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: ☐ Woman/Girl ☐ Man/Boy ☐ 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	**Sexuality:** ☐ Same sex/gender attracted ☐ Heterosexual/other gender attracted ☐ Multi-gender attracted ☐ Asexual ☐ None of the above ☐ 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:

☐ Woman/Girl ☐ Man/Boy
☐ 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

Sexuality:

☐ Same sex/gender attracted
☐ Heterosexual/other gender attracted
☐ Multi-gender attracted
☐ Asexual
☐ None of the above
☐ 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: ☐ Woman/Girl ☐ Man/Boy ☐ 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	**Sexuality:** ☐ Same sex/gender attracted ☐ Heterosexual/other gender attracted ☐ Multi-gender attracted ☐ Asexual ☐ None of the above ☐ 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: ☐ Woman/Girl ☐ Man/Boy ☐ 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	**Sexuality:** ☐ Same sex/gender attracted ☐ Heterosexual/other gender attracted ☐ Multi-gender attracted ☐ Asexual ☐ None of the above ☐ 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: ☐ Woman/Girl ☐ Man/Boy ☐ 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	**Sexuality:** ☐ Same sex/gender attracted ☐ Heterosexual/other gender attracted ☐ Multi-gender attracted ☐ Asexual ☐ None of the above ☐ 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: ☐ Woman/Girl ☐ Man/Boy ☐ 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	**Sexuality:** ☐ Same sex/gender attracted ☐ Heterosexual/other gender attracted ☐ Multi-gender attracted ☐ Asexual ☐ None of the above ☐ 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:

☐ Woman/Girl ☐ Man/Boy
☐ 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

Sexuality:

☐ Same sex/gender attracted
☐ Heterosexual/other gender attracted
☐ Multi-gender attracted
☐ Asexual
☐ None of the above
☐ 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: ☐ Woman/Girl ☐ Man/Boy ☐ 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	**Sexuality:** ☐ Same sex/gender attracted ☐ Heterosexual/other gender attracted ☐ Multi-gender attracted ☐ Asexual ☐ None of the above ☐ 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