Philadelphia Screen for Experience of Relational Violence (P-SERV)

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Protocol for the Implementation of the Philadelphia Screen for Experience of Relational Violence (P-SERV) Tool

I. Overview

A. The Purpose of this Screening Tool:

The purpose of the screening is to address domestic violence routinely and universally, to identify people seeking services who are experiencing domestic violence, and to ensure that an opportunity to educate and give resources will be not missed. Abuse happens to and is perpetrated by people across all demographics, and the signs of abuse are often not physically evident. As a practitioner, there is no need to push for disclosure; the fact that you are opening a conversation and providing education in a safe space accomplishes a major goal of this screening tool.

B. What are we screening for?

This tool will assess for:

- 1. Victimization, including
 - Domestic violence, including both physical and emotional abuse
 - Relational violence
 - Sexual violence and coercion
 - Reproductive coercion
 - Human sex trafficking
 - Immediate safety and severity
- 2. Use of harmful behavior within a relational context, commonly referred to as perpetration.

C. What is Universal Education & Screening?

- 1. It is a client-centered process.
- 2. It involves opening a conversation and building trust.
- **3.** It includes a trauma-informed response.
- **4.** It means asking questions and giving resources to **all** clients rather than asking only targeted populations or screening on a case-by-case basis, according to physical injury or suspicion.
- **5.** It is routine, meaning each client should be screened repeatedly, at regular intervals, giving them the opportunity to disclose if/when they are ready.

D. Overview of Steps Needed to Complete Screening:

- 1. Screen all new clients at their initial visit and subsequent visits thereafter, and screen ongoing clients at least annually.
 - a) We recommend more frequent screening of new clients as the likelihood of disclosure will increase as trust is built between the client and the provider.
 - **b)** We recommend that all clients 14 years or older be screened, regardless of sex, gender, sexual orientation, or gender identity.

- **2.** We recommend incorporating the screening into the intake process at your agency, so that it becomes routine and occurs early on in your interaction with the client.
- **3.** Direct those who screen positively to resources that could help them, validate the experiences revealed by them during screening, and help them to see that help is available.
- **4.** Document your responses.
- **5.** A positive screen in one visit may require a shift in the screening or follow up process at a subsequent visit.

II. Preparing to Implement the Screening Tool

A. General Tips

- 1. Ideally, prior to implementing the screening tool, all users and supervisors should be trained on the dynamics of domestic violence and specifically on how to administer the screening tool with a client.
- **2.** Prior to screening, read the entire protocol.
- **3.** Familiarize yourself with the main components you will use in the screening process:
 - a) The screening tool questions #1-10 and the accompanying scripts
 - **b)** The decision tree, which will guide you through the screening process and indicate how to respond to "YES" answers on each question.
 - c) Scripts for the Differential Responses, included in this protocol

B. Confidentiality and Mandatory Reporting

- You/your agency are aware of your responsibilities regarding the limits of confidentiality. We recommend that your legal department/counsel advise you on such laws. Limits of confidentiality may include (but may not be limited to) a duty to warn and/or mandated reporting relating to statutory rape and abuse of children, seniors, or people with disabilities. If you need to look up any information regarding mandatory child abuse reporting, go to the Pennsylvania government website for more information: https://www.compass.state.pa.us/cwis/public/home.
- **2.** Also be aware of any requirements of HIPAA or other privacy laws so that you do not report something that is *not* mandated by law.
- 3. Always communicate the limits of confidentiality to the client before initiating the conversation and administering the tool. Insert language into the screening tool's opening script to reflect the limits of confidentiality, reporting requirements, and documentation of clients' responses to which your agency is beholden, according to applicable laws or regulations.
 - a) Boiler plate language that can be adapted for your use:
 - ...Everything you say is confidential unless we have reason to believe you're going to hurt yourself or someone else in the future **OR** you tell me that children are being, or have been, hurt. In those cases, we're required to report to the appropriate agencies.
 - i. **Note:** This tool is **not** meant to probe for child abuse, and does not ask questions specifically regarding children. However, if the client brings this topic

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- up, it is important to know and disclose your reporting requirements ahead of time and address them appropriately.
- **4. Trauma-Informed Reporting:** When reporting becomes necessary by law, we recommend that providers help reduce a client's feelings of helplessness by informing them about the process of reporting and what to expect, and to involve them in making the report. This may include having the client listen to the phone call so they know what is being said.

