**BDVS Safer Families Initiative Referral Form**

The Safer Families Initiative (SFI) is one of the programs at Brisbane Domestic Violence Service. SFI provides consent-based intake, assessment and psycho-educative support to families where a young male (aged 12-17 years old) is using violence in the home (including power and control) against the female protective care giver. SFI assesses readiness and facilitates referrals into the ReNew program run by Carinity Talera.

This program is only able to provide services to families residing within **Brisbane City Council*.***

|  |  |
| --- | --- |
| Name of Referring Agency: Click here to enter text.  Name of referring worker: Click here to enter text.  Will your service be continuing to support this family:  Yes  No  If yes, will your service be available for case consultation  Yes  No | Date of referral: Click or tap to enter a date.  Phone: Click here to enter text.  Email: Click here to enter text. |

**Female Protective Care Giver Details:**

Female protective care giver’s name: Click here to enter text.DOB: Click here to enter text. Gender: Click here to enter text. Relationship to children: Click here to enter text.

Has the protective care giver consented to this referral?  Yes  No

Does the female protective care giver or children identify as:

Aboriginal

Torres Strait Islander

South Sea Islander

Both Provide details: Click here to enter text.

CALD Details (country of birth, language at home): Click here to enter text.

Interpreter Required  Yes  No If yes, advise language: Click or tap here to enter text.

Neither

Residential Address: Click here to enter text. Contact details (phone, email): Click here to enter text.

Is it safe to: Call  Yes  No Text  Yes  No Voicemail  Yes  No

A screenshot of a cell phone

Description automatically generatedAre there any times it is not safe/ unsuitable to make contact? Click here to enter text.

Are the children currently residing with the female protective care giver?  Yes  No (\*If there is a Child Safety order or family arrangement in place, please contact BDVS Safer Families Team to discuss eligibility)

Is she currently pregnant? Yes No Details: Click here to enter text.

Is the female protective care giver under probation and parole supervision? Please provide details: Click here to enter text.

Is there a safe person who we could contact if needed? (name, role, relationship to you, contact details) Click here to enter text. Can we identify where we are calling from? Click here to enter text.

**Details of young male using violence**

Name: Click here to enter text. DOB: Click here to enter text. Is the young male 12-17 years? Yes  No

Gender: Click here to enter text. Phone: Click here to enter text. Address: Click here to enter text.

Is the young male aware of this referral? Yes  No

Is the young male willing to engage with this service? Yes  No

Has the young male been displaying abusive behaviour towards the female protective care giver? Yes No

Does the young male use drugs/alcohol? Yes No  Please detail: Click here to enter text.

Does the young male have diagnosed/undiagnosed mental health conditions? Yes No Please detail: Click here to enter text.

Is the young male using violence currently engaged with Youth Justice? Yes No

Please provide details: Click here to enter text.

**Adult Perpetrator’s Details**

Perpetrator’s name Click here to enter text. DOB: Click here to enter text. Gender: Click here to enter text.

Relationship to children being referred: Click here to enter text. Relationship to female protective care giver: Click here to enter text.

Residential address or known location: Click here to enter text.

Is the respondent under probation and parole supervision? Please provide details: Click here to enter text.

Detail any current contact the children Click here to enter text.

**Nature of Violence**

Details of intimate partner/spousal violence:

Currently experiencing domestic violence from an intimate partner, informal carer? Yes  No

Is the female protective care giver currently residing with this person? Yes No Please detail: Click here to enter text.

Experiencing domestic violence from a past relationship (intimate partner, informal carer? Yes  No

Previously experienced domestic violence from an intimate partner, informal carer? Click here to enter text.

Length of relationship Click here to enter text. Date of Separation: Click here to enter text.

Please detail types of intimate partner violence experienced by female protective care giver:

|  |  |  |
| --- | --- | --- |
| Physical  Emotional  Sexual  Verbal  Financial  Intimidation | Stalking  Technology abuse or monitoring Weapons  Threats to harm  Damage to property | Threats to kill  Threats to suicide/self-harm  Spiritual  Social  Other: Click here to enter text. |

If there has been physical or sexual violence, has the violence involved:

Choking/strangulation  Stabbing  Head banging/Head injury  Physical restraint

Abuse or harm to pets

**Behaviour checklist for young male being referred:**

|  |  |  |
| --- | --- | --- |
| Physical  Emotional  Sexual  Verbal  Financial  Intimidation | Stalking  Technology abuse or monitoring Weapons  Threats to harm  Damage to property | Threats to kill  Threats to suicide/self-harm  Spiritual  Social  Other: Click here to enter text. |

Last known act of violence used by young male (date and type of abuse/incident): Click here to enter text.

**Legal**

Is there a DVO in relation to the intimate partner violence?  Yes  No

Is the order:  An application Temporary Final PPN

Is the female protective care giver named as:  aggrieved  respondent  cross-order Are the children named?  Yes No

If yes, date of issue and expiry: Click here to enter text. Condition details: Click here to enter text.

If this matter is still in court, which court and when? Click here to enter text.

Is there any Family Law Court Orders:  Yes No If yes, provide details: Click here to enter text.

Has/is Department of Child Safety, Youth and Women been involved with the family? Yes No

Please detail involvement / notifications / orders / child safety office Click here to enter text.

**Supports:**

**To be referred into Safer Families there is generally a pre-requisite that the family be engaged in case management support, particularly if there is current experience of Domestic Violence. Please also advise if you have facilitated any other referrals for support.**

Is the family supported by any other services at the moment? Yes No

Details of agencies and support provided. *\* Please detail status of engagement i.e.. Referral made, no engagement yet, engagement period, etc.*: Click here to enter text.

**Other children in the care of female protective care giver:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Children’s names** | **Needs (medical, MH, others)** | **Concerns (behaviours, emotions, etc)** | **School / supports** |
| 1.**Name**: Click here to enter text.  **Gender**: Click here to enter text.  **DOB**: Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 2. **Name**: Click here to enter text.  **Gender**: Click here to enter text.  **DOB**: Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 3. **Name**: Click here to enter text.  **Gender**: Click here to enter text.  **DOB**: Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 4. **Name**: Click here to enter text.  **Gender**: Click here to enter text.  **DOB**: Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

|  |
| --- |
| **Protective Factors/ Parenting:**  What is working well for the female protective care giver as a parent?  Click here to enter text.  Has the female protective care giver identified specific support needs in relation to Domestic and Family or Adolescent to Parent Violence?  Click here to enter text. |

**Please send all referrals for the Safer Families Initiative to** [**BDVSSaferFamilies@micahprojects.org.au**](mailto:BDVSSaferFamilies@micahprojects.org.au)

**What happens next?**

The Brisbane Domestic Violence Service Safer Families Initiative reviews new referrals on a regular basis and will contact the family as soon as possible. We might also get in touch with referring agencies to clarify or find out more information if needed prior contacting families. Please note our number will come up as private so if you or the family have received a missed call from a private number after you have requested assistance you can give us a call on 3217 2544.