

ABN - 35 161 083 370

info@dardimunwurro.com.au

558 High Street Preston, 3072

www.dardimunwurro.com.au



Changing Ways Person who Uses Violence Referral Form

This form is to support referral of men deemed at serious-risk of causing family violence harm to Dardi Munwurro's Changing Ways family healing program. Changing Ways provides healing support for people impacted by family violence, and also seeks to engage the person who uses family violence in healing and behaviour change. Changing Ways accepts referrals from families where at least one partner (either the person who experiences violence or the person who uses violence) is Aboriginal. Changing Ways is only able to accept referrals from people at serious risk of violence when the person who uses violence is at least 18 years of age and is not currently engaged with another behaviour change service.

If a comprehensive family violence risk assessment for persons experiencing violence has been completed please attach to this referral

Details of referral

Referring agency:

Contact name:

Contact no:

Email:

Has the client been referred to a RAMP? ☐ Yes ☐ No ☐ Unknown ☐

Is the client aware they have been referred to Dardi Munwurro? ☐ Yes ☐ No* ☐ Date of referral: __/__/__

Details of Person Using Violence (PUV)

Client details (PUV)

Name of PUV: _____ Contact no: _____

Primary address: _____

Current location: _____

Client's date of birth (if known): __/__/__

Is the PUV Aboriginal? ☐ Yes* ☐ No ☐ *If yes, do you know their mob? _____

What is the PUV's first language? _____

Does the PUV require an interpreter or other communication assistance? ☐ Yes* ☐ No ☐

*If yes please specify: _____

Does the PUV identify as:

☐ Man or male ☐ Woman or female ☐ Non-binary ☐ Prefers not to answer/unknown

☐ PUV uses a different term – please specify: _____

Do they have children? ☐ Yes* ☐ No ☐

*If yes:

How many children and what are their ages: _____

Are there any children in the PUV's care? ☐ Yes ☐ No ☐*

*If no, whose care are the children in? _____

What is this person's relationship to the child? _____

Please provide details (names, ages) of children in the client's care (including stepchildren and other children)

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Does the client have safe, stable housing? ☐ Yes No ☐*

*If no, please provide details about their current housing

Does the client have family and/or community support? ☐ Yes No ☐

Is the client known to frequent other communities? ☐ Yes* No ☐

*If yes where?

Does the client live with a disability (including physical, intellectual, neurodiversity and Acquired Brain Injury)

☐ Yes* No ☐ If yes please provide details: _____

Has the client been diagnosed with a mental illness? ☐ Yes* No ☐

*If yes please provide details: _____

Is the client known to engage in harmful alcohol and/or other drug use? ☐ Yes* No ☐

*If yes please provide details: _____

Does the PUV have a criminal history? ☐ Yes* No ☐

*If yes please provide details: _____

Does the PUV have a history of incarceration? ☐ Yes* No ☐

*If yes please provide details: _____

Risk factors present for PUV	Present	Source/Details/Comment (N/A if unknown)
Is the PUV a member or descendent of a member of the Stolen Generations?	<input type="checkbox"/>	
Does the PUV have a history of using violence against former partners or family members?	<input type="checkbox"/>	
Does the PUV have any current or previous intervention, protection or recovery orders in relation to a current or previous partner or family member (in Victoria, interstate or in New Zealand)?	<input type="checkbox"/>	
Has the PUV previously breached or discarded any intervention, protection or recovery orders (in Victoria, interstate or in New Zealand) including while in prison?	<input type="checkbox"/>	
Has the PUV been the subject of a mandated or non-mandated reporting to Child Protection due to family violence?	<input type="checkbox"/>	
Has the PUV displayed controlling behaviours?	<input type="checkbox"/>	
Has the PUV ever threatened to kill the AFM or other family members?	<input type="checkbox"/>	

