Service Against Sexual Violence Referral Form

We can provide support to:

- Individuals of all genders aged 12 years and over who have experienced sexual violence or abuse
- Family, friends and caregivers of those who have experienced sexual violence and abuse

We provide holistic counselling and support including:

- Specialist trauma counselling
- Advocacy (e.g. with police, health services, VAQ, courts, housing services)
- Risk assessment and safety planning
- Information and referral

REFERRER'S DETAILS

Name of referring agency:	**Will you be providing ongoing support to referred person?** ☐ Yes ☐ No
Referring worker:	**Details:**
Referrer phone:	**Referrer email:**

CLIENT DETAILS

Client name:	**Alias/other names:**
Pronouns:	**Gender:**
DOB:	**Address:**
Phone:	**Email:**
SAFETY CHECK IN *We call from a private number. Please confirm with the person you're referring if they wish to receive a text first advising our service is calling and confirm how it's safe for us to contact them.*	**Cultural background:** ☐ Aboriginal ☐ Torres Strait Islander ☐ Other:
Safe to call? ☐ Yes ☐ No	**Country of origin:**
Safe to text? ☐ Yes ☐ No	**Disability:**
Safe to email? ☐ Yes ☐ No	**Language spoken:**
Safe to leave voicemails? ☐ Yes ☐ No	**Accessibility needs:** *(e.g. interpreter, wheelchair access, AUSLAN interpreter)*
Safe to identify it's DVAC calling? ☐ Yes ☐ No	

EMERGENCY CONTACT – ALTERNATIVE CONTACT PERSON

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

We would attempt to contact this person if we had concerns for their safety or wellbeing or if we were unable to make contact with the referred person.

Name:	**Relationship to client:**
Contact details:	

REASON FOR REFERRAL

(e.g. why is the client seeking support, what are their goals for counselling, what support they're seeking, recent trigger/s)

IPSWICH 07 3816 3000 • E info@dvac.org.au
TOOWOOMBA 07 4642 1354 • E infotwba@dvac.org.au
A PO Box 864, Booval Fair Q 4304 • F 3816 3100
www.dvac.org.au

Service Against Sexual Violence Referral Form (cont.)

SEXUAL VIOLENCE INFORMATION				
What does this referral relate to? *(select all that apply)*	☐ Historical sexual abuse, violence OR assault	☐ Recent sexual abuse, violence OR assault (within past month)	☐ Recent disclosure	☐ Childhood sexual abuse

RISKS		
Is there a risk of ongoing harm or abuse to the referred person?	☐ Yes *(provide details)*	☐ No
Is the referred person experiencing suicidal ideation or attempted suicide previously?	☐ Yes *(provide details)*	☐ No
Has the referred person accessed medical attention?	☐ Yes *(provide details)*	☐ No

REPORTING			
Has this been reported to police?	☐ Yes	☐ No	☐ Unknown
Does the client want support to report this to police?	☐ Yes	☐ No	☐ Unknown
Has this been reported to Child Safety?	☐ Yes	☐ No	☐ Unknown

LEGAL			
Does this client have upcoming court dates where they require support or advocacy? *(if yes, provide details below)*	☐ Yes	☐ No	☐ Unknown
Is there current Family Law Court involvement? *(if yes, provide details below)*	☐ Yes	☐ No	☐ Unknown
Victim Assist Queensland (VAQ) application submitted?	☐ Yes	☐ No	☐ Unknown
Does this client require support in relation to a matter impacted by the Commission of Inquiry into Forensic DNA Testing?	☐ Yes	☐ No	☐ Unknown

Any relevant information *(e.g. information about court matters, support sought to report, risks to the client's safety)*

PERSON/S USING VIOLENCE

Survivors of sexual violence may not know the names of the person or people who harmed them, and this information is not required for all referrals. This information is requested to assist in assessing the risks to the referred persons safety. If this information is not known, please leave blank.

Name:	**Relationship to client:**	**DOB:**
Name:	**Relationship to client:**	**DOB:**

CONSENT Please note we are a voluntary service and only accept referrals made with the persons informed consent.	
Referral discussed with client?	☐ Yes ☐ No Date consent provided:
Client consented to DVAC contacting them?	☐ Yes ☐ No
Client consent to DVAC being provided with above information?	☐ Yes ☐ No

Save and submit form via email to:

IPSWICH – SASVIpswich@dvac.org.au

TOOWOOMBA – TwbaSASV@dvac.org.au

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