C. Ways to Make an Environment Supportive to a Client

- Materials: Place signs offering help with domestic violence, sexual assault, human trafficking, reproductive coercion, and financial abuse in eyesight of clients and in other locations such as rest rooms and waiting areas. Include signs that show support of LGBTQIAidentifying individuals.
- 2. Privacy and Confidentiality: Make sure that no one can overhear or interrupt while you administer the protocol. Ensure that you can meet with the client alone for at least part of your appointment. The client should never be screened in the presence of a partner or other family members, as this may put the client in a very dangerous situation.
- **3. Respect for Client Autonomy:** Victims of domestic violence often experience blame for their situation. To avoid further traumatizing the victim, speak in a respectful tone. Take time to ask questions in a nonjudgmental manner. Honor the client's experiences, perspective and choices/decisions.

4. Special Considerations

- a) Gender Neutral Language: We recommend using gender-neutral language when screening. Throughout the tool, decision tree, and this protocol, we use "they" and "their." However, if a client uses a gender-specific pronoun (e.g., "He hit me"), it is best to mirror the client's usage.
- b) Immigrant and Limited English Proficiency (LEP) Clients: For many immigrants, language and culture are huge barriers to communication. Even if the client speaks English as a second language, words and phrases may have different meanings, and your tone or body language could have different meanings based on varying cultural standards. Additionally, a fear of negative repercussions such as deportation may affect how or what clients disclose.

i. How to Help:

- Use an interpreter when appropriate, according to your agency's policy.
 - If you have to repeat or explain certain phrases, it may be an indication that an interpreter is needed.
 - The interpreter should **not** be a family member or know the client personally. If a client is part of a very small immigrant community, be aware that the interpreter could be from the same community, which could make the client reluctant to disclose personal information. This is a significant concern when the client is a victim of human trafficking. The client may fear that the interpreter:
 - will not respect confidentiality,

- may (through interpretation) change the client's response, or
- may possess biased attitudes toward the client that make them reluctant to questions.
- If you agency has the resources, have the screening tool translated into commonly spoken languages among your client population.
- Inform clients that you take confidentiality seriously, and that they are entitled to your agency's services regardless of their race, gender, sexual orientation, or immigration status. If possible, assure the client that you will not report them to the police/authorities due to their immigration status.
- **c) Hearing-Impaired Clients:** We recommend following your agency's policy to ensure full communication, just as you would for any client needing interpretation.
- **d) Special Populations:** Agencies and practitioners should consider the population with whom they are utilizing this screening tool and determine whether adaptations need to be made to ensure their clients are getting as much as possible out of the tool.
 - i. This could include administering a more robust screen for harmful behavior that could be accomplished by inverting each of questions #3-10.
 - For example, in question #3:
 - Thinking more about how people in your life treat you, has anyone called you names, put you down, or disrespected you?
 - Have you ever called someone you care about names, put them down or disrespected them?

5. Preparing for Reactions to the Disclosure of Violence

- a) **Provider reactions**: Some topics and responses may trigger personal reactions in you. For example, even if you are certain that a client is a victim, they may not identify this way. Remember: by correctly and empathetically administering this protocol, you are providing clients with the support they need.
- b) Client reactions: Be sensitive to a client's need for space, and avoid physical contact, which can be distressing to someone who has experienced trauma. Clients vary widely in how much or how little they wish to disclose. There is no need to push for additional details or gather information beyond the screening questions themselves. It is okay to help a client slow down if she or he seems disconnected or overwhelmed. Sometimes, clients may appear to contradict themselves from question to question. This does not mean they are lying, but may instead be due to the impact of trauma on memory. Utilizing a client-centered model requires taking as truth the client's telling of their own experience.

6. Preparing for documentation

a) Work with your supervisor to determine what to document, what documentation should be kept, and how to dispose of sensitive materials that must be destroyed. Recommended minimal, routine documentation includes:

- Confirmation that screening has been done OR reason that it could not be done (e.g., client declines to participate, or partner of client attempts to stop the screening).
- ii. A note about the client's response to screening.
 - It is important to note that people choose not to disclose domestic abuse for many reasons. A 'no' response to any of the questions on the screening tool should not be understood or used to document that *no abuse has occurred*, rather that the client has not *disclosed* any abuse.
- **iii.** A list of referrals and resources provided to the client.

