



# THE DOMESTIC VIOLENCE ENHANCED RESPONSE TEAM

## Referral Guidelines

The Domestic Violence Enhanced Response Team (DVERT) is a collaboration of different agencies that work together to intervene in high risk / high lethality domestic violence situations. DVERT Case Staffings occur on a bi-weekly basis to enhance communication between agencies and to facilitate the coordination of services and interventions on high risk cases. High risk domestic violence cases are referred either directly from law enforcement or by community partners working with the client/survivor.

Law enforcement personnel can refer cases by sending the police report to the DVERT Coordinator or DVERT Sergeant. Community partners should fill out the attached referral form after discussing the DVERT project with the client/survivor. The client/survivor can choose to either have her/his case referred directly to the bi-weekly DVERT Case Staffing so all partners can be informed of her/his situation **or** she/he may request to speak to a confidential DVERT advocate prior to - or instead of - having the case discussed at the Case Staffing. Please indicate this on the referral form.

The referring individual is invited to attend the bi-weekly Case Staffing to briefly discuss why they are referring the case and their concerns. Please let DVERT Coordinator Annie Oldani know if you plan to attend the staffing. These meetings are otherwise confidential and closed to the public. **It is not appropriate for survivors to attend these meetings.**

When appropriate, we encourage the referring individual/agency to continue to provide the primary services to the client/survivor while the DVERT partners assist to further enhance survivor safety and offender accountability.

**DVERT Case Staffings are bi-weekly on Tuesdays from 2-3 PM.** Referrals received by Noon on the Friday before the Case Staffing will be screened for services the following week.

### Main Referral Requirements

1. The survivor is in a high risk / high lethality domestic violence situation
2. The survivor wants a collaborative interagency response to her/his case
3. The survivor is interested in pursuing prosecution and/or in holding the offender accountable for his/her actions

**Mission Statement:** The mission of the Multnomah County Domestic Violence Enhanced Response Team (DVERT) is to increase victim safety and offender accountability in high risk / high lethality domestic violence cases through a collaborative interagency response that considers the needs of victims and their children.

**Annie Oldani, DVERT Coordinator**

**Phone:** 503-988-6440   ▫   **Email:** Annie.Oldani@multco.us   ▫   **Fax:** 503-823-0078

# DVERT Referral Form

This form should be filled out by the referring person on behalf of the client / survivor

- Client / survivor would like to speak to a confidential DVERT advocate first / only
- Client / survivor would like all DVERT project partners to be informed (please include a current, signed Release of Information (ROI) allowing you to share this information with all DVERT Project Partners)

**1. Explain how DVERT can help & how this situation fits DVERT criteria** (attach a separate page if needed).

**Note: The DVERT Coordinator and most DVERT partners are mandatory reporters of child abuse & elder abuse.**

**2. Referral Contact Information:**

Referring Person:	Date:
Agency / Job Title:	
Email:	Phone:

**3. Information:**

<b>Offender Name:</b>		<b>Client Name:</b>	
DOB (preferred): or Age:	Gender/Preferred Pronouns:	DOB (preferred): or Age:	Gender/Preferred Pronouns:
Race / Ethnicity:	Disability:	Race / Ethnicity:	Disability:
Primary Language:		Primary Language:	
Offender Address / Location:		Client Address / Location:	
Relationship to Victim:		Phone Number that is SAFE to use:	
Is the offender on probation? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, name of PO:		Safe to leave a message at this number?: Y <input type="checkbox"/> N <input type="checkbox"/>	
		Is offender living with victim? Y <input type="checkbox"/> N <input type="checkbox"/>	

**4. Are there children or other people living in the home?** Y (complete info below) N

Age:	Gender:	Relationship to Client:	Age:	Gender:	Relationship to Client:

**5. Recent Domestic Violence History:**

What is the date of most recent incident? / /	Was the incident reported to police? Y <input type="checkbox"/> N <input type="checkbox"/>
If yes, which agency? _____	Police report #:
Is there an active protective order (RO / SPO)? Y <input type="checkbox"/> N <input type="checkbox"/>	Has the protective order been violated? Y <input type="checkbox"/> N <input type="checkbox"/>
Is the offender currently incarcerated? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, where?	Does the offender have firearms? Y <input type="checkbox"/> N <input type="checkbox"/>

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## **Danger Assessment & Risk Indicators**

(This form is optional but may be included with a referral to help illustrate the Risk Indicators present)

**This form should be filled out by the referring person (not the client / survivor)**

**Instructions:** Familiarize yourself with the risk indicators present on this form; then have a conversation with the client/survivor about her/his current situation. After your conversation, please mark which risk indicators appear to be present in this client's/survivor's situation. This will help us assess the appropriateness of the referral for DVERT and help us know how best to help the client/survivor.

Please do not treat this form as a checklist to be read off to, or filled out by, the client/survivor. We realize that not all risk areas may come up in your conversation and that just because they are not marked here does not mean they are not present.

- The physical violence has increased in severity or frequency over the past year
- The offender owns a gun
- The survivor has left/separated from offender after living together during the past year
- The offender is unemployed
- The offender has ever used a weapon against the survivor or threatened the survivor with a lethal weapon?
  - The weapon was a gun
- The offender threatens to kill the survivor
- The offender has avoided being arrested for domestic violence
- The survivor has a child that is not the offender's
- The offender has forced survivor to have sex
- The offender has strangled survivor
- The offender uses illegal drugs
- The offender is an alcoholic or problem drinker
- The offender controls most or all of survivor's daily activities
- The offender is violently and constantly jealous
- The offender abused the survivor while she was pregnant
- The offender has ever threatened or tried to commit suicide
- The offender threatens to harm survivor's children
- The survivor believes the offender is capable of killing her/him
- Offender follows or spies on the survivor, leaves threatening notes or messages, destroys the survivor's property, or makes unwanted calls to victim
- Other concerns  
Please list: \_\_\_\_\_

These risk indicators are adapted from the Jacquelyn C. Campbell, Ph.D., R.N., Danger Assessment Tool. Please feel free to visit the Danger Assessment website for more information

[www.dangerassessment.org](http://www.dangerassessment.org).

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