# APPENDIX 3: SCREENING AND IDENTIFICATION TOOL

## Adult Victim Survivor Screening and Identification Tool

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| 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:       |

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| 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       |

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| 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  |

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| 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  |

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| 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  |

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| 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  |

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| 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).

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

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| 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  |

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| 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  |