III. Instructions for Implementing the Screening Procedure

- **A.** Administration of the screening can be completed in various ways depending on what is most appropriate for your agency:
 - **1.** The provider verbally administers the screening tool to the client and records the clients' answers.
 - **2.** The provider hands the screening tool to the client asking them to complete and return to the worker for follow up based on their responses. (*Please note that this can be a challenge for many clients, particularly those who have literacy barriers*).
 - **3.** If equipped, your agency may opt to administer the screening tool and accompanying scripts electronically. If this is the case:
 - **a)** Ensure that client responses are captured to facilitate proper documentation and follow-up.
 - b) The provider should always follow up with the client face-to-face. Review the client's answers with them and respond with the appropriate steps (such as the safety and severity assessment, differential responses, etc.), as reflected in the decision tree.
- **B.** When verbally administering the screen, open the conversation by reading the <u>introductory</u> <u>paragraph</u> of the screening tool aloud to the client, remembering to insert language around the limits of confidentiality.
 - 1. This script will help introduce the topic, explain why you are asking these questions, and normalize the experience which may help put the client at ease.
 - 2. Your agency may decide to make slight changes to the language in this paragraph, depending on the environment. For example, you might use wording such as "health" in a medical setting, but use wording such as "well-being" in a behavioral health setting.
- **C.** Throughout the screen, read the questions as they are written, including the examples in *italics*, which are intended to provide concrete examples of experiences with which clients may identify.
 - 1. It may be appropriate to adapt some language to fit the individual situations of your client.
 - **2.** Avoid using abbreviations. Clients may not be familiar with commonly used abbreviations. Spell out all acronyms to ensure clarity and understanding.

- **D.** Questions # 1 and #2 (including the introductory sentence that immediately precedes them) are threshold questions that will help determine the next step in the screening process.
 - If a client indicates that they are not concerned with how others treat them, but they are concerned about the way they treat others, you will use the <u>Differential Response to</u>
 Disclosure of Harmful Behavior.
 - a) After answers to both #1 and #2, follow the directions on the decision tree ("If (and only if) the answer to #1 is "NO" **AND** the answer to #2 is "YES," skip #3-10 and proceed to the Response to Disclosure of Harmful Behavior").
 - 2. If a client indicates that they are concerned about both how others treat them and how they treat others (if they answer "YES" to both #1 and #2), proceed with the Victimization Screen and follow the decision tree, as directed below. When you arrive at the Differential Responses section, you may also use the <u>Response to Disclosure of Harmful Behavior</u> to address how the client treats others, at your discretion [see Section III. F. 2. below.]
- **E.** In all other cases except those described in **Section III. D. 1.**, above, proceed to the **Victimization Screen** by asking questions #3-10.
 - 1. If the client responds "NO" to all questions #3-10, skip to the last box on the decision tree and offer the 24/7 Philadelphia Domestic Violence Hotline card, using the script provided.
 - 2. If the client answers "YES" to any questions #3-10, proceed to the <u>Immediate Safety and</u>
 Severity Assessment.
 - **a)** This brief assessment is intended to quickly:
 - i. Give you and the client a better indication of the immediacy of the abuse ("A")
 - ii. Highlight potential red flags for the risk of severe injury or lethality
 - Starred (*) items indicate red flags. The more "YESes" to starred (*) items, the more potential risk.
 - If the client indicates that they are (thinking of) leaving/separating ("H"), it's
 advisable to warn the client to do so cautiously, without telling or confronting
 the abusive party.
 - **iii.** Establish the type of relationship between the client and the abusive party (helpful in safety planning).
 - **b)** The client's answers may help the provider determine their response, inform the client of potential risk, and aid in safety planning.
- **F.** Use the **Positive Screen Response** to guide you in responding to a client.
 - 1. Use the script to thank the client for sharing and validate their experience with suggested empathy statements.
 - a) An example statement regarding how to communicate elevated risk (as indicated by starred (*) items) is also provided.
 - 2. If a client has answered "YES" to questions #2, #8, #9, and/or #10 regarding harmful behavior or regarding experiences of sexual violence, reproductive coercion, or human sex trafficking, respectively, use the corresponding <u>Differential Response(s)</u> [see p. 10-14].

- **3. Take action:** Offer to call the Philadelphia DV Hotline (1-866-723-3014) from office phone (when possible) so that client can talk to a hotline worker who can help with safety planning, offer resources, connect the client to an on-site advocate (where available), and/or make a warm referral to a DV advocate.
- **4.** Remember, if child abuse is suspected, follow agency-specific reporting requirements.
- **G.** Using the provided script, give **everyone** (*except those who are given the Differential Response to Disclosure of Harmful Behavior only*) a **24/7 Philadelphia Domestic Violence Hotline card**. Some clients may not disclose abuse to you, but may call the hotline for help or give the number to a friend later.

