client doesn’t know  Client preferred not to say  Unknown |
| Primary address: | Current Location: |
| Contact number: | Comments: |
| Aboriginal and/or Torres Strait Islander  Aboriginal  Torres Strait Islander  Both Aboriginal and Torres Strait Islander  Client preferred not to say  Neither  Not known | CALD  Yes  No  Not known  LGBTIQ  Yes  No  Not known  People with disabilities  Yes  No  Not known  Rural  Yes  No  Not known  Older person  Yes  No  Not known |
| Was an interpreter used during this assessment? | Yes  No (If yes, what language): |
| Country of birth: | Year of arrival in Australia: |
| Bridging or Temporary Visa? | Yes  No (If yes, what type): |
| Language mainly spoken at home: | Service provider client ID: |
| Emergency contact:  Relationship to victim survivor: | Name:  Contact Number: |

|  |  |
| --- | --- |
| Perpetrator Details | |
| Full Name: | Alias: |
| Date of Birth: | Also known as: |
| Gender:  Female  Male  Self-described (please specify)  Client preferred not to say  Unknown | Intersex:  Yes  No  Client preferred not to say  Unknown |
| Transgender:  Yes  No  Client preferred not to say  Unknown | Sexual Orientation:  Gay, lesbian or homosexual  Straight or heterosexual  Bisexual or pansexual  Asexual  Other sexual orientation  Client doesn’t know  Client preferred not to say  Unknown |
| Primary address: | Current Location: |
| Relationship to victim survivor: | Service provider client ID: |
| Aboriginal and/or Torres Strait Islander  Aboriginal  Torres Strait Islander  Both Aboriginal and Torres Strait Islander  Client preferred not to say  Neither  Not known | CALD  Yes  No  Not known  LGBTIQ  Yes  No  Not known  People with disabilities  Yes  No  Not known  Rural  Yes  No  Not known  Older person  Yes  No  Not known |
| Further details | |

|  |  |
| --- | --- |
| Child 1 Details# | #Separate risk assessment must be completed |
| Full Name: | Alias: |
| Date of Birth: | Also known as: |
| Gender:  Female  Male  Self-described (please specify)  Client preferred not to say  Unknown | Intersex:  Yes  No  Client preferred not to say  Unknown |
| Transgender:  Yes  No  Client preferred not to say  Unknown | Sexual Orientation:  Gay, lesbian or homosexual  Straight or heterosexual  Bisexual or pansexual  Asexual  Other sexual orientation  Client doesn’t know  Client preferred not to say  Unknown |
| Primary address: | Current Location: |
| Contact number: | Comments: |
| Relationship to victim survivor: | Relationship to perpetrator: |
| Aboriginal and/or Torres Strait Islander  Aboriginal  Torres Strait Islander  Both Aboriginal and Torres Strait Islander  Client preferred not to say  Neither  Not known | CALD  Yes  No  Not known  LGBTIQ  Yes  No  Not known  People with disabilities  Yes  No  Not known  Rural  Yes  No  Not known |

|  |  |
| --- | --- |
| Child 2 Details# | #Separate risk assessment must be completed |
| Full Name: | Alias: |
| Date of Birth: | Also known as: |
| Gender:  Female  Male  Self-described (please specify)  Client preferred not to say  Unknown | Intersex:  Yes  No  Client preferred not to say  Unknown |
| Transgender:  Yes  No  Client preferred not to say  Unknown | Sexual Orientation:  Gay, lesbian or homosexual  Straight or heterosexual  Bisexual or pansexual  Asexual  Other sexual orientation  Client doesn’t know  Client preferred not to say  Unknown |
| Primary address: | Current Location: |
| Contact number: | Comments: |
| Relationship to victim survivor: | Relationship to perpetrator: |
| Aboriginal and/or Torres Strait Islander  Aboriginal  Torres Strait Islander  Both Aboriginal and Torres Strait Islander  Client preferred not to say  Neither  Not known | CALD  Yes  No  Not known  LGBTIQ  Yes  No  Not known  People with disabilities  Yes  No  Not known  Rural  Yes  No  Not known |

|  |  |
| --- | --- |
| Child 3 Details# | #Separate risk assessment must be completed |
| Full Name: | Alias: |
| Date of Birth: | Also known as: |
| Gender:  Female  Male  Self-described (please specify)  Client preferred not to say  Unknown | Intersex:  Yes  No  Client preferred not to say  Unknown |
| Transgender:  Yes  No  Client preferred not to say  Unknown | Sexual Orientation:  Gay, lesbian or homosexual  Straight or heterosexual  Bisexual or pansexual  Asexual  Other sexual orientation  Client doesn’t know  Client preferred not to say  Unknown |
| Primary address: | Current Location: |
| Contact number: | Comments: |
| Relationship to victim survivor: | Relationship to perpetrator: |
| Aboriginal and/or Torres Strait Islander  Aboriginal  Torres Strait Islander  Both Aboriginal and Torres Strait Islander  Client preferred not to say  Neither  Not known | CALD  Yes  No  Not known  LGBTIQ  Yes  No  Not known  People with disabilities  Yes  No  Not known  Rural  Yes  No  Not known |

