



Service Needs Screening Tool: Guide for Service Providers

Gender-based violence can take multiple forms – often these forms are not mutually exclusive of each other. Since the inception of the South Bay Coalition to End Human Trafficking, victim service providers have strived to identify and address all forms and intersections of violence against women, including: labor and sex trafficking, domestic violence, sexual assault, forced marriage, sexual harassment, etc.

Purpose

The purpose of the Service Needs Screening Tool is to:

- 1) Provide service providers with a screening 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 crimes, then connect them with a confidential advocate or attorney who can provide a thorough assessment and comprehensive support. This tool should only be used with adults age 18 and older. The tool is available in English and Spanish.

Definitions

In the context of this document, **intimate partner abuse (IPA)** is defined as a pattern of abusive behaviors exerted by one individual in order to control or exercise power over his/her partner in the context of an intimate relationship. Abusive behaviors can be actual or threatened physical, sexual, financial, psychological, emotional, or stalking by an intimate partner or former intimate partner. An intimate partner can be a current or former spouse or non-marital partner, such as a boyfriend, girlfriend, or dating partner (Saltzman, et al., 1999). Intimate partners can be of the same or opposite sex (National Center for Injury Prevention and Control, 2002).

For the purposes of this document, **sexual assault (SA)** includes any nonconsensual completed or attempted penetration of the vagina or anus, nonconsensual completed or attempted oral sex, nonconsensual intentional touching of a sexual nature, or nonconsensual non-contact acts of a sexual nature such as voyeurism and verbal or behavioral sexual harassment. Sexual violence can be perpetrated by anyone, such as a friend/acquaintance, a current or former spouse/partner, a family member, or a stranger (Basile and Saltzman, 2002).

The Trafficking Victim Protection Act defines **human trafficking (HT)** as:

Labor Trafficking

The recruitment, harboring, transportation, provision, or obtaining of person for labor or services through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.



Sex Trafficking

The recruitment, harboring, transportation, provision, or obtaining of person for the purpose of a commercial sex act where such act is induced by force, fraud, or coercion, or where the person induced to perform such act has not attained 18 years of age. (22 U.S.C. 7102 - The full text of the Victims of Trafficking and Violence Prevention Act of 2000 can be found at www.usdoj.gov/vawo/laws/vawo2000/ under 22 U.S.C. 7102)

Trauma-Informed Care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives. See, National Center for Trauma Informed Care (NCTIC, www.samsha.gov/nctic, 2013).

Ensuring **Victim/Survivor-Centered** services refers to the provision of culturally appropriate and immediately available services based on the unique needs and circumstances of victims and survivors. Services are specific, client-focused and driven by the individuals impacted by the abuse/assault/exploitation. See, Washington Coalition of Sexual Assault Programs.

Providing Empowerment-Based Services means:

- Meeting survivors where they are and allowing them to dictate the support or services they want.
- Believing that survivors of abuse/exploitation are competent and should have the freedom to be independent.
- Understanding that our clients have just come from a situation where they were controlled. It is not our job to replace one form of control with another. It is not our job to teach them or manage them.
- Focusing on clients' strengths and believing that they can make a difference.
- Never judging clients' decisions and never making them feel like they need to hide things from us.
- Assuring survivors that the abuse or exploitation is/was not their fault.

Intersections

Victims of **human trafficking** may initially identify as victims of **domestic violence**. To distinguish an intersection case, there must:

- 1) be a labor component (involuntary servitude, peonage, debt bondage, slavery);
- 2) the labor could be in the home or at the trafficker/abuser's business or the trafficker benefits from proceeds (e.g. agricultural case, prostitution, sale of daughter); and
- 3) there must be some form of fraud, coercion, and/or force.

Intersection cases of **human trafficking** and **sexual assault** occur when the trafficker benefits from the assault/abuse – generally it is a monetary benefit, but can include in-kind benefits (food, drugs, pay off debt, etc.).