IV. AFTER You Administer the Protocol

- **A.** Invite further conversation to indicate that the client can bring this topic up with you again.
- **B.** In the case of a positive disclosure, be sure to re-address any concerns or check-up on referrals/additional needed resources in a follow-up appointment.
- **C.** When you are finished, document as discussed in **Section II. C. 6.** above.

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Differential Responses to Use As Appropriate

People need different kinds of help depending on the nature of the abuse they experience. We have developed differential follow-up, depending on their answers to different questions within the screening process.

On the following pages, please find differential responses for the following situations:

- Disclosure of Harmful Behavior (If "YES" to Question #2)
- **Sexual Assault/Coercion** (if "YES" to Question #8)
- **Reproductive Coercion** (if "YES" to Question #9)
- Human Trafficking (if "YES" to Question #10)

As a practitioner, you may need to exercise your professional judgment when it comes to administering differential responses – particularly when you are concerned that a client may be experiencing more than one form of victimization, indicate that they may be using self-defense, or experiencing victimization in one relationship while using harmful behavior in another.

Response to Disclosure of Harmful Behavior

After asking Questions #1 and #2: If the answer to #2 (Do you have any concerns about the way you treat people you care about, or that they're afraid of you?) was YES, proceed with following:

- **1. Specify and ask about behaviors:** When I asked about how you treat others, I'm wondering about things like name calling, criticism, threats, stalking, hitting or kicking, making someone do sexual activities, or controlling someone's life.
 - Are you worried about any of these things?
 (The responses to this question should not be documented they are meant to open a dialogue about abuse and offer an opportunity to choose an alternative).
- **2. Honor their response:** Thanks for answering these questions and acknowledging your concerns. Not everyone would have the courage to do it and I respect your willingness to talk to me openly.
- 3. (If Yes): Express concern about behaviors & consequences: I'd like to talk about it because I'm concerned for your health and for the health and safety of your loved ones/partner/family etc.

 These types of actions are hurtful to relationships. They can be really damaging to the wellbeing of your partner/family. They can potentially have negative consequences for you too, ranging from losing the love and trust of your family to legal consequences.
- **4. Express hope for change and give information/resources:** But the good news is that if you're doing any of these things, you can change if you want to. People make changes all the time, though it often takes help.
 - **Give information sheet to all** [see page 24]: *Here's some information about relationships that we give out in case it's helpful to you or anyone you know.*
 - In private office location: There are some people who do good work helping others to stop hurting their partner/family. If you're interested in connecting with them, you could give them a call from here. What do you think?
- 5. Invite further conversation: Thank you for talking with me about this. I want you to know that we can continue to work together to try to keep you and the people you care about healthy and safe. As a reminder, what you tell me is confidential unless ... [insert agency's language regarding limits of confidentiality]. (Remember, if child abuse is suspected, follow your agency's reporting requirements).

Note: Do NOT give the Philadelphia Domestic Violence Hotline Card to people who are primarily acting abusively. The hotline is equipped to work with victims. Organizations such as Menergy are better equipped to work with people acting harmfully.

Sexual Assault

If the client answers YES to question #8, follow the process below.

1. Validate the client's response: *I wanted to follow up on the question about being pressured into sexual activities that you didn't want. Thank you for telling me about such a difficult experience.*

Other examples:

- Rape can be devastating in many ways.
- What you have been through must have been hard. I appreciate you sharing with me right now.
- **2. Express concern about consequences:** *I'd like to talk about it because I'm concerned about how this might be impacting both your physical and emotional health.*
- 3. Express hope for change and give information/resources:
 - Inform the client about time sensitive information: I want to tell you about some time sensitive information that may or may not apply to your situation. If you've been sexually assaulted in the past five days, you have the option to get emergency contraception (aka the morning after pill), which can make it less likely that you will get pregnant. You can use it up to five days later.

If this happened within the last 72 hours, you have the option to get a forensic exam. A forensic exam is an exam at a hospital where they collect evidence about your assault. These are also called rape kits. You can give your clothing as evidence, or allow them to do a physical exam with a doctor. The window of time to collect evidence for a forensic exam is 72 hours after your assault occurred.

You also have the right to report an assault to the police if you want to. Are you interested in learning more about this process?

