

**GBV Administrative Data Toolkit for the Pacific Region**

**Supporting Resource 2i: TEMPLATE Intake and case assessment long form**

This is a TEMPLATE Intake Form for provision of services and collection of GBV administrative data for female or child clients. Please change text highlighted in yellow to reflect your specific organization or context. You may delete this text box and replace logo as needed.

**CONFIDENTIAL**

**Intake and case management long form**

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| This form is based on the Kiribati SafeNet Initial Intake and Case Management Form (August 2015) and should be modified for local context. |



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| **INSTRUCTIONS** 1. This form should be filled out by a [organisation name] staff member (case manager, health practitioner, social worker or other authorised person providing services to the client victim of gender-based violence). Complete all pages each time a client is referred to your organisation for gender-based violence. That is, if the same client is referred more than once on different dates, please record the information for each referral on separate intake forms. This way we can record information about separate incidents of violence.
2. **Remind the client that all information will be kept confidential, and they may choose not to answer any of the following questions.**
3. Ask the client for their consent to use **non-identifiable** information for planning service delivery for victims of violence. This form should be accompanied by a separate consent form for release of information, and the check box ticked at the end of this form.
4. Complete this intake form for all incidents of GBV.
5. Enter data from this form into [organisation name database] when available.
6. Write as much information as you feel is necessary (additional pages with continued narrative may be attached if needed).
7. If the client consents to their information being shared, follow [organisation name]’s Information Sharing Protocol.
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| **IMPORTANT:** Wheneverpossible, questions with an asterisk \* should always be answered. These questions are part of a minimum essential dataset on gender-based violence. |

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| **CLIENT CODE**Click to enter text. | **INTAKE AND CASE MANAGEMENT LONG FORM** **CONFIDENTIAL** | **INCIDENT ID**Click to enter text. |

**SECTIONS FOR COMPLETION**

**1.** ADMINISTRATIVE INFORMATION

**2.** CLIENT INFORMATION

**3.** DETAILS OF THE INCIDENT

**4.** ALLEGED PERPETRATOR INFORMATION

**5.** PLANNED ACTION / ACTION TAKEN REGARDING THIS REPORT

**6.** ASSESSMENT POINTS

**7.** OVERALL CLIENT SAFETY

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| **1 ADMINISTRATIVE INFORMATION** |
| **\*Client name:** Click to enter text. | **\*Staff name/code:** Click to enter text. | **\*Report by client?** **[ ]** Yes**[ ]** No |
| \***Report/interview date** (day/month/year): Click to enter text. | **\*Incident date** (day/month/year). If there are multiple times write the most recent: Click to enter text. |
| **\*Who is reporting this violence?** **[ ]** The client **[ ]** A family member or friend but the client is here **[ ]** A family member or friend and the client is NOT here **[ ]** A counsellor but the client is here **[ ]** A counsellor but the client is NOT here **[ ]** An elder or church leader but the client is here **[ ]** An elder or church leader but the client is NOT here **[ ]** Other (specify): Click to enter text.  |