|  |  |
| --- | --- |
| Child 4 Details# | #Separate risk assessment must be completed |
| Full Name: | Alias: |
| Date of Birth: | Also known as: |
| Gender:  Female  Male  Self-described (please specify)  Client preferred not to say  Unknown | Intersex:  Yes  No  Client preferred not to say  Unknown |
| Transgender:  Yes  No  Client preferred not to say  Unknown | Sexual Orientation:  Gay, lesbian or homosexual  Straight or heterosexual  Bisexual or pansexual  Asexual  Other sexual orientation  Client doesn’t know  Client preferred not to say  Unknown |
| Primary address: | Current Location: |
| Contact number: | Comments: |
| Relationship to victim survivor: | Relationship to perpetrator: |
| Aboriginal and/or Torres Strait Islander  Aboriginal  Torres Strait Islander  Both Aboriginal and Torres Strait Islander  Client preferred not to say  Neither  Not known | CALD  Yes  No  Not known  LGBTIQ  Yes  No  Not known  People with disabilities  Yes  No  Not known  Rural  Yes  No  Not known |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Question | | Yes | No | Comments (or not known) |
| Has anyone in your family done something that made you or your children feel unsafe or afraid? | |  |  |  |
| Is there more than one person in your family that is making you or your children feel unsafe or afraid? (Are there multiple perpetrators) | |  |  |  |
| The following risk related questions refer to the perpetrator: | | | | |
| Perpetrator actions | **Have they…** |  |  |  |
| controlled your day-to-day activities  (e.g. who you see, where you go) or put you down?\* |  |  |  |
| threatened to hurt you in any way? |  |  |  |
| physically hurt you in any way (hit, slapped, kicked or otherwise physically hurt you)? |  |  |  |
| Self-assessment | Do you have any immediate concerns about the safety of your children or someone else in your family? |  |  |  |
| Do you feel safe when you leave here today? |  |  |  |
| Would you engage with a trusted person or police if you felt unsafe or in danger?  (Note: if lack of trust in police is identified risk management must address this) |  |  |  |
| Further details | | | | |

\* May indicate an increased risk of the victim being killed or almost killed (serious risk factors).

|  |
| --- |
| NEEDS AND SAFETY |
| Needs assessment |
| Safety plan has been completed? (see separate template)  Yes  No  Not known |

|  |  |
| --- | --- |
| Child 5 Details# | #Separate risk assessment must be completed |
| Full Name: | Alias: |
| Date of Birth: | Also known as: |
| Gender:  Female  Male  Self-described (please specify)  Client preferred not to say  Unknown | Intersex:  Yes  No  Client preferred not to say  Unknown |
| Transgender:  Yes  No  Client preferred not to say  Unknown | Sexual Orientation:  Gay, lesbian or homosexual  Straight or heterosexual  Bisexual or pansexual  Asexual  Other sexual orientation  Client doesn’t know  Client preferred not to say  Unknown |
| Primary address: | Current Location: |
| Contact number: | Comments: |
| Relationship to victim survivor: | Relationship to perpetrator: |
| Aboriginal and/or Torres Strait Islander  Aboriginal  Torres Strait Islander  Both Aboriginal and Torres Strait Islander  Client preferred not to say  Neither  Not known | CALD  Yes  No  Not known  LGBTIQ  Yes  No  Not known  People with disabilities  Yes  No  Not known  Rural  Yes  No  Not known |

|  |  |
| --- | --- |
| Child 6 Details# | #Separate risk assessment must be completed |
| Full Name: | Alias: |
| Date of Birth: | Also known as: |
| Gender:  Female  Male  Self-described (please specify)  Client preferred not to say  Unknown | Intersex:  Yes  No  Client preferred not to say  Unknown |
| Transgender:  Yes  No  Client preferred not to say  Unknown | Sexual Orientation:  Gay, lesbian or homosexual  Straight or heterosexual  Bisexual or pansexual  Asexual  Other sexual orientation  Client doesn’t know  Client preferred not to say  Unknown |
| Primary address: | Current Location: |
| Contact number: | Comments: |
| Relationship to victim survivor: | Relationship to perpetrator: |
| Aboriginal and/or Torres Strait Islander  Aboriginal  Torres Strait Islander  Both Aboriginal and Torres Strait Islander  Client preferred not to say  Neither  Not known | CALD  Yes  No  Not known  LGBTIQ  Yes  No  Not known  People with disabilities  Yes  No  Not known  Rural  Yes  No  Not known |