Domestic Violence, Sexual Assault, and Human Trafficking Pre-Screening Tool and Referral Guide

PURPOSE

Gender-based violence can take multiple forms, and these forms often overlap. The Domestic Violence Advocacy Consortium and Santa Clara County Continuum of Care service providers strive to identify and address all forms and intersections of gender-based violence, including: domestic violence, sexual assault, and human trafficking.

The purpose of this tool is to:

1) Provide assessors with a tool that can identify the three most common forms and intersections of gender-based violence (domestic violence, sexual assault, and human trafficking); and

2) Ensure individuals are connected to all of the services for which they are eligible.

The purpose of this tool is not to establish that an individual is or has been a victim of domestic violence, sexual assault, or human trafficking – but rather to identify that they may be or may have been victims/survivors of these incidents, and then connect them with a confidential advocate or attorney who can provide a thorough assessment and comprehensive support.

HOW TO USE THE TOOL

Please read the script and then ask the questions below. There are five questions for clients to self-report. Clients may choose to directly answer the question asked, decline to answer the question, or skip the question entirely. The client’s answers will determine whether and where you will refer them, as described below.

Assessors must ask these questions of each adult in a household before administering the VI-SPDAT. These questions must be asked one-on-one in a private location. If a client is already in HMIS because they have undergone a Family VI-SPDAT with their alleged abuser, the survivor should be given the option to be re-assessed without that individual. This tool should only be used with adults age 18 and older.

If a client is in immediate crisis or begins exhibiting signs of a trauma response at any point during your interaction, immediately stop the pre-screening and call one of the crisis hotlines listed in the Referral Guide section below.
Domestic Violence/Intimate Partner Abuse: Questions 1 & 2

Questions 1 and 2 are meant to identify any current or past intimate partner abuse. Question 1 specifically asks whether the individual feels safe at home or at the place they are currently staying. Question 2 asks if the individual is being hurt by someone they know. If the individual responds yes to either question 1 or 2, please refer them to the appropriate domestic violence service provider listed in the Referral Guide below.

Human Trafficking: Question 3

Question 3 is designed to identify potential instances of labor trafficking or wage theft. The purpose of this question is to ascertain if the individual was potentially put into a situation, through the use of force, fraud, or coercion, where she/he was exploited for labor. If the person responds yes to this question, please connect them to the South Bay Coalition to End Human Trafficking by calling 1-877-363-7238.

Sexual Assault: Question 4

Question 4 is included to identify potential cases of sexual assault and/or sexual exploitation. This question may be especially difficult for individuals to answer. Please ensure individuals understand they do not have to answer any question that they do not feel comfortable answering. If the person responds yes to this question, please connect them to the appropriate sexual assault service provider listed in the Referral Guide below.

General Safety: Question 5

Question 5 is an open-ended question intended to identify general potential safety risks for the individual. If the person expresses concern regarding current issues of domestic violence, sexual assault, or human trafficking, please refer them to the corresponding agency in the Referral Guide below.
## Referral Guide

### Domestic Violence Service Providers

<table>
<thead>
<tr>
<th>Service Provider</th>
<th>Crisis Line Number</th>
<th>Languages</th>
<th>Area</th>
<th>Services Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian Americans for Community Involvement (AACI)</td>
<td>408-975-2739</td>
<td>Chinese, Khmer, Lao, Mien, Spanish, Tagalog, Thai, and Vietnamese</td>
<td>Santa Clara County</td>
<td>DV shelter, support services for survivors of DV or human trafficking, legal advocacy</td>
</tr>
<tr>
<td>Community Solutions</td>
<td>877-363-7238</td>
<td>Spanish, Punjabi, Hindi, and Portuguese</td>
<td>San Benito County, Santa Clara County including: Morgan Hill, Gilroy, San Martin</td>
<td>DV shelter, support services for survivors of DV, human trafficking, or sexual assault, legal advocacy</td>
</tr>
<tr>
<td>Maitri</td>
<td>888-862-4874</td>
<td>Bengali, Gujarati, Hindi, Malayalam, Marathi, Marwari, Punjabi, Sindhi, Tamil, Telugu, and Urdu</td>
<td>Santa Clara County</td>
<td>Transitional housing, support services for survivors of DV, legal advocacy</td>
</tr>
<tr>
<td>Next Door Solutions</td>
<td>408-279-2962</td>
<td>Spanish</td>
<td>Santa Clara County</td>
<td>DV Shelter, support services for survivors of DV, legal advocacy</td>
</tr>
<tr>
<td>YWCA of Silicon Valley</td>
<td>800-572-2782</td>
<td>Spanish</td>
<td>Santa Clara County</td>
<td>DV Shelter, support services for survivors of DV, human trafficking, or sexual assault, therapy/counseling, legal advocacy</td>
</tr>
</tbody>
</table>
**SEXUAL ASSAULT SERVICE PROVIDERS**