In some cases, **IPA** survivors have also been **sexually assaulted** by their abusive partner.

Introducing the tool

Screening for IPA, SA, or HT is a sensitive endeavor that requires a trauma-informed, victim-centered, and empowerment-based approach. The tool should be completed in a private setting once rapport and



trust have been established with the individual. Following is a suggested script for introduction of the tool:

Thank you for meeting with me today, _____. I wanted to check in with you because in Santa Clara County, we are very fortunate to have several service and legal providers available to provide free and confidential support to individuals, based on their particular needs.

I'd like to share with you a questionnaire that was developed to make sure that we are identifying all of the supportive services you are eligible for, and if you chose to, connecting you with the appropriate services.

I want to stress that this questionnaire is completely voluntary. The questions are of a personal nature and may be difficult for you to answer. You can stop at any time. Also, you can choose to answer some questions and decline to answer others. This is all completely up to you.

Would you like to complete the questionnaire? I am happy to assist you if you prefer.

If the individual answers “yes”, provide them with a copy of the tool and allow them time to complete it. You can also say, “I will be sitting right here in case you have any questions about anything.” If they answer “no”, let them know they can always change their mind. Please remind the individual of any mandated reporting requirements you have.

Contents of the Tool

There are a total of twenty 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 first fifteen questions have been carefully selected to identify potential cases of domestic violence, human trafficking, and/or sexual assault.

Intersection: Questions 1, 2, 3

As mentioned previously, gender-based violence can take multiple forms, some forms frequently co-occur. It is important to identify all forms of violence so as to ensure the individual has access to all benefits, victim services, and legal remedies.

Domestic Violence/Intimate Partner Abuse: Questions 4, 5, 6

Questions 4, 5, and 6 are meant to identify any current or past IPA. Question 4 specifically asks whether the individual’s current or ex-partner ever hurt or threatened to hurt the individual: physically, emotionally, sexually, financially, he/she controls the individual in other ways, or has threatened to disclose the individual’s sexuality. Checking of any of these options could be an indicator of past or present IPA.

Question 5 asks if the individual has control of her/his personal belongings. A no answer could indicate that the individual is being controlled – perhaps by her/his intimate partner or an exploiter.



Question 6 asks if the individual's contact with family or friends is controlled, limited, or denied. If the individual checks controlled, limited, or denied, this could be an indication that the individual is being abused by an intimate partner or an exploiter.

Human/Labor Trafficking: Questions 7, 8, 9, 10, 11, 12

Questions 7, 8, 9, 10, 11, and 12 are designed to identify potential instances of labor trafficking or wage theft. The purpose of these questions 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.

Sexual Assault: Questions 13, 14, 15

Questions 13, 14, and 15 were included to identify potential cases of sexual assault and/or sexual exploitation. These questions 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.

Demographics: Questions 16, 17, 18, 19, 20

Questions 16, 17, 18, 19, and 20 allow the client to identify their age group, gender, sexual orientation, race/ethnicity, and preferred language. The items related to age (Question 16), race/ethnicity (Question 19), and language (Question 20) are multiple choice responses. The items related to gender (Question 17) and sexual orientation (Question 18) are to be filled-in by the individual. This demographic information will be used to ensure each individual seeking supportive services is connected to a service provider that best fits the individual's cultural and linguistic needs. Also, client demographics will be kept in aggregate form to identify the need for services to particular groups.

Following the client questions is a section for staff to complete their identifying information, score the tool, and to indicate which types of referrals were offered to the client.

Scoring the Tool

Use the Service Needs Screening Tool Scoring Sheet to determine the total score for the tool. Response items that indicate a potential risk to safety are each scored one point. All other response items are scored zero. The total score may be greater than the number of questions on the tool as response items are scored individually.

