

Referral for Brisbane Domestic Violence Service

This e-form contains fillable PDF fields that can be completed electronically (or by hand), saved and then emailed to bdvs.referral@micahprojects.org.au

Referring Agency Details

Date of Referral ____ / ____ / ____

Name of Referring Agency _____

Name of Referring Worker _____

Phone _____ Email _____

Current Support being offered by your agency or other government / non-government agencies:

Agency	Type: (e.g. case management)

Details of Person being Referred

Name _____

Gender _____ Pronouns _____ DOB ____ / ____ / ____

Aboriginal Torres Strait Islander Both

Australian South Sea Islander None of the above

Is an interpreter required Yes No

Country of birth _____ Language at home _____

Contact details of person being referred:

Phone number/s _____

Address _____

Is it safe to:

Call Yes No

Text Yes No

Voicemail Yes No

Email Yes No

Post to address Yes No

Does the perpetrator live with the person being referred? Yes No

Are there any times it is not safe to call? _____

Children and dependents:

Name _____ Relationship _____

Gender _____ DOB ____ / ____ / ____

Name _____ Relationship _____

Gender _____ DOB ____ / ____ / ____

Name _____ Relationship _____

Gender _____ DOB ____ / ____ / ____

Name _____ Relationship _____

Gender _____ DOB ____ / ____ / ____

Is the person pregnant? Yes No Due date ____ / ____ / ____

Emergency Contact

Does the person have a safe person who we could contact? Yes No

Name _____ Relationship _____

Contact details _____

Can we identify where we are calling from? Yes No

Relationship Details

Relationship Type Spousal Family Same sex Intimate partner Informal care

Currently experiencing violence from a current or past relationship? Yes No

Previously experienced violence in a relationship? Yes No

Person Using Violence (PUV)

Name of PUV _____ DOB ____ / ____ / ____

Current Address _____

Length of relationship _____ Date of separation ____ / ____ / ____

Is there a current protection order in place? Yes No

Order type: Temporary Order Final Private Police

Date of order: ____ / ____ / ____ Length _____

Date of expiry: ____ / ____ / ____

Within the next section of the referral it is essential that you provide as much information as known to allow for accurate assessment of risk and prioritisation of service. Referrals with this section not complete will not be accepted and passed back to the referrer for further information.

Details of Violence

Nature of violence:

Physical abuse Emotional abuse Psychological abuse Technology abuse
 Verbal abuse Financial control Damage to property Spiritual abuse
 Cultural abuse Social isolation Reproductive control Systemic abuse
 Abuse of pets/animals

High Risk Tactics of Abuse

<i>Tactic</i>	<i>Occurred in the last 6 months</i>	<i>Historical occurrences over 6 month ago</i>
Threat to kill		
Strangulation/choking/suffocation		
Physical assault with a weapon		
Physical assault in a public place		
Access to weapons		
Head injury		
Deprivation of liberty/impeded freedom		
Threats/attempts of self-harm/suicide		
Sexual assault/coercion		
Highly controlling		
Stalking		
Jealous behaviour		
Criminal history for assault related offences		
Bikie/gang affiliations		
Mental health concerns		
Escalation of abuse		
Coercive control		
Threat/attempts of petrol dousing/arson		

Details of any boxes checked above, including dates of incidents, have police been informed, what protective factors are in place?

Is the person using violence linked with Probation and Parole, Perpetrator Education Program or other services such as AOD or mental health?

Yes No Name of service _____

Details of service needs

<i>Support area</i>	<i>Detail of support required in this area?</i>
Risk assessment / Safety planning	
DFV legal / Court support	
Housing / Refuge support	
Financial / Emergency relief (e.g. Centrelink crisis payment / Victims assist)	
Support for child or young person (5-17yrs)	
Support for young men (12-17yrs) using adolescent to parent violence	

<i>Support area</i>	<i>Detail of support required in this area?</i>
Does this participant require clinical health support?	

Within your professional assessment how would you rate the level of risk of the referred person?