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| **2 CLIENT INFORMATION** |
| **\*Client age in years:** Click to enter text. | **\*Sex of client:****[ ]** Female  **[ ]** Male **[ ]** Other | **Primary language:** Click to enter text. |
| **\*Specific needs/vulnerabilities of client** (check all that apply):**[ ]** None  **[ ]** Unknown  **[ ]** Physical disability **[ ]** Mental disability **[ ]** Unaccompanied minor **[ ]** Separated child **[ ]** Other vulnerable child **[ ]** [Other]  | **\*Client’s country/island of origin (or replace with other items):** **[ ]  [**Country A]  **[ ]  [**Country B]**[ ]  [**Country C] **[ ]** Other (specify): Click to enter text. |
| **\*Difficulties with certain activities (please select one option for each question below):** |
| **1.** Does the client have difficulty **seeing**, even if wearing glasses? | **[ ]** No difficulty **[ ]** Some difficulty **[ ]** A lot of difficulty **[ ]** Cannot do at all |
| **2.** Does the client have difficulty **hearing**, even if using a hearing aid(s)?  | **[ ]** No difficulty **[ ]** Some difficulty **[ ]** A lot of difficulty **[ ]** Cannot do at all |
| **3.** Does the client have **difficult walking or climbing steps**?  | **[ ]** No difficulty **[ ]** Some difficulty **[ ]** A lot of difficulty **[ ]** Cannot do at all |
| **4.** Does the client have difficulty **remembering or concentrating**?  | **[ ]** No difficulty **[ ]** Some difficulty **[ ]** A lot of difficulty **[ ]** Cannot do at all |
| **5.** Does the client have difficulty with **self-care**, such as washing all over or dressing? | **[ ]** No difficulty **[ ]** Some difficulty **[ ]** A lot of difficulty **[ ]** Cannot do at all |
| **6.** With their usual language, does the client have difficulty **communicating**, for example **understanding or being understood?** | **[ ]** No difficulty **[ ]** Some difficulty **[ ]** A lot of difficulty **[ ]** Cannot do at all |
| **\*Current marital status: [ ]** Single  **[ ]** Married/Cohabiting **[ ]** Divorced/Separated **[ ]** Widowed  | **Religion:** Click to enter text. |
| **\*Is the client looking after anyone else?** **[ ]** Yes **[ ]** No | **Who else is the client looking after?** Click to enter text. | **Is the client working outside of the home: [ ]** Yes **[ ]** No |
| **\*How many children does the client look after?** Click to enter text. | **\*How old is the youngest child?** Click to enter text. | **\*How old is the oldest child?** Click to enter text. |
| **\*Is the client pregnant? [ ]** Yes  **[ ]** No  | **\*Does the client have a new baby? [ ]** Yes  **[ ]** No |
| **\*Is the client a child living separately from parents? [ ]** Yes **[ ]** No |
| **Has the client been depressed or diagnosed with a mental health issue? [ ]** Yes **[ ]** No **[ ]** Unknown |
| **Any other client information:** Click to enter text. |
| ***Sub-section for child clients (less than 18 years old)*** |
| **\*Child age in years:** Click to enter text. | **\*If the client is a child (less than 18 years) do they live alone?**  **[ ]** Yes **[ ]** No (If ‘No’, answer the next two questions)  |
| **\*If the child client lives with someone, what is the relation between them and the caretaker?** **[ ]** Parent/Guardian **[ ]** Relative **[ ]** Spouse/Cohabitating  **[ ]** Other (specify): Click to enter text. |
| **\*What is the caretaker’s current marital status?** **[ ]** Single  **[ ]** Married/Cohabiting **[ ]** Divorced/Separated **[ ]** Widowed **[ ]** Unknown/Not applicable  |
| **Any other child client information:** Click to enter text. |

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| **3 DETAILS OF THE INCIDENT** |
| **Incident location (detailed):** [ ]  Client’s home [ ]  Perpetrator’s home[ ]  Outdoor setting (e.g., market) [ ]  School [ ]  Church [ ]  Near public toilet [ ]  Boat [ ]  Car [ ]  Public transport [ ]  Road [ ]  Other (please give details): Click to enter text. | **\*Time incident took place:** **[ ]** Morning (sunrise to noon) **[ ]** Afternoon (noon to sunset)[ ]  Evening/night (sunset to sunrise) [ ]  Unknown/Not applicable |
| **\*Village/area of island the incident occurred:** Click to enter text. | **\*Area/island where the incident occurred:** Click to enter text. |
| **\*Account of the incident/Description of the incident (summarise the details of the incident and use the client’s words):** Click to enter text. |
| **\*Did the perpetrator force the client to live somewhere they didn’t want to live? [ ]  Yes [ ]  No**If yes, please provide information about this to explain: Click to enter text. |
| **\*Where is the perpetrator now? [ ]** At home **[ ]** Unknown **[ ]** Working **[ ]** Staying away with other family or friends **[ ]** With police **[ ]** Other (specify): Click to enter text. |
| **\*Type of incident/violence** (Please select ONLY ONE of the options below). **[ ]  Rape** (includes gang rape, marital rape) **[ ]  Sexual assault** (includes attempted rape and all sexual violence/abuse without penetration, and female genital mutilation) **[ ]  Physical assault** (includes hitting, slapping, kicking, shoving, etc, that are not sexual in nature) **[ ]  Forced marriage** (includes early marriage) **[ ]  Denial of resources, opportunities, or services** (includes denial of inheritance, earnings, access to education or contraceptives, etc. Reports of general poverty do not apply) **[ ]  Psychological/Emotional abuse** (includes threats of physical or sexual violence, forced isolation, harassment/intimidation, gestures or written words of a sexual/menacing nature, etc.) **[ ]  Non-GBV** (specify): Click to enter text. | **Questions to determine type of incident/violence**1. **Did the reported incident involve penetration?**