- **Give the WOAR hotline**: If you want to learn more about these options or want other support, you can call Women Organized Against Rape (WOAR). WOAR is the sexual assault and rape crisis center in Philadelphia. WOAR offers free individual and group counseling, court and medical accompaniment, and support with victim's compensation should you want or need any of those services. You can call the Hotline, 215-985-3333, 24 hours a day.
- If in private office location: You could call them from here if you'd like. What do you think?

If client says **no**: Thank you for talking with me. If you change your mind, don't hesitate to call.

4. Invite further conversation: Thank you for talking with me about this. Let me know if you'd like to talk more about it in the future.

Note: Proceed with any other appropriate differential responses. If the client answered YES to # 2 in the screen, use your discretion to decide whether to also complete the Differential Response for Disclosure of Harmful Behavior.

Reproductive Coercion

Reproductive coercion can involve many things such as sabotaging birth control, physical abuse that triggers miscarriage, coercion to have an abortion, or coercion to carry a pregnancy to term.

If the client answered YES to #9, follow the steps/script below:

- **1. Validate the client's response:** *I wanted to follow up on the question about having your options around pregnancy and abortion being controlled. Thank you for sharing that with me.*
- **2. Express concern about consequences**: I'm concerned that you don't feel you have control over your decisions and I'd like to talk about it because I'm concerned about your safety and your physical and sexual health.
- 3. Express hope for change and give information/resources: There are resources where you can talk to someone more about your options about contraception, sexual health, and safety with your partner including support if you're afraid to talk with your partner about these issues, or need to use a form of protection that your partner doesn't know about. You might also want to talk to your healthcare provider about birth control that you can control, like IUDs, shots, or implants.

Emergency contraception (aka the morning after pill) can be taken up to five days after unprotected sex to prevent a pregnancy.

- AccessMatters has several programs in Philadelphia that might be helpful. They include:
 - o Hotline: 215-985-3300 or 800-848-3367 for English, 215-985-3350 for Spanish
 - Text "AskItMatters" to 66746 to opt in to a free, confidential text service. Once you opt in, you can text this number to ask any question. Answers are provided M-Th 8:30 7:30, F 8:30 5, and Sat 9-1, EST.
 - For teens: Access Matters also has an app available with information on STD prevention and preventing teen pregnancy. It's called "It Matters" and can be downloaded for free from the App Store and Google Play.
 - o Pennsylvania HIV/AIDS Factline: 800-662-6080
 - o Maternal/Child Health Hotline: 215-985-3301
- **Give Phila DV Hotline card:** The Philadelphia Domestic Violence Hotline can assist you in safety planning around these issues. You can call them at 1-866-723-3014.
- If in private office location: You could call them from here if you'd like. What do you think?

If client says no: Thank you for talking with me. If you change your mind, don't hesitate to call.

4. Invite further conversation: Thank you for talking with me about this. Let me know if you'd like to talk more about it in the future.

Note: Proceed with any other appropriate differential responses. If the client answered YES to # 2 in the screen, use your discretion to decide whether to also complete the Differential Response for Disclosure of Harmful Behavior.

Human Trafficking

Children or adults who are being trafficked may be reluctant to share for a variety of reasons, including being distrustful of authority, having a strong attachment to their traffickers as romantic partners, or having been punished by their trafficker in the past for seeking help. However, don't be afraid to ask questions and to share information with the client. Either way, victims of human trafficking need support from an individual who is genuinely concerned for and patient with them.

If the client answered YES to #10, follow the steps below.

- **1. Validate the client's response:** I'd like to follow up on the question about someone pressuring you to do sexual activities with another person. What you are going/have been through must have been difficult. I appreciate you sharing with me.
- **2. Express concern about the consequences:** As you might know, some people call this human trafficking or sex trafficking. I wanted to follow up about this because I'm concerned about your safety, well-being and your physical and sexual health.
- **3.** Express hope for change and give information/resources: If you're interested in talking to someone for support, options or resources, I have some numbers you can call if you'd like.
 - Give hotlines: This is the number for the National Human Trafficking Resource Center 1 (888) 373-7888.
 - You may want a local number as well: The Philadelphia Domestic Violence Hotline (1-866-723-3014) can connect you with resources in Philadelphia around human trafficking.
 - If in private office location: You could call them from here if you'd like. What do you think?

If client says no: Thank you for talking with me. If you change your mind, don't hesitate to call.

4. Invite further conversation: Thank you for talking with me about this. Let me know if you'd like to talk more about it in the future.

Note: Proceed with any other appropriate differential responses. If the client answered YES to # 2 in the screen, use your discretion to decide whether to also complete the Differential Response for Disclosure of Harmful Behavior.

