

SCREENING TOOL TEMPLATE

DEMOGRAPHIC QUESTIONS

This Screening Tool includes demographic questions as this information can assist to understand the risks and the response, secondary consultation or referral provided.

It is important to ask a person how they identify rather than make assumptions about gender or sexuality. You can support disclosure by never assuming how the person identifies based on their voice or appearance. You can ask if a person identifies as LGBTIQ and if there is a way you can support them to engage with your service, or if there are external supports available to ensure they are comfortable engaging with you.

ASSESSING CHILDREN

A separate risk assessment must be completed for each child. If there are more than one child, make copies for each child.

DETAILS OF STAFF MEMBER COMPLETING THE FORM:

NAME

POSITION

DATE

ADULT VICTIM SURVIVOR SCREENING AND IDENTIFICATION TOOL

VICTIM SURVIVOR DETAILS	
Full Name:	Alias:
Date of Birth:	Also known as:
Gender: <input type="checkbox"/> Woman/Girl <input type="checkbox"/> Man/Boy <input type="checkbox"/> Self-described (please specify) <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Unknown	
Primary address:	Current Location:
Contact number:	Comments:
Aboriginal and/or Torres Strait Islander: <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Neither <input type="checkbox"/> Not known	CALD: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known LGBTIQ: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known People with disabilities: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known Rural: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known Older person: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
Was an interpreter used during this assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, what language):
Country of birth:	Year of arrival in Australia:
Bridging or Temporary Visa?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, what type):
Language mainly spoken at home:	Service provider client ID:
Emergency contact	Name:
Relationship to victim survivor:	Contact Number:

PERPETRATOR DETAILS

Full Name:	Alias:
Date of Birth:	Also known as:
Gender: <input type="checkbox"/> Woman/Girl <input type="checkbox"/> Man/Boy <input type="checkbox"/> Self-described (please specify) <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Unknown	
Primary address:	Current Location:
Relationship to victim survivor:	Service provider client ID:
Aboriginal and/or Torres Strait Islander: <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Neither <input type="checkbox"/> Not known	CALD: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known LGBTIQ: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known People with disabilities: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known Rural: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known Older person: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
Further details:	

CHILD DETAILS*		*Complete a form for each individual child	
Full Name:	Alias:		
Date of Birth:	Also known as:		
Gender: <input type="checkbox"/> Woman/Girl <input type="checkbox"/> Man/Boy <input type="checkbox"/> Self-described (please specify) <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Unknown			
Primary address:	Current Location:		
Contact number:	Comments:		
Relationship to victim survivor:	Relationship to perpetrator:		
Aboriginal and/or Torres Strait Islander: <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Neither <input type="checkbox"/> Not known	CALD: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known LGBTIQ: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known People with disabilities: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known Rural: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there more than one person in your family that is making you or your children feel unsafe or afraid? (Are there multiple perpetrators)	<input type="checkbox"/>	<input type="checkbox"/>	
The following risk related questions refer to the perpetrator:			

QUESTION		YES	NO	COMMENTS (OR NOT KNOWN)
PERPETRATOR ACTIONS	<i>Have they...</i>			
	controlled your day-to-day activities (e.g. who you see, where you go) or put you down?*	<input type="checkbox"/>	<input type="checkbox"/>	
	threatened to hurt you in any way?	<input type="checkbox"/>	<input type="checkbox"/>	
	physically hurt you in any way (hit, slapped, kicked or otherwise physically hurt you)?	<input type="checkbox"/>	<input type="checkbox"/>	
SELF-ASSESSMENT	Do you have any immediate concerns about the safety of your children or someone else in your family?	<input type="checkbox"/>	<input type="checkbox"/>	
	Do you feel safe when you leave here today?	<input type="checkbox"/>	<input type="checkbox"/>	
	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)	<input type="checkbox"/>	<input type="checkbox"/>	
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) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known