<table>
<thead>
<tr>
<th>Service Provider</th>
<th>Crisis Line Number</th>
<th>Languages</th>
<th>Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Solutions</td>
<td>877-363-7238</td>
<td>Spanish, Farsi, and Portuguese</td>
<td>Morgan Hill, Gilroy, San Martin</td>
</tr>
<tr>
<td>YWCA of Silicon Valley</td>
<td>800-572-2782</td>
<td>Spanish</td>
<td>All other areas of Santa Clara County</td>
</tr>
</tbody>
</table>

**HUMAN TRAFFICKING SERVICE PROVIDERS**

All human trafficking cases should be referred to the South Bay Coalition to End Human Trafficking through their hotline: **877-363-7238**.
SCRIPT

Before I learn more about your housing situation, I want to ask you some questions about whether you feel safe or are in danger right now. These are questions that I ask everyone because these issues are very common. The questions are personal and difficult for some people to answer, and if you don’t want to answer them that’s fine – you don’t have to. You can stop anytime, or you can choose to answer some questions and not answer others.

The reason I’m going to ask these questions is to determine the services that will best fit your needs. Any information you share with me today will stay within my organization, unless you give me permission to share it with others.

- \textit{(If you are a mandated reporter)} However, if you tell me something that leads me to believe that a child has been abused or neglected, the law requires me to report this.
- \textit{(If you are not a mandated reporter)} I will not call the police or do anything with this information that you don’t want me to do.

Based on your answers, I may offer you referrals to specific resources in the community. It is always your choice whether you accept a referral to work with another program or continue talking to me about your housing situation. Also, whatever you tell me will not affect your eligibility for housing assistance. You will have the same ability to access housing as anyone else regardless of how you answer these questions.

Do you have any questions before I start?

QUESTIONS

1) Do you feel safe at home or at the place you are staying currently?
   - Yes
   - No
   - \text{Decline to answer}

2) Are you being hurt (physically, emotionally, sexually, etc.) by someone you know?
   - Yes
   - No
   - \text{Decline to answer}

3) In the United States, have you ever worked [or done other activities] without getting the payment you thought you would get?
   - Yes
   - No
   - \text{Decline to answer}

4) Has anyone forced or pressured you to touch them or someone else sexually in exchange for safety, money, or something of value (for example, food, shelter, drugs, gifts, etc.)
   - Yes
   - No
   - \text{Decline to answer}
5) Is there anything else that you would like to tell me about your safety? (Note: the space below may be filled in by you or the client)

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

[IF CLIENT DISCLOSES DOMESTIC VIOLENCE, SEXUAL ASSAULT, OR TRAFFICKING, PROCEED WITH SCRIPT. IF NO, CONTINUE WITH THE ROI AND THE VI-SPDAT.]

I’m glad you told me about this, and I want to help you to stay healthy and safe. I am happy to continue working with you, but I also want to let you know that there are several organizations in Santa Clara County that specialize in working with people who have similar experiences. These organizations can help you access the same housing and services that I can and would store your information in a different confidential database which isn’t shared by the County or other organizations. They can also link you to counseling services, legal assistance, emergency shelters, and other services that you might need. If you would like, I can help connect you with one of these agencies. Would you like to work with one of those organizations?

[IF YES, MAKE REFERRAL TO AN AGENCY FROM THE REFERRAL GUIDE BELOW TO PROVIDE SERVICES AND CONDUCT THE VI-SPDAT. IF NO, CONTINUE WITH SCRIPT.]

The next step in this process is an assessment that helps us identify the housing resources you might be eligible for. I would be happy to do the assessment with you now if you would like.

After you take the assessment, the next step is to enter your information into the County’s database, which means that some County staff and service providers will have access to information like your name, location, and answers to the assessment questions. However, if you are concerned about agencies having access to this information, I can enter your information anonymously. This means that I will not include your first or last name, Social Security Number, or location and will only enter the year of your birth rather than the whole date.

[ENTER CLIENT’S INFORMATION AS USUAL OR ANONYMOUSLY DEPENDING ON THE CLIENT’S CHOICE. IF ENTERING CLIENT’S INFORMATION ANONIYMOUSLY, YOUR ORGANIZATION MUST MAINTAIN A PAPER DOCUMENT WITH THE CLIENTS’ NAME, UNIQUE IDENTIFIER AND CONTACT INFORMATION SO THAT OTHER SERVICE PROVIDERS CAN CONTACT YOUR ORGANIZATION TO LOCATE THE CLIENT IF THEY ARE REFERRED FOR SERVICES.]