- **Intersection:** Add the scores for Questions 1, 2, and 3. Enter the total score for the section on the second page of the client's completed tool in the For Staff Use Only section I (1-3).
- **Domestic Violence:** Add the scores for Questions 4, 5, and 6. Enter the total score for the section on the second page of the client's completed tool in the For Staff Use Only section DV (4-6).
- **Human Trafficking:** Add the scores for Questions 7, 8, 9, 10, 11, and 12. Enter the total score for the section on the second page of the client's completed tool in the For Staff Use Only section HT (7-12).
- **Sexual Assault:** Add the scores for Questions 13, 14, and 15. Enter the total score for the section on the second page of the client's completed tool in the For Staff Use Only section SA (13-15).



Add the scores from the I, DV, HT, and SA sections. Enter the sum on the second page of the client’s completed tool in the For Staff Use Only section Total. This is the total score for the tool.

If the individual being screened is already being provided services for intimate partner abuse, sexual assault, or human trafficking, please do not note a referral to the case management services already being provided. This tool is meant to be utilized, not to identify what is already known, but potential unknown intersections where additional services would benefit the individual.

Connecting Individuals to Services

Once the individual has completed the tool and the responses are totaled, there are two routes to determine the best resources for the client. These are based on both the total score of the tool and on responses to certain questions. While an individual’s score may vary, it is always appropriate to offer to call one of the service providers with the individual to connect them to an advocate.

Place the individual into one of the following categories based on the total score for the tool:

- Less than 10: There may be some situations occurring that warrant the client speaking with a confidential advocate. The advocate would be able to provide options and resources specific to her/his situation. Provide the individual with Victim Services Resources.
- 10 to 25: There is a high possibility that this individual has been or is being abused. A confidential advocate would be able to provide safety planning, options, and resources specific to her/his situation. Provide the individual with Victim Services Resources and offer to call one of the service providers with the individual.
- 25 or more: This person has or is experiencing intimate partner abuse, sexual assault, and/or human trafficking. It would be highly beneficial for them to speak with a confidential advocate who would provide options and resources specific to her/his situation. Provide the individual with Victim Services Resources and offer to call one of the service providers with the individual.

Service Provider Crisis Line	Services Provided	Area / Language
AACI (408) 975-2739	DV Shelter, support services for survivors of DV or HT	San Jose
Community Solutions (877) 363-7238	DV Shelter, support services for survivors of DV, HT, or SA	Morgan Hill, San Martin, Gilroy / Spanish, Farsi, and Portuguese
Maitri (888) 862-4874	Transitional housing, support services for survivors of DV	San Jose / Bengali, Gujarati, Hindi, Malayalam, Marathi, Marwari, Punjabi, Sindhi, Tamil, Telugu, and Urdu
Next Door Solutions (408) 279-2962	DV Shelter, support services for survivors of DV or HT	San Jose / Spanish



YWCA Silicon Valley (800) 572-2782	DV Shelter, support services for survivors of DV, HT, or SA, therapy/counseling	San Jose / Spanish
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Housing Support

If Question 2 is the only question on the tool that indicates a potential risk to safety, provide the individual with housing/shelter resources.

Intimate Partner Abuse Support

If an individual responds to Questions 4, 5, or 6 indicating a potential risk to safety, please connect them to a domestic violence service provider based on their geographic location or cultural/linguistic needs.

Human Trafficking Support

If an individual responds to Questions 7, 8, 9, 10, 11, 12, 14, or 15 indicating a potential risk to safety, please connect them to Community Solutions, Santa Clara County’s Point Agency for human trafficking support. Call the Community Solutions 24/7 confidential crisis line at 877-363-7238 and state that you need to refer a potential human trafficking survivor.

Sexual Assault Support

A yes response to questions 13 or 14 should prompt a referral to an agency offering sexual assault services.

Reporting Tool Results

Once the screening tool is completed and referrals have been made to the appropriate agencies, the information gathered should be entered into an online data collection form for the region on city. It is the responsibility of each agency to ensure all screening tools administered are also entered into the online data collection form. The form should mirror the screening tool format to ensure ease of entry. After the information has been submitted via the data collection form, it is up to the discretion of each individual agency whether to store the physical screening tools in client files or to shred them.

