

**FUN BUDDIES REFERRAL FORM**

Date: Time: Referring Agency: .................................…................................

# Worker: ......................................................................... Referrer’s Name: ......................................................................

Referrer’s Contact: ................................…................................

# CONSENT Has the client consented to the referral being made? 🗆 YES 🗆 NO Is the Authority to release information between referring agencies attached? 🗆 YES 🗆 NO

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| IMMEDIATE RISK/SAFETY (Please complete attached Risk Assessment Form) Is it safe to talk now? 🗆 YES 🗆 NO If NO, when would it be safe to talk?................................….…..………..……………………..................... Where is the perpetrator?...................................................……………………………...............................…………………………….………………………….…....  **Risk category:** 🗆 Requires immediate protection/High 🗆 Elevated risk/Medium 🗆 At risk/low |

### CLIENT DETAILS

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| **Name & Contact** | **Cultural** | **Housing & Income** |
| First name: ............................………..............  Family name: .......................………................  D.O.B. .................................………................  Address: ........................………......................  .........................................………...................  ..............…….............. Postcode: ......…..........  Mobile Phone: ......………................................  Other: .......................………..........................  What time is it safe to call? ......………............. Safe to leave a message? 🗆 YES 🗆 NO | Country of birth: .................………..................  Cultural background: ......………............…........  Interpreter required? 🗆 YES 🗆 NO  Preferred language: ………..............................  Aboriginal and/or Torres Strait Islander?  🗆 Aboriginal 🗆 TSI 🗆 Both 🗆 Neither | **Current accommodation type:** 🗆 Private Rental 🗆 OoH 🗆 THM 🗆 E/A  **Usual accommodation:** 🗆 Private Rental 🗆 OoH 🗆 THM 🗆 None  Residing with perpetrator? 🗆 YES 🗆 NO  Is it safe to remain? 🗆 YES 🗆 NO  Employment status: …………….……………………..  Primary income: ………………….………….…………. |

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| **Reason for contact:** |

# MOST RECENT INCIDENT OF VIOLENCE When was the most recent incident of violence and what occurred? Did the Police attend? 🗆 YES 🗆 NO

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# MOTHER/CARER’S RELATIONSHIP TO PERPETRATOR 🗆 Married 🗆 Divorced 🗆 Defacto 🗆 Ex-partner 🗆 Carer

🗆 Girlfriend 🗆 Same-sex partner 🗆 Parent 🗆 Grandparent 🗆 Sibling

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| --- | --- | --- | --- | --- | --- |
| **Name** | **Gender** | **D.O.B.** | **With client?** | **Child Protection?** | **Family Court?** |
|  |  | / / | 🗆 YES 🗆 NO | 🗆 YES 🗆 NO | 🗆 YES 🗆 NO |
|  |  | / / | 🗆 YES 🗆 NO | 🗆 YES 🗆 NO | 🗆 YES 🗆 NO |
|  |  | / / | 🗆 YES 🗆 NO | 🗆 YES 🗆 NO | 🗆 YES 🗆 NO |
|  |  | / / | 🗆 YES 🗆 NO | 🗆 YES 🗆 NO | 🗆 YES 🗆 NO |
|  |  | / / | 🗆 YES 🗆 NO | 🗆 YES 🗆 NO | 🗆 YES 🗆 NO |

🗆 Other …………………………………………………………………………………………………………………………………………………………………………………………………..…..

# FAMILY MEMBERS

# If children are not with the client where are they? ……………………………………………………………………………………………………………………………..…..………… Does the perpetrator have access with the children? 🗆 YES 🗆 NO Are there concerns about the children’s safety? 🗆 YES 🗆 NO If YES has a Child Protection Report been made? 🗆 YES 🗆 NO

# Additional information regarding children: ………………………………………………………………………………………………………………………………………………………… ……………………………………………………………………………………………………………………………………………………………………………………………………………………… ………………………………………………………………………………………………………………………………………………………………………………………………………………………

# LEGAL Is there an Intervention Order in place? 🗆 YES 🗆 NO If YES, what is the date of Order? ……../………/………. Is the perpetrator excluded from the residential home? 🗆 YES 🗆 NO If NO, does the client want to pursue an Intervention Order? 🗆 YES 🗆 NO

# Additional legal concerns: …………………………………………………………………………………………………………………………………………………………………..…………… ………………………………………………………………………………………………………………………………………………………………………………………………………………………

### OTHER SERVICES INVOLVED

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| **Service/Agency** | **Contact Person** | **Contact Details** |
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| **Family Violence related support needs:** (i.e. Advocacy / Legal / Relocation / Referral to counselling / Further safety planning) |

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| **How is the client going to stay safe?** |

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| **Relevant Medical and Obstetric History:** |