If yes 🡪 classify the incident as ‘**Rape’.**If no 🡪 proceed to the next incident type on the list. 1. **Did the reported incident involved unwanted sexual contact?**

If yes 🡪 classify the incident as ‘**Sexual assault**’.If no 🡪 proceed to the next incident type on the list. 1. **Did the reported incident involve physical assault?**

If yes 🡪 classify the incident as ‘**Physical assault**’.If no 🡪 proceed to the next incident type on the list. 1. **Was the incident an act of forced marriage?**

If yes 🡪 classify the incident as ‘**Forced marriage**’. If no 🡪 proceed to the next incident type on the list. 1. **Did the reported incident involve the denial of resources, opportunities or services?**

If yes 🡪 classify the incident as ‘**Denial of resources, opportunities or services**’.If no 🡪 proceed to the next incident type on the list. 1. **Did the reported incident involve psychological/emotional abuse?**

If yes 🡪 classify the incident as ‘**Psychological/Emotional abuse**’. If no 🡪 proceed to the next incident type on the list. 1. **Is the reported incident a case of GBV?**

If yes 🡪 Restart at 1 and try to classify the incident. If you have tried to classify the incident multiple times, ask your supervisor for assistance. If no 🡪 classify the incident as ‘**Non-GBV’.** |
| **Details of the type of incident/violence** (please select any that apply)**:**  |
| **[ ]** Slapped or threw something **[ ]** Pushed or shoved**[ ]**  Hit with fist or something else **[ ]** Kicked or dragged [ ]  Choked [ ]  Burned [ ]  Threatened the client with a weapon | **[ ]** Threatened to kill the client**[ ]** Threatened to hurt another family member [ ]  Threatened to kill another family member[ ]  Threatened to hurt/kill a pet or animal [ ]  Physically forced sexual intercourse [ ]  Had sexual intercourse because was afraid  | [ ]  Forced to do something sexually degrading[ ]  Psychological or emotional abuse (like calling names or criticising what the client does)[ ]  Denial of opportunities or services (like education, medicine or opportunity to work) [ ]  Denial of resources like money |
| **3 DETAILS OF THE INCIDENT (continued)** |
| **Did the client sustain injuries during the incident? [ ]** No  **[ ]** Yes (please specify): Click to enter text. | **\*Did the client die as a result of injuries? [ ]** Yes **[ ]** No |
| **\*Were weapons involved?** [ ]  Yes [ ]  No | **\*What type of weapons were involved?** Click to enter text. |
| **\*Was the client forced to do something where people paid money for it?** [ ]  Yes [ ]  No |
| **\*Was this incident a Harmful Traditional Practice?** **[ ]** No  **[ ]** [Practice 1] **[ ]** [Practice 2] **[ ]** [Practice 3]  | **\*Were money, goods, benefits, and/or services exchanged in relation to this incident?** [ ]  Yes [ ]  No  |
| **\*Has the client reported the incident anywhere else?** (If yes, specify the type of service(s)) [ ]  No [ ]  Yes (specify below) |
| **[ ]** Health/medical services**[ ]** Counselling services[ ]  Community organisation | [ ]  Police/other security service [ ]  Legal assistance services [ ]  Crisis/safe house/shelter | **[ ]** Other (specify): Click to enter text. |
| **\*Has the client had any previous incidents of GBV perpetrated against them?** [ ]  No **[ ]** Unknown [ ]  Yes (please provide a brief description): Click to enter text. |

