

For Referrers:

INFORMATION ABOUT WHFS DOMESTIC VIOLENCE SERVICES (DVAS) and (MWAS)

The Domestic Violence Advocacy Service (DVAS) is a free service that helps people experiencing current family and domestic violence. We support people in the early phase of their journey. DVAS Central is a safe place and can provide help with:

- Discussing options around FDV
- Safety planning
- Connecting you with legal, and community services (e.g. VRO's)

Our service is an inclusive service supporting people from diverse backgrounds and needs. We can also help men who are experiencing victimisation through family and domestic violence.

The free Multicultural Women's Advocacy Service (MWAS) assists with the same FDV services as DVAS but for women from a culturally and linguistically diverse (CALD) background. Women can be recent arrivals or long-term residents. If required, advocates will work with interpreting services.

DVAS and MWAS services are by assessment and appointment only. Due to the discrete nature of the service, our address is not provided until an assessment and appointment is made. Walk-in or crisis appointments are not normally possible. Our Intake team endeavours to respond within 72 hours to assess and provide an appointment time.

If immediate support or accommodation is required, please call Crisis Care 9223 1111 or Police 000 / 131 444 or Women's Domestic Violence Helpline 9223 1188 / 1800 007 339.

If clients require immediate support applying for violence restraining orders (VRO's) attendance at a magistrate's court is necessary, or breaches reported to a police station.

If you are assisting someone who does not speak English, first call the Translating and Interpreting Service (TIS) on 13 14 50 and they can connect you with the service of your choice and interpret for you.



Domestic Violence Services – Referral and Intake Form

- Multicultural Women’s Advocacy Service (MWAS)**
Assisting multicultural women experiencing family or domestic violence (FDV)
- Domestic Violence Advocacy Service (DVAS)**
Helping people with family or domestic violence issues
- DV Group Referral:** (group name) _____

| | |
|-------------------|---|
| Name: | DOB: |
| Phone (M): | Phone (H): |
| Address: | With Partner? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Email: | |

Preferred Contact Method: Phone Call SMS Email

Is this safe to contact? Yes NO **Best time to contact?** _____

Any other safe contact numbers /people? _____

Can we say we are from WHFS when calling? Yes No

Previous contact with WHFS? Yes No _____

Children? Yes No **Gender and Age/s:** _____ **Creche required? (up to 6 years)** _____

Preferred Language: _____ **Interpreter Needed?** Yes No

Country of Birth: _____ **Ethnicity:** _____ **Date of Arrival:** _____

Refugee? Yes No **If Yes, which Country?** _____ **VISA Status:** _____

Any current VRO, legal/court proceedings or open CPFS case? Yes No

If yes, please give Details: _____

Tick the prompts for FDV which exist for the client *Note increases in frequency and severity

| <u>PHYSICAL</u> | <u>FINANCIAL/CONTROL</u> | <u>INCREASED RISK FACTORS</u> |
|---|---|--|
| <p><input type="checkbox"/> Any form of physical assault? (strangulation, threats or actual harm of others, pets, use of objects). Detail:</p> <p><input type="checkbox"/> Stalking. Detail:</p> <p style="text-align: center;"><u>SEXUAL</u></p> <p><input type="checkbox"/> Concerns around intimate sexual contact. Detail:</p> | <p><input type="checkbox"/> Restricts access to money, housing, assets. Detail:</p> <p><input type="checkbox"/> Threatening Visa status. Detail:</p> <p><input type="checkbox"/> Socially isolated. Detail:</p> <p><input type="checkbox"/> Concerns around cyber safety (phone, email, text, media). Detail:</p> | <p><input type="checkbox"/> Increased misuse of AOD. Detail:</p> <p><input type="checkbox"/> Increased mental health concerns. Detail:</p> <p><input type="checkbox"/> Client pregnant or has newborn. Detail:</p> <p><input type="checkbox"/> Concerns for children. Detail:</p> <p><input type="checkbox"/> Separating or planning to leave. Detail:</p> |
| <p>Client's main concern/ Reason for DV referral:</p> | | |



Preferred Location:

| | | | |
|-------------|--------------------------|------------|--------------------------|
| Northbridge | <input type="checkbox"/> | Mirrabooka | <input type="checkbox"/> |
| Gosnells | <input type="checkbox"/> | Fremantle | <input type="checkbox"/> |
| Joondalup | <input type="checkbox"/> | | |

Referral Information

External Provider Internal WHFS Self

Referrer: Name: _____
 Organisation/Service Area: _____
 Contact Details: _____

Consent from the person is required to make this referral CONFIDENTIALITY DISCUSSED

- I understand and give consent to this referral.
- I give permission for Womens Health & Family Services (WHFS) to obtain and release information to the person/ agency referring.
- I give permission to WHFS to store information obtained during the referral process.

Name: _____ Date: _____
 Signed: _____ Interpreter (if required): _____

OR Verbal Consent given to the above Yes No

Name and signature of referrer required for verbal consent
 Name: _____
 Signature: _____ Date: _____

Please send referrals to dvas@whfs.org.au or mwas@whfs.org.au

Enquiries to **(08) 9328 1200 (9.30am-12pm /12:30pm – 4pm)**

Duty Person: _____ CRM Alert Issue: _____



Office Use Only

| BRIEF SAFETY PLANNING – QUESTIONS TO ASK | | |
|--|---|---|
| Immediate questions | Questions re perpetrator | Safety and self-care |
| <input type="checkbox"/> Is it safe to talk now? *If not, call Crisis Care or 000 <input type="checkbox"/> Where are you now? <input type="checkbox"/> Are you alone? <input type="checkbox"/> Who is there? <input type="checkbox"/> Do you have any children? <input type="checkbox"/> Are children safe? | <input type="checkbox"/> Where are they now? <input type="checkbox"/> What time will they return/go to work? <input type="checkbox"/> Is there a current FVRO or police order in place? <input type="checkbox"/> Has there been any breaches or police involvement? <input type="checkbox"/> Are they violent outside the home? <input type="checkbox"/> What is your main concern at the moment? | <input type="checkbox"/> Do you have any safe contacts (family or friends, health professionals, neighbours?) <input type="checkbox"/> Are they local to you? <input type="checkbox"/> Do you need to/would you like to go to a women's refuge? <input type="checkbox"/> Any considerations needed for children and pets? <input type="checkbox"/> Do you have access to a car? <input type="checkbox"/> Do you have access to money? <input type="checkbox"/> Do you have any bags packed? |

Attempts to contact (Date):

1.....

2.....

3.....

Actions (tick all applicable):

Brief intervention/safety planning

Follow-up required

Advice only

Group only

Referred to: (detail)

Police.....

Refuge.....

Safe At Home.....

Legal.....

Other (details).....

Reason for Intake Closure:

Goals achieved

Client cannot be contacted

Client does not require the service

Duty only

Appointment booked with advocate

Other (please specify): _____

Client referred to other agency only

Please Check:

scanned to advocate if appointment made

opened by Intake on CRM

to be opened by admin

closed by Intake on CRM

to be closed by admin