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| **MARAM RISK ASSESSMENT -**  **This risk assessment is in relation to victim survivor; children; with the perpetrator identified as:-**  **Name:** | | | | |
| **Question** | | **Yes** | **No** | **Comments (or not known)** |
| Is more than one person making you feel afraid? (Are there multiple perpetrators) | |  |  |  |
| *The following risk related questions refer to the perpetrator:* | | | | |
| **RECENCY** | Are they currently unemployed?\* |  |  |  |
| *Have they recently...* | | | |
| shown signs of a mental health condition? |  |  |  |
| threatened or attempted suicide or self harm?\* |  |  |  |
| misused alcohol, drugs or other substances?\*  (specify substance) |  |  |  |
| followed you, repeatedly harassed or messaged/emailed you? \* |  |  |  |
| been obsessively jealous towards you?\* |  |  |  |
| has any violence increased in severity or frequency?\* (what and how) |  |  |  |

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| **PERPETRATOR ACTIONS** | *Have they ever…* | | | |
| controlled your access to money, or had a negative impact on your financial situation? |  |  |  |
| Have they controlled your day-to-day activities (e.g. who you see, where you go) or put you down?\* |  |  |  |
| Have they physically hurt you in any way? (hit, slapped, kicked or otherwise physically hurt you) |  |  |  |
| seriously harmed you?\* (identify type of harm) |  |  |  |
| assaulted you when you were pregnant?\* |  |  |  |
| threatened to kill you?\* |  |  |  |
| threatened or used a weapon against you?\* |  |  |  |
| tried to choke or strangle you?\* |  |  |  |
| forced you to have sex or participate in sexual acts when you did not wish to do so?\* |  |  |  |
| been reported to police by you or anyone else for family violence? |  |  |  |
| breached or broken the conditions of an intervention order or a court order? |  |  |  |
| had a history of violent behaviour to previous partners, other family members or non-family members? (specify details) |  |  |  |
| harmed or threatened to harm a pet or animal?\* |  |  |  |
| been arrested for violent or other related behaviour? |  |  |  |
| been to court or been convicted of a violent crime or other related behaviour? (specify details) |  |  |  |
| Do they have access to weapons?\* |  |  |  |

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| **SELF-ASSESSMENT** | Pregnancy/new birth?\* |  |  |  |
| Depression/mental health issues? |  |  |  |
| Drug and/or alcohol misuse/abuse? |  |  |  |
| Has ever verbalised or had suicidal ideas or tried to commit suicide? |  |  |  |
| Isolation? |  |  |  |
| Do you believe it is possible they could kill or seriously harm children or other family members?\* |  |  |  |
| From 1 (not afraid) to 5 (extremely afraid) how afraid of them are you now? (enter number in space provided) |  | |  |
| Do you have any immediate concerns about the safety of your children or someone else in your family? |  |  |  |
| Do you feel safe when you leave here today? |  |  |  |
| Would you engage with police if you felt unsafe?  (If no, discuss barriers to why not) |  |  |  |
| **IMMINENCE** | Is there a current IVO in place?(expiry date) |  |  |  |
| Have you recently separated from your partner\* |  |  |  |
| Do you have pending family court matters? |  |  |  |
| Are they about to be, or have they recently been, released from jail or another facility? (Specify when) |  |  |  |
| Has a crime been committed?  (**Not to be asked directly of victim survivors**. Criminal offences include physical abuse, sexual assault, threats, pet abuse, property damage, stalking and breaching IVOs) |  |  |  |

\*May indicate an increased risk of the victim being killed or almost killed (serious risk factors).

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| **RISK TO CHILDREN** | | | |
| **Question** | **Yes** | **No** | **Comments (or not known) Provide specific examples for each child** |
| Have they ever threatened to harm the child/children?\* (identify which children) |  |  |  |
| Have they ever harmed the child/children?\* |  |  |  |
| Have children ever been present during/exposed to family violence incidents? |  |  |  |
| Are there child/children in the family who are aged under  1 year?\* |  |  |  |
| **A separate risk assessment must be completed for each child discussed in this assessment.** | | | |
| **Further details in terms of concerns for children** | | | |
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| **RISK SUMMARY CONTINUED** |
| **Protective factors** |
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| **Safety plan** |
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| **Risk level assessment and rationale** | | |
|  | ☐ Serious risk (☐ and requires immediate protection)  ☐ Elevated risk  ☐ At risk | **Rationale:** |
|  | **Further Risk factors to consider** |  |

\* May indicate an increased risk of the victim being killed or almost killed. # Mental health issues such as depression   
and paranoid psychosis, which focuses on the victim as hostile, are high risk when they are present in conjunction with   
other risk factors, particularly a previous history of violence. The presence of a mental health issue must be carefully

considered in relation to the co-occurrence of other risk factors.