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| **4 ALLEGED PERPETRATOR INFORMATION** |
| **\*Number of alleged perpetrators**: **[ ]** 1  **[ ]** 2 **[ ]** 3 **[ ]** More than 3 **[ ]** Unknown |
| **If more than 1 perpetrator, please provide an explanation of the situation. If only 1 perpetrator, you may leave this blank.**Click to enter text. |
| **Have any of the alleged perpetrators ever had any court orders or bail conditions?** [ ]  No [ ]  Yes [ ]  Unknown  | **If YES, are they currently under any court orders or bail conditions?** [ ]  No [ ]  Yes [ ]  Unknown**If YES, have they ever violated the court order or bail condition?** [ ]  No [ ]  Yes [ ]  Unknown |
| ***Please complete the following questions for the alleged perpetrator (perpetrator 1).*** ***If more than 1 alleged perpetrator, complete SECTION 4B at the end of this form for each additional alleged perpetrator.*** |
| **\*Sex of alleged perpetrator: [ ]** Female  **[ ]** Male **[ ]** Other | **\*Alleged perpetrator age: [ ]** Adult **[ ]** Minor **[ ]** Unknown |
| **\*Home/place of origin of alleged perpetrator (if known):** Click to enter text. |
| **\*Alleged perpetrator relationship with client:**  |
| [ ]  Current husband / wife / boyfriend /girlfriend / de facto [ ]  Former husband / wife / boyfriend /girlfriend / de facto [ ]  Mother / stepmother / adoptive mother [ ]  Father / stepfather /adoptive father [ ]  Grandparent  | [ ]  Aunt [ ]  Uncle [ ]  Sibling [ ]  Adopted sibling [ ]  Community leader | [ ]  Religious leader[ ]  Police officer [ ]  Work colleague [ ]  Teacher / School official[ ]  Schoolmate  |
| [ ]  Family friend / neighbour[ ]  Other community member  | [ ]  Service provider [ ]  Housemate  | [ ]  No relation [ ]  Unknown  | [ ]  Other (specify): Click to enter text. |
| **\*Main occupation of alleged perpetrator: [ ]** [Occupation 1]  **[ ]** [Occupation 2]  **[ ]** Other/Unknown **[ ]** Unemployed |
| **\*Does the alleged perpetrator have difficulties with certain activities (please select one option for each question below):** |
| **1.** Does the client have difficulty **seeing**, even if wearing glasses? | **[ ]** No difficulty **[ ]** Some difficulty **[ ]** A lot of difficulty **[ ]** Cannot do at all |
| **2.** Does the client have difficulty **hearing**, even if using a hearing aid(s)?  | **[ ]** No difficulty **[ ]** Some difficulty **[ ]** A lot of difficulty **[ ]** Cannot do at all |
| **3.** Does the client have **difficult walking or climbing steps**?  | **[ ]** No difficulty **[ ]** Some difficulty **[ ]** A lot of difficulty **[ ]** Cannot do at all |
| **4.** Does the client have difficulty **remembering or concentrating**?  | **[ ]** No difficulty **[ ]** Some difficulty **[ ]** A lot of difficulty **[ ]** Cannot do at all |
| **5.** Does the client have difficulty with **self-care**, such as washing all over or dressing? | **[ ]** No difficulty **[ ]** Some difficulty **[ ]** A lot of difficulty **[ ]** Cannot do at all |
| **6.** Using their usual language, does the client have difficulty **communicating**, for example **understanding or being understood?** | **[ ]** No difficulty **[ ]** Some difficulty **[ ]** A lot of difficulty **[ ]** Cannot do at all |
| **Any other information relating to this alleged perpetrator:** Click to enter text. |

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| **5 PLANNED ACTION / ACTION TAKEN REGARDING THIS REPORT**  |
| **\*Who referred this client to you:**  |
| [ ]  Health / Medical services [ ]  Community leader [ ]  Teacher / School official [ ]  Safe house / shelter / refuge  | [ ]  Police / Other security actor [ ]  Psychosocial / Counselling services [ ]  Legal services [ ]  Livelihood program  | [ ]  Other government service [ ]  Self-referred [ ]  Other (specify): Click to enter text. |
| **\*Was the client referred to a safehouse / shelter?**  | **\*Was the client referred to a health / medical?** |
| **[ ]** Yes | **[ ]** No – Service provided by you [ ]  No – Service received prior to this visit **[ ]** No – Service not applicable [ ]  No – Referral declined by survivor [ ]  No – Service unavailable  | **[ ]** Yes | **[ ]** No – Service provided by you [ ]  No – Service received prior to this visit **[ ]** No – Service not applicable [ ]  No – Referral declined by survivor [ ]  No – Service unavailable  |
| **\*Was the client referred to a psychosocial service?**  | **\*Was the client referred to a legal service?** |
| **[ ]** Yes | **[ ]** No – Service provided by you [ ]  No – Service received prior to this visit **[ ]** No – Service not applicable [ ]  No – Referral declined by survivor [ ]  No – Service unavailable  | **[ ]** Yes | **[ ]** No – Service provided by you [ ]  No – Service received prior to this visit **[ ]** No – Service not applicable [ ]  No – Referral declined by survivor [ ]  No – Service unavailable  |
| **Does the client want to pursue legal action?** [ ]  Yes [ ]  No [ ]  Undecided at time of report |
| **\*Was the client referred to the police or other type of security actor?**  | **\*Was the client referred to an NGO / community program?** |
| **[ ]** Yes | **[ ]** No – Service provided by you [ ]  No – Service received prior to this visit **[ ]** No – Service not applicable [ ]  No – Referral declined by survivor [ ]  No – Service unavailable  | **[ ]** Yes | **[ ]** No – Service provided by you [ ]  No – Service received prior to this visit **[ ]** No – Service not applicable [ ]  No – Referral declined by survivor [ ]  No – Service unavailable  |
| **Any other planned action/actions taken:** Click to enter text. |

