**Empowering Voices**

The support group would be psychoeducative to build the foundations for awareness of family violence and its implications, promote healing and ongoing coping strategies. The group will encourage connection with peers and empowerment through reflection and discovery.

The goal of the group is to increase awareness to understand and recognise the cycle of violence, including the different forms the cycle can take and how it impacts them and their children, while developing emotional awareness and skills to effectively manage ongoing triggers. The group will cover information relating to family violence, shame and self-talk, trauma and triggers, regulation strategies, resilience, self care and connection. The group will empower individuals to use their voice, share their stories and advocate for themselves and their families.

**Please contact Clare or Kalani (Community Support Coordinator) on 03 8599 5433 or email** [**strength2strength@familylife.com.au**](mailto:strength2strength@familylife.com.au)**.**

Referral Eligibility:

* Family has experienced family violence in the past (not experiencing current significant FV- call to discuss if client is going through FLC to determine suitability)
* Family lives, works or plays in the Bayside Peninsula Region
* Parent with at least one child
* Parent has consented to the group for 8 weeks
* Parent has case-management or therapy services that will remain open throughout the duration of the group. Parent may also be on a waitlist for support. Closing due to engagement with the group will not be in the client’s best interest for safety reasons and as the group is not a therapeutic intervention, it is a psychoeducation and to mitigate social isolation.
* Please attach any recent assessments done to help determine risk and ensure safety

**Referral form**

**Clients name:**

**DOB:**

**Address:**

**Contact number:**

**Children (how many & age):**

**Gender identity and pronouns:**

**Does the client identify as Aboriginal or Torres Strait Islander?:**

**Does the client need an interpreter?:**

**Referrer details (name, program, organisation, contact details):**

**Please include/attach any safety plans or other information that would be helpful for facilitators to support the client.**

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| **Please complete WITH client:** |  |
| Determine suitability for group work;   * Level of understanding and acknowledgement of F/V experience * Emotional awareness - ability to explain the emotional response to the experience and triggers (eg: children etc) * Availability of support (? formal or informal - is this positive or negative) * Ability to maintain engagement for duration of group sessions | Please indicate: Low/Med/High. |
| **Please briefly include FV history including the current situation.**  **Please send risk assessments if applicable.** |  |
| Confidentiality and Consent:  Everything discussed in the group will be confidential, please do not repeat any information or personal details with people outside of the group. The only time the facilitators will share without consent is when there is a threat to someone's safety or life, or someone is at risk of harm, either in the group or outside of the group. It will be shared with only the relevant authorities. | Please indicate clients comments: |
| The group is interactive and will be encouraging participation and discussion, with the aim of providing that social support of being empowered by a group of women going through similar situations. How comfortable is the client in participating in this space? | Please indicate clients comments: |
| Is the client ready to talk about their experience this time? Emotionally and psychologically? Please indicate clients' comments. | Please indicate clients comments: |
| Discussed group session outlines (see top of page) with client: | Yes/No  Any concerns raised by the client in regards to content? |
| Please fill in with Clients professional support i.e. case manager /therapist and contact details. |  |
|  | |
| Client consent to provide this information to Family Life: (If given verbally please note worker name and date)  Name:  Consent: Yes/No.  Date: | |