Sexual Assault Support Service

Adult referral form

Adult Counselling program and Redress Support Service

This form is for the use of professionals or carers. For self-referrals please phone us (03) 6231 0044 during business hours for direct support from our friendly team.

If you have experienced sexual violence or harm in the past 7 days, please call the SASS 24/7 Helpline (1800 697 877) for immediate information and support.

This form is to be used for referrals to SASS' Adult Counselling program and Redress Support Service. Other referral forms are available from www.sass.org.au/make-a-referral;

- General Children and Families Counselling Service.
- Forensic Therapeutic program.
- Prevention, Assessment, Support and Treatment of harmful sexual behaviours program.

SASS has eligibility criteria for all programs. Thank you for providing as much detail as possible. The information you share helps the intake team manage demand for our services. If you are unsure whether your referral is appropriate, please contact us to discuss.

Date of referral:

Month Day Year

Referring person or agency:

Referrer relationship to client:

Referrer email:

example@example.com

Referrer phone number:

Please enter a valid phone number.

Has the client indicated they are wanting support regarding their experience of sexual harm?

- ○ Yes
- ○ No

Has the client consented to this referral being made?

- ◯ Yes
- ◯ No

When responding to this referral, who should we first make contact with?

- ◯ Referrer
- ◯ The client

Has the client accessed SASS previously?

- ◯ Yes
- ◯ No

Is the client a participant of the National Redress Scheme:

- ◯ Yes
- ◯ No
- ◯ Unknown

How did the referrer/the client hear about SASS?

- ☐ Child Safety Service
- ☐ Internet Search
- ☐ Interstate service
- ☐ NDIS/Disability Service
- ☐ Police/Legal/Justice
- ☐ Redress Scheme/ Knowmore
- ☐ Other
- ☐ Advice and Referral Line
- ☐ Social Media
- ☐ Medical Practitioner/ Health Service
- ☐ NGO service
- ☐ Psychologist/ Counsellor
- ☐ Is your referral a result of contact with Primary Care Family and Sexual Violence Support?

Client name:

First Name Last Name

Date of Birth:

Month Day Year

Gender:

- ☐ Female
- ☐ Transgender
- ☐ Prefer not to say
- ☐ Male
- ☐ Non-binary

Preferred pronouns:

- ○ He/Him/His
- ○ She/Her/Hers
- ○ They/Them/Theirs
- ○ Prefer not to say
- ○ Other

Cultural identity:

- ☐ None
- ☐ Aboriginal
- ☐ Prefer not to say
- ☐ Aboriginal and Torres Strait Islander
- ☐ Torres Strait Islander
- ☐ Other

Does the client have a disability, or any other mental and/or physical health presentations?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say
- ☐ Not known

If yes, please specify:

Does the client have any literacy limitations:

- ☐ Reading difficulties
- ☐ Writing difficulties
- ☐ Unable to read or write
- ☐ Prefer not to say
- ☐ Not known
- ☐ Other

Have any of the following taken place:

- ☐ Police Involvement
- ☐ Forensic Medical Examination
- ☐ Other

Has the client experienced or witnessed Family Violence?

- ◯ Yes
- ◯ No
- ◯ Unknown

If yes, is this:

- ◯ Current
- ◯ Historic

Phone Number

Area Code | Phone Number

Is this a safe number to receive calls, texts and voice messages?

- ◯ Yes
- ◯ No

Email

example@example.com

Does anyone else have access to this email account that may compromise the client's privacy?

- ◯ Yes
- ◯ No

Preferred form of contact

- ◯ Phone
- ◯ Email

Residential address

Street Address

Street Address Line 2

Town/Suburb | State

Post Code

Is it safe to send hard copy mail to this address?

- ◯ Yes
- ◯ No

Postal address

- ◯ Same as residential address

Street Address

Street Address Line 2

Town/Suburb State

Post Code

Is it safe to send hard copy mail to this address?

- ◯ Yes
- ◯ No

Who else resides with the client?

If the client has a significant support person or carer, please provide their details below.

Name

First Name Last Name

Relationship to client:

Phone:

Area Code Phone Number

Email:

Is the primary contact aware of all information on this referral form?

- ◯ Yes
- ◯ No

Will this person be organising the appointments at SASS?

- ◯ Yes
- ◯ No

What are the client's key difficulties at present?

(I.e., mental health; self-harm; drug & alcohol; homelessness; depression; hallucinations; flashbacks; self-regulation; delusions; etc. Please Include frequency, duration and severity of symptoms/behaviours)

Is this a first disclosure?

- ◯ Yes
- ◯ No

Please provide details of the sexual assault history if possible:

Did the abuse include any technology-facilitated abuse? If yes, did it involve:

- ☐ Coercive control
- ☐ Image based
- ☐ Online
- ☐ Online and image based
- ☐ Stalking/monitoring
- ☐ Other

Are there any safety issues for the client?

What is the client's support network (both social and professional)?

What are the client's strengths/ current coping strategies?

Are there any additional factors that have led to the client seeking a referral?

Does the client need support to access SASS?

(e.g. disability, interpreter, support person, medical, cultural, anxiety/mental health, etc.)

Are there any indications for safety issues for SASS workers with the client?

(e.g. anger issues, psychosis, client views worker as threat etc.)

What are the best times/days for SASS appointments?

What are the preferred modalities for SASS appointments?

- ☐ Face to Face
- ☐ Video call
- ☐ Phone call
- ☐ Combination

Does the client have reliable access to internet and technology?

- ○ Yes
- ○ No

What support is the client hoping to access?

- ☐ Trauma specific therapeutic support related to prior sexual harm
- ☐ Redress Support
- ☐ Unsure
- ☐ Other

Does the client prefer a counsellor of a particular gender? (We will do our best to accommodate preferences wherever possible.)

- ○ Female
- ○ Male
- ○ Either
- ○ Unknown

Once completed, save this referral form to your files, then upload via the secure PDF upload www.sass.org.au/make-a-referral. For security reasons, do not email this referral form directly to us.

Sexual Assault Support Service
114 Bathurst St, Hobart, 7000
Phone: (03) 6231 0044
24/7 MY SUPPORT: 1800 697 877

SASS

Referral taken by (SASS representative):

What is identified as the primary need for support?

- ☐ Brief intervention
- ☐ Comprehensive counselling service
- ☐ Group / Wellbeing Program
- ☐ Redress Scheme

Submit