This tool was developed by Community Solutions. If you would like to adapt and use this tool, including adding your local resources, please use the following acknowledgments:

"This material was adapted from the "Service Needs Screening Tool: Guide for Service Providers," developed by Community Solutions."

Service Needs Screening Tool

Align this Scoring Sheet with the individual's completed tool to quickly score each response item. This is a voluntary assessment and the client may skip any questions they choose. See notes for providers on Page 2.

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1. Do you feel safe at home or the place you are currently staying?
 - Yes (0)
 - No (1)**
 - Decline to answer (0)

 2. Do you have a safe place to stay?
 - Yes (0)
 - No (1)**
 - Decline to answer (0)

 3. Are you being hurt physically, emotionally, or sexually by someone you know?
 - Yes, at home (1)**
 - Yes, not at home (1)**
 - No (0)
 - Decline to answer (0)
-
4. Has your partner or ex-partner hurt you or ever threatened to hurt you or your family in any of the ways below? (Check all that apply)
 - Physically (1)**
 - Emotionally (1)**
 - Sexually (1)**
 - Financially (1)**
 - Threatens to disclose my sexuality (1)**
 - Controls me in other ways (1)**
 - No (0)
 - Decline to answer (0)

 5. Do you have control of your personal belongings and identity documents (ID, Passport, etc.)?
 - Yes (0)
 - No (1)**
 - Decline to answer (0)

 6. Is your contact with family and friends controlled, limited, or denied by someone?
 - Controlled (1)**
 - Limited (1)**
 - Denied (1)**
 - No (0)
 - Decline to answer (0)
-
7. Has anyone, including your partner or a recruiter, received payment for you, your work, or the promise of your work?
 - Yes (1)**
 - No (0)
 - Decline to answer (0)

 8. Does someone other than you decide: (Check all that apply)
 - Where you work (1)**
 - When you work (1)**
 - How long you work (1)**
 - When you leave your job (1)**
 - Where you live (1)**
 - How you get to work (transportation) (1)**
 - No (0)
 - Decline to answer (0)

 9. Did someone ever: (Check all that apply)
 - Withhold payment from you (1)**
 - Give your payment to someone else (1)**
 - Withhold payment to pay a debt (1)**
 - Not pay you for all hours worked (1)**
 - Take your wages from you (1)**
 - No (0)
 - Decline to answer (0)

 10. Has your employer ever made threats against you, someone you love, or your family? (Check all that apply)
 - Threatening deportation (1)**
 - Threats of physical violence (1)**
 - Not allowing access to necessities (bathroom, food, shelter, etc.) (1)**
 - Calling CPS on you (1)**
 - Threatening to disclose your sexuality (1)**
 - No (0)
 - Decline to answer (0)

 11. Have you ever done work or other activities that were different from what you were promised?
 - Yes (1)**
 - No (0)
 - Decline to answer (0)

12. Are any of the following situations occurring at work?

- I am working more than 8 hours and not being paid overtime (1)
- I am unable to quit or leave my job (1)
- I am unable to take paid breaks (1)
- No (0)
- Decline to answer (0)

13. Have you ever experienced sexual contact (touching or non-touching) that you didn't want or that made you feel uncomfortable?

- Yes (1)
- No (0)
- Decline to answer (0)

14. Has anyone ever pressured you to: (Check all that apply)

- Touch them (1)
- Touch someone else (1)
- Have any unwanted physical contact with another person (1)
- Have any sexual contact with another (1)
- No (0)
- Decline to answer (0)

15. Has anyone pressured you to touch them or someone else sexually in exchange for safety, money, or something of value, such as food, shelter, drugs, gifts, etc.?

