

Kinship, Improving Relationships, No Violence, Developing Skills

Thanks for your interest in referring a young person to the K.I.N.D. program!

K.I.N.D. is a voluntary intervention for young people using violence, past or presently, in their family setting or intimate partner relationships.

It is a flexible non-gendered program working with 15-25 year olds which includes one-to-one psychoeducational therapeutic sessions. The program can work with young people as young as 12 years old but these are considered on a case-by-case basis.

We would appreciate you providing us with the following information to inform our allocation of service by speaking to the factors below:

The young person's readiness/motivation to engage in K.I.N.D.

	1	2	3	4	5	6	7	8	9	10	
LOW	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	HIGH

The young person's ability or willingness to accept some degree of accountability for their use of violence as a starting point.

	1	2	3	4	5	6	7	8	9	10	
LOW	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	HIGH

The young person's level of stability in their living circumstances and their ability to commit to the program.

	1	2	3	4	5	6	7	8	9	10	
LOW	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	HIGH

Please fill out the referral form and email it to the Safe Relationships Team at kind@brisyouth.org

Have you discussed this referral with the young person? YES NO

Is the young person currently experiencing violence? YES NO

YOUNG PERSON'S DETAILS

NAME

DATE OF BIRTH

GENDER IDENTITY

ADDRESS

PHONE NUMBER

CULTURAL BACKGROUND

LANGUAGE GROUP IF KNOWN

REFERRAL DETAILS

DATE OF REFERRAL

NAME AND ROLE OF REFERRER

PHONE NUMBER AND EMAIL OF REFERRER

ARE THERE ANY MANDATE DETAILS (SENTENCED, REMAND, EM ETC?)

REASON FOR REFERRAL: Adolescent Family Violence
Intimate Partner Violence

Intervention Order in place? YES NO

DETAILS

What types of violence are being used by the young person? Tick all that apply and provide examples in the identified areas.

PHYSICAL

YES NO

Provide examples

VERBAL

YES NO

Provide examples

EMOTIONAL

YES NO

Provide examples

PROPERTY DAMAGE

YES NO

Provide examples

COERCIVE CONTROL

YES NO

Provide examples

SEXUAL

YES NO

Provide examples

STALKING

YES NO

Provide examples

FINANCIAL

YES NO

Provide examples

**THREATS TO HARM OR
KILL SELF OR OTHERS**

YES NO

Provide examples

STRANGULATION

YES NO

Provide examples

**OTHER (I.E. HARM TO
PETS, SPIRITUAL)**

YES NO

Provide examples

Our K.I.N.D. program prefers to engage with those being targeted by the violence, i.e. family member or partner/ex-partner. Does the person/s being targeted by violence wish to participate in K.I.N.D.?

YES

NO

Is the young person being referred open to the inclusion of the person/s being targeted in the program?

YES

NO

[These discussions can be explored by the K.I.N.D. clinician with the young person directly if more appropriate].

PERSON EXPERIENCING VIOLENCE

NAME

RELATIONSHIP TO YOUNG PERSON

CONTACT DETAILS IF RELEVANT

History of domestic/family violence within family or the life of the young person using violence:

Other known information such as diagnosis, learning difficulties, mental health concerns, behavioural concerns, drug and/or alcohol misuse:

Please tell us about other supports, services, or programs that this young person is engaged with if they are comfortable sharing this information:

Thank you for your referral to K.I.N.D., we will contact you as soon as possible to discuss the referral and make a time to meet with the young person.