Not at risk At risk Elevated risk Require immediate protection

Further details for professional assessment

What safety planning has already occurred with the person being referred?

Non-emergency safety planning

Keep spare house and car keys and hide them somewhere easy for you to access

Prepare material needs – for you and children. Store in a suitcase in home and hide in a secure location. Or, store them at a trusted friend’s home. Try to avoid using next-door neighbours, close family members, and mutual friends.

Know where your important documents are - passport, financial documents, bills, ID, health records

If you have called a support service, dial another number straight afterwards in case the respondent presses redial to check your last call.

Find someone you can trust and talk to them about what is going on.

If it’s safe, keep a diary of incidents or have someone else keep one for you.

If you do not live with the perpetrator, keep doors and windows locked.

Talk to children about not becoming involved in “fights” or “arguments”, as much as they may want to help.

Emergency safety planning

Plan an escape route from home before it is needed.

Make a habit of backing the car into the driveway and keeping it fueled.

Notify trusted neighbors to be on alert to suspicious noises and to call the police.

Teach children how to use the phone to contact the police.

Try not to wear scarves or long jewelry that could be used to strangle you or otherwise hurt you.

Know your emergency contact numbers – you can call DVConnect 1800 811 811 (1800 numbers don't show up on telephone bills but STD numbers do) or the police on 000.

Set up a code word with friends and your children to alert them to call for help.

Identify a safe room with a lock on the door that you can use if you are unsafe.

When an incident occurs

Call 000 for the police.

Scream to alert as many people as possible.

If able to leave by car, lock car doors immediately.

Try to avoid running to where children are to avoid them becoming caught in the middle of an incident.

If you're in public, enter the nearest shop or busy location and yell for help (stay by the cashier if possible so there's another person present).

Once you leave – separation is the highest risk time and consultation with a specialist DFV service is highly recommended

Be careful and mindful of who you give your location and phone number to.

Change routines wherever possible.

Alert school authorities of situation or consider changing your children's school.

Reschedule appointments of which the perpetrator is aware of.

Contact your local police station and let them know about your situation.

Carry a mobile with you always.



Have a password put on all your financial accounts, utilities accounts and with Centrelink.

If you have a DVPO, carry it with you at all times and keep copies in safe places.

If you need to have contact with the respondent for any reason, unless court ordered to occur at a certain place, meet them in a very public place, or try to communicate in writing eg text.

Safety with technology

Turn off all location settings on phones and tablets (Facebook and social media, Google and gmail, the device itself etc).

Change passwords on all social media, email, app accounts or consider deactivating current ones and starting new ones.

Consider changing your number or getting a new device entirely.

Check apps and delete anything that you haven't seen before or don't know anything about.

Turn your phone number to blocked so no one can accidentally give out your number to the respondent or the respondent accidentally gets it if you need to have contact.

Keep screenshots and records of text messages, social media messages and emails.

Further personalised/additional safety planning which has already occurred with the participant?

Have you made any other referrals for this person? Yes No

(e.g. Safer in the home, legal aid, court assistance, Centrelink?)

What happens next?

Currently, the Brisbane Domestic Violence Service is receiving a large number of referrals. Referrals are assessed based on risk and vulnerabilities of the individual requiring support. Referrals with insufficient information will not be accepted.

We request that the referring agencies provide the person being referred with the additional information below to help assist them while they wait for BDVS to make contact:

Dvconnect

Womensline: 1800 811 811
Mensline: 1800 600 636
dvconnect.org.au

1800 RESPECT

1800 737 732
1800respect.org.au

Safer in the home

0400 983 360

Victim Assist

1300 546 587
victimassist@justice.qld.gov.au

Centrelink

132 850
humanservices.gov.au/
individuals/services/centrelink/
crisis-payment

Parentline

1300 30 1300
parentline.com.au

Kids Helpline

1800 55 1800
kidshelpline.com.au

Our number will come up as private so if you have received a missed call from a private number after you have requested assistance you can give us a call on 3217 2544 to speak with a worker.