- Yes (1)
- No (0)
- Decline to answer (0)

16. Which best describes your current age?

- 18 – 25 (0)
- 26 – 40 (0)
- Over 40 (0)
- Decline to answer (0)

17. With which gender do you identify?

- _____ (0)
- Decline to answer (0)

18. How do you describe your sexual orientation?

- _____ (0)
- Decline to answer (0)

19. With which race/ethnicity do you identify? (Check all that apply)

- Asian _____ (0)
- Black / African American (0)
- Caucasian / White (0)
- Latino / Hispanic (0)
- Native American (0)
- Pacific Islander _____ (0)
- Other: _____ (0)
- Decline to answer (0)

20. What is your preferred language?

- English (0)
- Mandarin (0)
- Spanish (0)
- Tagalog (0)
- Vietnamese (0)
- Other: _____ (0)
- Decline to answer (0)

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1. ¿Se siente seguro en su hogar o en el lugar donde usted está viviendo?
- Sí (0)
 - No (1)**
 - Negarse a contestar (0)
2. ¿Tiene un lugar seguro donde vivir?
- Sí (0)
 - No (1)**
 - Negarse a contestar (0)
3. ¿Alguien le está haciendo daño físico, emocional, sexual, etc.?
- Sí, en casa (1)**
 - Sí, afuera de casa (1)**
 - No (0)
 - Negarse a contestar (0)
-
4. ¿Su pareja o expareja le ha hecho daño o ha amenazado a su familiar de alguna de las siguientes maneras? (Marque todas las opciones que apliquen)
- Físicamente (1)**
 - Emocionalmente (1)**
 - Sexualmente (1)**
 - Económicamente (1)**
 - Amenaza a revelar mi orientación sexual (1)**
 - Control en diferentes maneras (1)**
 - No (0)
 - Negarse a contestar (0)
5. ¿Usted tiene control sobre sus documentos y objetos personales (ID, Passport, etc.)?
- Sí (0)
 - No (1)**
 - Negarse a contestar (0)
6. ¿El contacto con su familia o amistades es controlado, limitado, o negado?
- Controlado (1)**
 - Limitado (1)**
 - Negado (1)**
 - No (0)
 - Negarse a contestar (0)
7. ¿Hay alguien, incluyendo su pareja, que recibe pago por usted, por su trabajo o alguna promesa por su trabajo?
- Sí (1)**
 - No (0)
 - Negarse a contestar (0)
8. ¿Otra persona (empleador, pareja, etc.) decide?: (Marque todas la opciones que apliquen)
- Donde trabaja (1)**
 - Cuando trabaja (1)**
 - Por cuanto tiempo trabaja (1)**
 - Cuando puede dejar su trabajo (1)**
 - Donde vive (1)**
 - Como llega al trabajo (transportación) (1)**
 - No (0)
 - Negarse a contestar (0)
9. ¿Hay alguien que...?: (Marque todas las opciones que apliquen)
- No le pago sus ganancias del trabajo (1)**
 - Dio sus ganancias a otra persona (1)**
 - Se quedó con sus ganancias del trabajo para pagar una deuda que debía (1)**
 - No le pago todas las horas que trabajo (1)**
 - Le quito sus ganancias (1)**
 - No (0)
 - Negarse a contestar (0)
10. ¿Su empleador le ha amenazado, o a un ser querido o a su familia? (Marque todas las opciones que apliquen)
- Amenaza de deportación (1)**
 - Amenaza de violencia física (1)**
 - No permitirle necesidades básicas (uso de baño, comida, refugio, etc.) (1)**
 - Amenaza de llamarle a Servicios de Protección de Menores (1)**
 - Amenaza de revelar mi orientación sexual (1)**
 - No (0)
 - Negarse a contestar (0)

11. ¿Usted ha hecho actividades o trabajo que no hayan sido prometidos?

