

## 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](mailto: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.