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| **6 ASSESSMENT POINTS**  |
| **Describe the client’s emotional state at the beginning of the interview:**  |
| [ ]  Scared / Fearful [ ]  Sad / Depressed  | [ ]  Anxious / Nervous [ ]  Angry  | [ ]  Calm [ ]  Other (specify): Click to enter text. |
| **Describe the client’s emotional state at the end of the interview:**  |
| [ ]  Calmer than at the beginning of the interview [ ]  Similar to that at the start of the interview  | [ ]  More upset than at the start of the interview [ ]  Other (specify): Click to enter text. |
| **Will the client be safe when they leave?** [ ]  Yes [ ]  Unknown [ ]  No 🡪 Why not? Click to enter text. | **What actions were taken to ensure the client’s safety?**  |
|  | [ ]  Safety plan created [ ]  Referral to safe house[ ]  Other action taken (specify): Click to enter text. | [ ]  Service provider to follow up [ ]  Referral to community-based support |
| **If raped, have you explained possible consequences of rape to the client?** [ ]  Yes [ ]  No [ ]  Not applicable | **Have you explained the possible consequences of rape to the client’s caregiver (if the client is under the age of 14)?** [ ]  Yes [ ]  No [ ]  Not applicable  |
| ***Ask the client if they will give consent for their non-identifiable information to be shared for planning resources and service delivery for victims of violence. No identifying information such as names will be shared.*** **\*Did the client give their consent to share their non-identifiable information for reporting purposes?** [ ]  Yes [ ]  No |

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| **7 OVERALL CLIENT SAFETY**  |
| **\*Is the perpetrator of abuse with the client now?** [ ]  Yes [ ]  No [ ]  Unknown |
| **\*Is the client afraid of the perpetrator?** [ ]  Yes [ ]  No [ ]  Unknown |
| **\*Is the client afraid to go home?** [ ]  Yes [ ]  No [ ]  Unknown |
| **\*Has physical violence increased in severity or frequency?** [ ]  Yes [ ]  No [ ]  Unknown |
| **\*Has the perpetrator ever physically abused children?** [ ]  Yes [ ]  No [ ]  Unknown |
| **\*Has the perpetrator ever sexually abused children?** [ ]  Yes [ ]  No [ ]  Unknown |
| **\*Have children ever witnessed violence in the home?** [ ]  Yes [ ]  No [ ]  Unknown |
| **\*Is there a weapon in the home?** [ ]  Yes [ ]  No [ ]  Unknown |
| **\*Has the perpetrator ever threatened to kill someone?** [ ]  Yes [ ]  No [ ]  Unknown |
| **\*Has the client ever spoken about or attempted suicide?** [ ]  Yes [ ]  No [ ]  Unknown |
| **Have there ever been threats of suicide by the perpetrator?** [ ]  Yes [ ]  No [ ]  Unknown |
| **\*Is there alcohol or substance abuse by the client?** [ ]  Yes [ ]  No [ ]  Unknown |
| **Is there alcohol or substance abuse by the perpetrator?** [ ]  Yes [ ]  No [ ]  Unknown |
| **Any other client safety information:** Click to enter text. |
| **REMINDER**1. If more than 1 alleged perpetrator, please complete SECTION 4B (below).