- Sí (1)**
- No (0)
- Negarse a contestar (0)

12. ¿Está sucediendo alguna de la siguientes situaciones en el trabajo? (Marque todas las opciones que apliquen)

- Trabajar más de 8 horas sin ser pagado el tiempo extra (1)**
- No puede dejar o renunciar su trabajo (1)**
- No puede tomar tiempos de descanso pagados (1)**
- No (0)
- Negarse a contestar (0)

13. ¿Usted ha tenido algún contacto sexual (físico o no físico) que usted no haya querido o que le hizo sentir incomodo?

- Sí (1)**
- No (0)
- Negarse a contestar (0)

14. ¿Alguien te ha presionado alguna vez: (Marque todas las opciones que apliquen)

- Tocarlo (1)**
- Tocar a alguien más (1)**
- Tener contacto físico con otra persona (1)**
- Tener contacto sexual con otra persona (1)**
- No (0)
- Negarse a contestar (0)

15. ¿Ha sido presionado a tocar o tener cualquier tipo de contacto físico a cambio de seguridad, o dinero o algo de valor como comida, refugio, drogas, regalos?

- Sí (1)**
- No (0)
- Negarse a contestar (0)

16. ¿Cuál es su edad?

- 18 – 25 (0)
- 26 – 40 (0)
- Mayores de 40 (0)
- Negarse a contestar (0)

17. ¿Con cuál genero se identifica?

- _____ (0)
- Negarse a contestar (0)

18. ¿Cuál es su orientación sexual?

- _____ (0)
- Negarse a contestar (0)

19. ¿Cuál es su raza étnica?

- Asiático _____ (0)
- Negro / Afro Americano (0)
- Blanco / Anglosajón (0)
- Latino / Hispano (0)
- Indio Americano (0)
- De Otras Islas del Pacifico _____ (0)
- Otro: _____ (0)
- Negarse a contestar (0)

20. ¿En que lenguaje se comunica mejor?

- Ingles (0)
- Mandarín (0)
- Español (0)
- Tagalog (0)
- Vietnamese (0)
- Otro: _____ (0)
- Negarse a contestar (0)

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Domestic Violence, Sexual Assault, and Trafficking Pre-Screening Questions

INSTRUCTIONS

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.

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 on the Domestic Violence, Sexual Assault, and Trafficking Referral List.

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 between us, unless you give me permission to share it.

- ***(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.
- ***(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** **Decline to answer**

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

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

- 5) Is there anything else that you would like to tell me about your safety?

[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 DOMESTIC VIOLENCE, SEXUAL ASSAULT, AND TRAFFICKING REFERRAL LIST 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.]

Service Needs Screening Tool: Guide for Service Providers

Gender-based violence can take multiple forms – often these forms are not mutually exclusive of each other. The Domestic Violence Advocacy Consortium service providers strive to identify and address all forms and intersections of gender-based, including: domestic violence, sexual assault, labor and sex trafficking.

Purpose

The purpose of the COC Service Needs Screening Tool is to:

- 1) Provide service providers with a screening 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 crimes, then connect them with a confidential advocate or attorney who can provide a thorough assessment and comprehensive support. This tool should only be used with adults age 18 and older. The tool is available in English and Spanish.

Contents of the Tool

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.

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.

Human Trafficking: Question 3

Questions 3 is designed to identify potential instances of labor trafficking or wage theft. The purpose of these questions 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 **1877-363-7238**.

Sexual Assault: Question 4

Questions 4 was included to identify potential cases of sexual assault and/or sexual exploitation. This questions 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. The two sexual assault service providers in Santa Clara County are Community Solutions (serving Morgan Hill, San Martin, and Gilroy), and the YWCA (serving the rest of the county).

