

Client Code	Date of Interview	Age	Gender
			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans Female <input type="checkbox"/> Trans Male <input type="checkbox"/> Prefer not to Disclose <input type="checkbox"/>
Target Population	<input type="checkbox"/> General <input type="checkbox"/> MSM <input type="checkbox"/> Sex Workers <input type="checkbox"/> Transgender		

Occupation	Area of Residence	Marital Status	Ethnicity

### A. Introduction of Screening to Client

A1	<p><i>For adults:</i> Any information you share with me will be kept confidential and won't be shared with anyone outside our organization. The only exception to this is that if you tell me that a child in your care is being harmed or at risk of being harmed, I will have to report this - because we are mandated by law to do so. With this understanding, may I ask you these questions?"</p> <p><i>For minors:</i> Any information you share with me will be kept confidential and will not be shared with anyone outside our organization, unless you share that you are currently being harmed, or fear that you may be harmed—in which case I would be required to report this, so as to help ensure your safety. With this understanding, may I ask you these questions?"</p>	<input type="checkbox"/> Yes ( <i>Go to B1</i> )  <input type="checkbox"/> No ( <i>End interview and give the client the list of resources.</i> )
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### B. Prior Experiences of Violence

B1	In the past year, has anyone punched, slapped, kicked, bit you, or caused you any type of physical harm? ('Anyone' can include your partner, a family member, friend, neighbor, a client, stranger, supervisor, colleague, police officer, or other persons.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Response
B2	In the past year, has anyone insulted you, ignored you, yelled at you, or made you feel ashamed or bad about yourself? (As with the previous question, 'anyone' can include your partner, a family member, friend, neighbor, a client, stranger, supervisor, colleague, police officer, or other persons.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Response
B3	In the past year, has anyone forced you to have sex or perform any sexual act, or touched you sexually in any way that you did not want? (As with the previous question, 'anyone' can include your partner, a family member, friend, neighbor, a client, stranger, supervisor, colleague, police officer, or other persons.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Response
B4	In the past year, has anyone made you feel afraid, unsafe or in danger? (As with the previous question, 'anyone' can include your partner, a family member, friend, neighbor, a client, stranger, supervisor, colleague, police officer, or other persons.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Response

IF CLIENT RESPONDS "NO" TO QUESTIONS B1-B4: End the interview, and give the client the resource list.

C. Assessment of Client Safety			
C1	At this time, will you feel safe when you return home today?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Response	
C2	At this time, are you afraid that your partner or someone else will cause you harm?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Response	
<i>Screener: If Yes—ask about and list the reason(s) for feeling unsafe:</i>			
C3	At this time, have you thought of harming yourself due to the violence that has happened to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Response	
<p><b>Instructions to Screener:</b> Based on the information obtained, do you think the client is in immediate danger?</p> <p><b>YES</b> - If the client seems to be in immediate danger, offer referrals (including internal referral if your organization offers GBV psychosocial support), make a Safety Plan with them, and escort them to support services (e.g., police station, safe shelter, hospital).</p> <p><b>NO</b> - If the client is not in immediate danger, offer referrals and help the client to develop a Safety Plan (see GBV Screening SOP for instructions).</p>			
D. Further Details on Experiences of Violence			
D1	Would you like to talk with me a bit more about these experiences? By telling me a bit more about what has happened, I will be able to help you better and refer you to appropriate support and services if you are interested.	<input type="checkbox"/> Yes ( <i>Go to D2</i> ) <input type="checkbox"/> No ( <i>skip to Section E</i> )	
D2	Let's talk about the experiences you have had in the past 12 months. What are some experiences of violence that have happened that you would like to share? ( <i>If this is a repeat screen for a client who has a history of experiencing violence, then ask about experiences in the past 6 months instead.</i> )		
	<b>Who?</b> ( <i>Perpetrator of violent act/s?</i> )	<b>When?</b> ( <i>Is the abuse ongoing?</i> )	<b>Where?</b> ( <i>Location where abuse occurred</i> )
			<b>What happened?</b> ( <i>Inquire about key injuries</i> )

**(E) Instructions to Screener:** After screening is completed, make appropriate referrals and assist client in developing a safety plan.

**Developing a Safety Plan:** Help the client develop a Safety Plan regarding measures they can take when needing to make urgent decisions that could save their life. Help the client assess the real risk in which they find themselves. The client is the expert in how to maximize their own safety.

**(F) Client Follow-Up: To be completed by the screener.**

F1	<b>Was a Safety Plan developed?</b>	Yes [ ] No [ ]	If "No," why not:
F2	<b>Was a referral provided?</b>	Yes [ ] No [ ]	If "Yes," to where:

Name of Person Completing Form: \_\_\_\_\_