If there are no additional perpetrators, you may leave SECTION 4B blank. 1. Enter data from this form into [organisation name database] when finalised.
2. If the client has consented to their information being shared, follow [organisation name]’s Information Sharing Protocol.
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***Please complete the following questions for each alleged perpetrator additional to perpetrator 1 described in SECTION 4.***

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| **4B INFORMATION FOR ADDITIONAL ALLEGED PERPETRATORS** **(Perpetrator 2)** |
| **\*Sex of alleged perpetrator: [ ]** Female  **[ ]** Male **[ ]** Other | **\*Alleged perpetrator age: [ ]** Adult **[ ]** Minor **[ ]** Unknown |
| **\*Home/place of origin of alleged perpetrator (if known):** Click to enter text. |
| **\*Alleged perpetrator relationship with client:**  |
| [ ]  Current husband / wife / boyfriend /girlfriend / de facto [ ]  Former husband / wife / boyfriend /girlfriend / de facto [ ]  Mother / stepmother / adoptive mother [ ]  Father / stepfather /adoptive father [ ]  Grandparent  | [ ]  Aunt [ ]  Uncle [ ]  Sibling [ ]  Adopted sibling [ ]  Community leader | [ ]  Religious leader[ ]  Police officer [ ]  Work colleague [ ]  Teacher / School official[ ]  Schoolmate  |
| [ ]  Family friend / neighbour[ ]  Other community member  | [ ]  Service provider [ ]  Housemate  | [ ]  No relation [ ]  Unknown  | [ ]  Other (specify): Click to enter text. |
| **\*Main occupation of alleged perpetrator: [ ]** [Occupation 1]  **[ ]** [Occupation 2]  **[ ]** Other/Unknown **[ ]** Unemployed |
| **\*Does the alleged perpetrator have difficulties with certain activities (please select one option for each question below):** |
| **1.** Does the client have difficulty **seeing**, even if wearing glasses? | **[ ]** No difficulty **[ ]** Some difficulty **[ ]** A lot of difficulty **[ ]** Cannot do at all |
| **2.** Does the client have difficulty **hearing**, even if using a hearing aid(s)?  | **[ ]** No difficulty **[ ]** Some difficulty **[ ]** A lot of difficulty **[ ]** Cannot do at all |
| **3.** Does the client have **difficult walking or climbing steps**?  | **[ ]** No difficulty **[ ]** Some difficulty **[ ]** A lot of difficulty **[ ]** Cannot do at all |
| **4.** Does the client have difficulty **remembering or concentrating**?  | **[ ]** No difficulty **[ ]** Some difficulty **[ ]** A lot of difficulty **[ ]** Cannot do at all |
| **5.** Does the client have difficulty with **self-care**, such as washing all over or dressing? | **[ ]** No difficulty **[ ]** Some difficulty **[ ]** A lot of difficulty **[ ]** Cannot do at all |
| **6.** Using their usual language, does the client have difficulty **communicating**, for example **understanding or being understood?** | **[ ]** No difficulty **[ ]** Some difficulty **[ ]** A lot of difficulty **[ ]** Cannot do at all |
| **Any other information relating to this alleged perpetrator:** Click to enter text. |