General Safety: Question 5

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

Service Provider Crisis Line	Services Provided	Area / Language
AACI (408) 975-2739	DV Shelter, support services for survivors of DV or HT, Legal Advocacy	Santa Clara County Languages: Chinese, Khmer, Lao, Mien, Spanish, Tagalog, Thai, and Vietnamese
Community Solutions (877) 363-7238	DV Shelter, support services for survivors of DV, HT, or SA, legal advocacy	Santa Clara and San Benito County – Santa Clara County service area includes: Morgan Hill, San Martin, Gilroy Languages: Spanish, Punjabi, Hindi, and Portuguese
Maitri (888) 862-4874	Transitional housing, support services for survivors of DV, legal advocacy	Santa Clara County Languages: Bengali, Gujarati, Hindi, Malayalam, Marathi, Marwari, Punjabi, Sindhi, Tamil, Telugu, and Urdu
Next Door Solutions (408) 279-2962	DV Shelter, support services for survivors of DV, legal advocacy	Santa Clara County: Languages: Spanish
YWCA Silicon Valley (800) 572-2782	DV Shelter, support services for survivors of DV, HT, or SA, therapy/counseling, legal advocacy	Santa Clara County Languages: Spanish

South Bay Coalition to End Human Trafficking

POINT PERSON REFERRAL FORM



CLIENT INFORMATION	REFERRED BY:
NAME / ID#: _____	NAME: _____
LANGUAGE: _____ DOB: _____	ORGANIZATION: _____
ETHNICITY: _____ AGE: _____	PHONE NUMBER: _____
PHONE: _____ GENDER: _____	REFERRAL DATE: _____
CITY: _____	TYPE OF CASE: <input type="checkbox"/> LABOR <input type="checkbox"/> SEX <input type="checkbox"/> CSEC

CURRENT NEEDS:

<input type="checkbox"/> Shelter	<input type="checkbox"/> Accompaniment	<input type="checkbox"/> Medical	<input type="checkbox"/> Resources/Referrals
<input type="checkbox"/> Food	<input type="checkbox"/> Transportation	<input type="checkbox"/> Dental	<input type="checkbox"/> SSA Benefits
<input type="checkbox"/> Clothing	<input type="checkbox"/> Immigration Representation	<input type="checkbox"/> Counseling	<input type="checkbox"/> Victim Witness
<input type="checkbox"/> Advocacy			

Additional Comments: _____

POINT PERSON NOTES:

ASSIGNED TO:

CASE MANAGER: _____ DATE REFERRED: _____

AGENCY: _____

PHONE NUMBER: _____

FAX COMPLETED FORM TO:

Fax: _____

ATTN: _____

*Please call to confirm receipt- Phone: _____

Referrals Provided

	Date Provided		
Therapy	_____	Medi- Cal <i>Y or N</i>	
	_____	STV Internal Referral	<i>Y or N</i>
	_____	Other referrals	_____
	Date Provided		
Legal referral (immigration, family law, etc)	_____	Connect with Legal Coordinator	<i>Y or N</i>
	_____	Other referrals	_____
	_____	Other referrals	_____
	Date Provided		
Support Groups	_____	Group type	_____
	Date Provided		
Other Referrals	_____	Other referrals	_____
	_____	Other referrals	_____
	_____	Other referrals	_____
	_____	Other referrals	_____
	_____	Other referrals	_____

Identified Service Providers

Agency: _____		<i>HIPAA Release Signed: Y / N</i>
Phone number(s): _____		<i>Expire Date: _____</i>
Agency: _____		<i>HIPAA Release Signed: Y / N</i>
Phone number(s): _____		<i>Expire Date: _____</i>
Agency: _____		<i>HIPAA Release Signed: Y / N</i>
Phone number(s): _____		<i>Expire Date: _____</i>
Agency: _____		<i>HIPAA Release Signed: Y / N</i>
Phone number(s): _____		<i>Expire Date: _____</i>
Agency: _____		<i>HIPAA Release Signed: Y / N</i>
Phone number(s): _____		<i>Expire Date: _____</i>
Agency: _____		<i>HIPAA Release Signed: Y / N</i>
Phone number(s): _____		<i>Expire Date: _____</i>