

Appendix 7

Family and Domestic Violence Local Referral Pathway

Site _____ Date _____

Delegated authority

Release of information without client consent, high risk cases:

In hours:

Phone _____

After hours:

Phone _____

(refer to your health services delegated authority schedule)

Internal referrals

Social worker

Phone _____

Aboriginal liaison officer

Phone _____

Mental telehealth

Phone _____

External Referrals

Police – local station

Phone _____

Family and Domestic Violence support service

Phone _____

Refuge/crisis accommodation

Phone _____

Child Protection, Department of Communities – District Office

Phone _____

Other

Name _____

Phone _____

24/7 confidential helplines

Crisis Care: 1800 199 008

Women's DV Helpline: 1800 007 339

Men's DV Helpline: 1800 000 599

Sexual Assault support line: 1800 199 888