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| **4B INFORMATION FOR ADDITIONAL ALLEGED PERPETRATORS (continued)****(Perpetrator 3)** |
| **\*Sex of alleged perpetrator: [ ]** Female  **[ ]** Male **[ ]** Other | **\*Alleged perpetrator age: [ ]** Adult **[ ]** Minor **[ ]** Unknown |
| **\*Home/place of origin of alleged perpetrator (if known):** Click to enter text. |
| **\*Alleged perpetrator relationship with client:**  |
| [ ]  Current husband / wife / boyfriend /girlfriend / de facto [ ]  Former husband / wife / boyfriend /girlfriend / de facto [ ]  Mother / stepmother / adoptive mother [ ]  Father / stepfather /adoptive father [ ]  Grandparent  | [ ]  Aunt [ ]  Uncle [ ]  Sibling [ ]  Adopted sibling [ ]  Community leader | [ ]  Religious leader[ ]  Police officer [ ]  Work colleague [ ]  Teacher / School official[ ]  Schoolmate  |
| [ ]  Family friend / neighbour[ ]  Other community member  | [ ]  Service provider [ ]  Housemate  | [ ]  No relation [ ]  Unknown  | [ ]  Other (specify): Click to enter text. |
| **\*Main occupation of alleged perpetrator: [ ]** [Occupation 1]  **[ ]** [Occupation 2]  **[ ]** Other/Unknown **[ ]** Unemployed |
| **\*Does the alleged perpetrator have difficulties with certain activities (please select one option for each question below):** |
| **1.** Does the client have difficulty **seeing**, even if wearing glasses? | **[ ]** No difficulty **[ ]** Some difficulty **[ ]** A lot of difficulty **[ ]** Cannot do at all |
| **2.** Does the client have difficulty **hearing**, even if using a hearing aid(s)?  | **[ ]** No difficulty **[ ]** Some difficulty **[ ]** A lot of difficulty **[ ]** Cannot do at all |
| **3.** Does the client have **difficult walking or climbing steps**?  | **[ ]** No difficulty **[ ]** Some difficulty **[ ]** A lot of difficulty **[ ]** Cannot do at all |
| **4.** Does the client have difficulty **remembering or concentrating**?  | **[ ]** No difficulty **[ ]** Some difficulty **[ ]** A lot of difficulty **[ ]** Cannot do at all |
| **5.** Does the client have difficulty with **self-care**, such as washing all over or dressing? | **[ ]** No difficulty **[ ]** Some difficulty **[ ]** A lot of difficulty **[ ]** Cannot do at all |
| **6.** Using their usual language, does the client have difficulty **communicating**, for example **understanding or being understood?** | **[ ]** No difficulty **[ ]** Some difficulty **[ ]** A lot of difficulty **[ ]** Cannot do at all |
| **Any other information relating to this alleged perpetrator:** Click to enter text. |

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| **4B INFORMATION FOR ADDITIONAL ALLEGED PERPETRATORS (continued)****(Perpetrator 4)** |
| **\*Sex of alleged perpetrator: [ ]** Female  **[ ]** Male **[ ]** Other | **\*Alleged perpetrator age: [ ]** Adult **[ ]** Minor **[ ]** Unknown |
| **\*Home/place of origin of alleged perpetrator (if known):** Click to enter text. |
| **\*Alleged perpetrator relationship with client:**  |
| [ ]  Current husband / wife / boyfriend /girlfriend / de facto [ ]  Former husband / wife / boyfriend /girlfriend / de facto [ ]  Mother / stepmother / adoptive mother [ ]  Father / stepfather /adoptive father [ ]  Grandparent  | [ ]  Aunt [ ]  Uncle [ ]  Sibling [ ]  Adopted sibling [ ]  Community leader | [ ]  Religious leader[ ]  Police officer [ ]  Work colleague [ ]  Teacher / School official[ ]  Schoolmate  |
| [ ]  Family friend / neighbour[ ]  Other community member  | [ ]  Service provider [ ]  Housemate  | [ ]  No relation [ ]  Unknown  | [ ]  Other (specify): Click to enter text. |
| **\*Main occupation of alleged perpetrator: [ ]** [Occupation 1]  **[ ]** [Occupation 2]  **[ ]** Other/Unknown **[ ]** Unemployed |
| **\*Does the alleged perpetrator have difficulties with certain activities (please select one option for each question below):** |
| **1.** Does the client have difficulty **seeing**, even if wearing glasses? | **[ ]** No difficulty **[ ]** Some difficulty **[ ]** A lot of difficulty **[ ]** Cannot do at all |
| **2.** Does the client have difficulty **hearing**, even if using a hearing aid(s)?  | **[ ]** No difficulty **[ ]** Some difficulty **[ ]** A lot of difficulty **[ ]** Cannot do at all |
| **3.** Does the client have **difficult walking or climbing steps**?  | **[ ]** No difficulty **[ ]** Some difficulty **[ ]** A lot of difficulty **[ ]** Cannot do at all |
| **4.** Does the client have difficulty **remembering or concentrating**?  | **[ ]** No difficulty **[ ]** Some difficulty **[ ]** A lot of difficulty **[ ]** Cannot do at all |
| **5.** Does the client have difficulty with **self-care**, such as washing all over or dressing? | **[ ]** No difficulty **[ ]** Some difficulty **[ ]** A lot of difficulty **[ ]** Cannot do at all |
| **6.** Using their usual language, does the client have difficulty **communicating**, for example **understanding or being understood?** | **[ ]** No difficulty **[ ]** Some difficulty **[ ]** A lot of difficulty **[ ]** Cannot do at all |
| **Any other information relating to this alleged perpetrator:** Click to enter text. |