

OPTIONAL MODULE 10: FAMILY VIOLENCE

(DHS Identifying Family Violence
Recording Template)



FOR STAFF ONLY

UR Number: _____
 Surname: _____
 Given name: _____
 Date of birth: _____
 (Please fill in if no label available)

<p>PURPOSE OF MODULE To record experiences of family violence.</p> <p>WHO CAN ADMINISTER THIS MODULE? This module should only be completed by clinicians who have been trained or feel confident in identifying and recording family violence.</p>	<p>INSTRUCTIONS</p> <ol style="list-style-type: none"> 1. Assess whether any possible indicators of family violence have been mentioned (a list of indicators is included in clinician guide). 2. Ask suggested prompting question/s if appropriate (see list in clinician guide). 3. Fill out recording template and refer to a family violence worker or service as appropriate. If trained in family violence assessment, consider completing the preliminary assessment found here: http://www.tafe.swinburne.edu.au/CRAF/resources/CRAF%20manual%202012.PDF
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VICTIM

Family name _____

First name _____ Second name _____

Other names/aliases _____ Preferred name/s _____

Current address _____

Postcode _____

Phone numbers:

Home	Work	Mobile
Preferred phone number _____	Can you leave a message? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Date of birth / / Age _____

Gender identity _____ Country of birth _____

Language/dialect(s) Spoken at home _____

Interpreter required No Yes (specify language /dialect) _____

Aboriginal and/or Torres Strait Islander Aboriginal T.S.I. Both Neither Unknown

Disability No Yes (specify nature of disability) _____

Relationship to perpetrator

<input type="checkbox"/> Wife	<input type="checkbox"/> Defacto wife	<input type="checkbox"/> Former wife (including defacto)
<input type="checkbox"/> Husband	<input type="checkbox"/> Defacto husband	<input type="checkbox"/> Partner
<input type="checkbox"/> Girlfriend	<input type="checkbox"/> Former girlfriend	<input type="checkbox"/> Carer
<input type="checkbox"/> Son	<input type="checkbox"/> Daughter	<input type="checkbox"/> Brother
<input type="checkbox"/> Former boyfriend	<input type="checkbox"/> Father	<input type="checkbox"/> Mother
		<input type="checkbox"/> Sister
		<input type="checkbox"/> Other (please specify)

Does the perpetrator live in your household? No Yes

Are there any children living in your household? No Yes (please specify)

Emergency contact

Name _____	Phone number _____
Income source _____	Visa category _____

Carer No Yes (please specify)

Any additional needs (e.g. communication aid, medication, personal care attendants, special dietary requirements?) No Yes (please specify)

FOR STAFF ONLY

Clinician name: _____ Position: _____ Signature: _____ Date: _____

FOR STAFF ONLY

UR Number:

Surname:

Given name:

Date of birth:

(Please fill in if no label available)

PERPETRATOR

Family name

First name Second name

Other names/aliases

Current address

Postcode

Phone numbers:

Home Work Mobile

Date of birth / / Age

Gender identity Country of birth

Language/dialect(s) Spoken at home

Interpreter required No Yes (specify language /dialect)

Aboriginal and/or Torres Strait Islander Aboriginal T.S.I. Both Neither Unknown

Disability No Yes (specify nature of disability)

CHILD 1

Family name

First name Second name

Current address Same as victim Other, please specify

Postcode

Date of birth / / Age

Gender identity

Aboriginal and/or Torres Strait Islander Aboriginal T.S.I. Both Neither Unknown

Relationship to perpetrator Son Daughter Other (please specify below)

Stepson Stepdaughter

Concerns/issues for child Child Protection involvement Other (please specify)

Family Court Order

FOR STAFF ONLY

Clinician name: Position: Signature: Date:

FOR STAFF ONLY

UR Number:

Surname:

Given name:

Date of birth:

(Please fill in if no label available)

CHILD 2

Family name

First name

Second name

Current address Same as victim Other, please specify

Postcode

Date of birth / /

Age

Gender identity

Aboriginal and/or Torres Strait Islander Aboriginal T.S.I. Both Neither Unknown

Relationship to perpetrator Son Daughter Other (please specify below)

Stepson Stepdaughter

Concerns/issues for child Child Protection involvement Other (please specify)

Family Court Order

CHILD 3

Family name

First name

Second name

Current address Same as victim Other, please specify

Postcode

Date of birth / /

Age

Gender identity

Aboriginal and/or Torres Strait Islander Aboriginal T.S.I. Both Neither Unknown

Relationship to perpetrator Son Daughter Other (please specify below)

Stepson Stepdaughter

Concerns/issues for child Child Protection involvement Other (please specify)

Family Court Order

FOR STAFF ONLY

Clinician name:

Position:

Signature:

Date: