

**Gender-Based Violence
Risk-Screening Tool**

Name & Surname	
Cell Number	
Gender	
Date of Birth	
TVET College/CET	
Campus/Centre	
Date	

I declare and understand that completing this questionnaire is voluntary and that my answers to the below questions will be kept confidential. I also give consent for the person receiving my completed risk-assessment tool to follow up with me if further services may be provided with my consent. I also understand that this is a risk assessment and is not a diagnostic tool and is not for research purposes but rather for creating insights into one's own vulnerability. The aim of HIGHER HEALTH is to determine the risk at early stages and to link to relevant services for further treatment, care, and support.

Early prevention saves lives.

Signature

Questionnaires- Indicate your answer with a tick					
1	Have you recently been threatened by a partner or family member?			Yes	No
2	What type of threats were made to you?				
	Verbal	Non-Physical	Physical	Threats with a Weapon	
	Threats to others	Sexual Violence	Stalking	Surveillance	
	Financial	Social	Legal	Immigration	
	Other (specify):				
3	How would you rate the severity of these threats?		Mild	Severe	
4	Have you experienced physical harm by someone recently?			Yes	No
5	Are you in a relationship with someone who is overly controlling?			Yes	No
6	Do you feel anxious or afraid around a partner or family member?			Yes	No
7	Are you afraid to talk to others when a certain person is present?			Yes	No
8	Are you afraid of your partner's or a family member's anger?			Yes	No
9	Have you been forced into sexual acts against your will recently?			Yes	No
10	Have you recently been manipulated into having sex? This may take the form of emotional manipulation, financial coercion, threats of violence, exploitation of altered state of mind, etc.			Yes	No
11	Has anyone forced you to terminate a pregnancy? (i.e., forced you to take medication, go to a clinic, or physically hurt you to end your pregnancy)			Yes	No
12	Has your partner or a family member isolated you from others?			Yes	No
13	Have you been humiliated in public by your partner or family member?			Yes	No
14	Has your relationship negatively affected your mental health?			Yes	No
15	Are you concerned about the safety of children with your partner or a family member?			Yes	No
16	Do economic factors influence your relationship decisions?			Yes	No
17	Are you aware of your legal rights in GBV situations?			Yes	No
18	Which of the following organisations do you have access to and feel safe to access for GBV support services?				
	SAPS	Campus GBV Office	Higher Health	Student Wellness	Local Health Facility
19	When would you like to be referred for counselling for any issues raised?			Immediately	No
<p>You may be vulnerable to GBV and should seek help and support from someone. The following 24 Hours Helpline can be contacted for help and support: 08600 36 36 36</p> <p>Remember, you are not alone!</p>					

V0.3_20240801