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Has the PUV ever tried to strangle or choke the AFM?	<input type="checkbox"/>	
Has the PUV attempted or threatened suicide or self-harm?	<input type="checkbox"/>	
Has there been an increase the severity or frequency of violence used by the PUV?	<input type="checkbox"/>	
Has the PUV ever sexually assaulted the AFM or forced them to perform sexual acts?	<input type="checkbox"/>	
Does the PUV have access to a weapon?	<input type="checkbox"/>	
Does the PUV have any Family Court Orders or matters pending?	<input type="checkbox"/>	
Does the PUV have copies of current bail or summons issued against him?	<input type="checkbox"/>	
Has the PUV ever harmed or threatened to harm or kill pets or other animals?	<input type="checkbox"/>	
Has the PUV stalked the victim (either in person or online)?	<input type="checkbox"/>	
Has the PUV recently experienced any significant stressors such as recent release from incarceration, criminal charges, loss of a loved one, Family Court decisions, a change in their housing situation, financial loss or conflict in relationships?	<input type="checkbox"/>	
Is there evidence of the PUV failing to attend court, deliberately avoided police or avoiding other services he is meant to attend?	<input type="checkbox"/>	

Details of Client: Affected Family Member (AFM) - primary adult person at risk of serious harm* - if known

**if there is more than one adult at serious risk please copy this section and complete for each adult AFM*

Name: _____ Contact no: _____

Primary address: _____

Current location: _____

Client's date of birth (if known): __/__/____

Is the client Aboriginal? ☐ Yes ☐ No

If yes, do you know their mob? _____

Preferred contact method: _____

Is it safe to call client?: _____

Is it safe to text the client?: _____

Is it safe to leave a verbal message?: _____

What is their primary spoken language at home? _____

Does the client require an interpreter or other communication assistance? ☐ Yes* ☐ No

*If yes please specify: _____

Is the client on a bridging or temporary visa? ☐ Yes* ☐ No *If yes what type of visa? _____

Year of arrival in Australia: _____

Does the client identify as:

☐ Woman or female ☐ Man or male ☐ Non-binary ☐ Prefers not to answer/unknown

☐ Client uses a different term – please specify: _____

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Do they have children? ☐ Yes* No ☐ *If yes:

How many children and what are their ages: _____

Are the children in their mother's care? ☐ Yes No* ☐

*If no, whose care are the children in? _____

What is this person's relationship to the child? _____

Please provide details (names, ages) of children in the client's care (including stepchildren and other children)

Does the client have safe, stable housing? ☐ Yes No ☐*

*If no, please provide details about their current housing

Does the client have family and/or community support? ☐ Yes No ☐

Does the client live with a disability (including physical, intellectual, neurodiversity and Acquired Brain Injury)

☐ Yes* No ☐ If yes please provide details: _____

Self-assessment by AFM of their risk, safety and support needs

Immediate safety of primary adult AFM

Do we know if the client is currently engaged with any other family safety service(s)? ☐ Yes* No ☐

*If yes please provide details: _____

What has been done to address the AFM's immediate safety needs:

Risk factors relevant to adult victim circumstances	Present	Source/Details/Comment (N/A if unknown)
Is the AFM's self-assessed level of risk serious?	<input type="checkbox"/>	
Is the AFM a member or descendant of a member of the Stolen Generations?	<input type="checkbox"/>	

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Is the AFM pregnant or has the client recently had a baby?	<input type="checkbox"/>	
Has the AFM recently separated from the person who uses violence (PUV) or are they planning to leave?	<input type="checkbox"/>	
Has the AFM recently experienced an increase in the severity and/or frequency of violence by the PUV?	<input type="checkbox"/>	
Does the AFM fear harm from family members or friends of the PUV?	<input type="checkbox"/>	
Has there been a Sharing of Information request in relation to the AFM without their consent?	<input type="checkbox"/>	

Immediate safety of children or other family members at serious risk

What has been done to address the safety of children and other family members impacted by violence?

Risk factors specific to children	Present	Source/Details/Comment (N/A if unknown)
Is the child or children a descendent of a member of the Stolen Generations?	<input type="checkbox"/>	
Has the child or children previously experienced family violence or other forms of harm?	<input type="checkbox"/>	
Does the PUV or another parent or carer of the child or children have a Child Protection Order against them?	<input type="checkbox"/>	
Has the child or children ever been the subject of police authorisation to take them into safe custody?	<input type="checkbox"/>	
Has the child experienced, or been threatened with physical harm by the person who uses violence (PUV)?	<input type="checkbox"/>	
Has the PUV harmed or threatened harm to any other child?	<input type="checkbox"/>	
Has the child been subject to sexualised behaviours from the PUV?	<input type="checkbox"/>	
Has the PUV previously not complied, or threatened non-compliance with child-care arrangements (e.g. not returned or threatened non-return of a child)?	<input type="checkbox"/>	

Is there any other information relevant to family safety?