Philadelphia Screen for Experience of Relational Violence (P-SERV)

We know that even the best relationships have stress and disagreements. But when conflict reaches a certain level, it can affect the health and well-being of people and their families. We've started asking all our clients about stress, conflict, and violence in their relationships since these things are so common, and we want to help by offering free resources and information. Before we get started, I want you to know that everything you say is confidential unless... [insert clear language about 1. your (agency's) limits of confidentiality, 2. reporting requirements (including child abuse), and 3. if/how client's responses will be documented. See protocol for suggested language]. You always have the option not to respond after each question.

Think about your relationships with a current or former partner, family member, or other people in your life:			NO	Don't wish to Respond
1.	Do you have any concerns about how they treat you? For example, do they do anything that makes you feel afraid, trapped, or like you're walking on eggshells?			·
2.	Do you have any concerns about the way you treat the people that you care about, or any concerns that they're afraid of you?			

	nking more about how people in your life treat you, has this person			Don't wish
and/or anyone:		YES	NO	to Respond
3.	Called you names, put you down, or disrespected you (could include			
	calling you crazy; criticizing you, how you do things, or how you look)?			
4.	Threatened or intimidated you (could include threatening your family,			
	leaving threatening notes, throwing things, or destroying things you care about)?			
5.	Stalked or followed you, watched your location, repeatedly called or			
	showed up in a way that made you feel uncomfortable?			
6.	Tried to control you or your daily activities (such as where you go or who			
	you talk to, checking your phone/email, controlling your money or			
	benefits, saying "if I can't have you, no one can," withholding basic needs,			
	or holding your ID, immigration papers, or other documents)?			
7.	Pushed, grabbed, slapped, kicked, hit, "choked" [strangled] you, held			
	you down, or kept you from leaving?			
8.	Pressured, forced, or tricked you into sexual activities that you didn't			
	want (could include various types of sex, unsafe or unprotected sex, or			
	exposing you to STDs or HIV)?			
9.	Controlled your decisions or your options about pregnancy and/or			
	abortion (could include messing with/not using condoms, birth control, or			
	other protection; threats to force you to do what they want regarding an			
	abortion or carrying a pregnancy to term; threats to cause a miscarriage)?			
10.	Pressured or forced you to do a sexual activity with someone else in			
	exchange for things like money, housing, food, or gifts?			

Thank you for sharing - sometimes this can be difficult to talk about. If you've answered yes to any of these questions, you may have experienced abuse. We encourage you to talk to us and/or to call the **confidential**

24/7 Philadelphia Domestic Violence Hotline at 1-866-723-3014 for info about options and resources.

If YES to any, what is the relationship of this person to you?

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I'd like to talk about how our relationships affect our health. Even the best relationships have stress and disagreements. But when conflict reaches a certain level, it can affect the well-being of people and their families. We've started asking all our clients about stress, conflict, and violence in their relationships since these things are so common, and we want to help by offering free resources and information. Before we get started, I want you to know that everything you say is confidential unless... [agency inserted language re: limits of confidentiality, reporting requirements (including child abuse) & documentation]. You always have the option not to respond after each question.

THRESHOLD Qs: Think about your relationships w/ a current/former partner, family member, or other people in your life:

1. Are you concerned about how they treat you? (e.g., Do you feel afraid, trapped, like you're walking on eggshells?)

Are you concerned about the way you treat people you care about, or that they're afraid of you? Y / N If 1 is NO and 2 is YES, proceed to Response to Disclosure of Harmful Behavior on back of the page. 2. Y / N Otherwise, proceed to the Victimization Screen below Victimization Screen: Thinking more about how people in your life treat you, has this person/anyone: 3. Called you names, put you down, or disrespected you? 3. Y / N4. Threatened or intimidated you? 4. Y / N 5. Stalked or followed you, watched your location, repeatedly called 5. Y / Nor showed up in a way that made you feel uncomfortable? Y / N 6. Tried to control your daily activities? 7. Y / NPushed, grabbed, slapped, kicked, hit, "choked" [strangled], or restrained you? 8. Pressured, forced, or tricked you into sexual activities that you didn't want? 8. Y / N 9. Controlled your decisions or options about pregnancy/abortion? Y / N10. Pressured or forced you to do a sexual activity with someone else 10. Y / N in exchange for things like money, housing, food, or gifts? **Immediate Safety & Severity Assessment:** Yes to Y / N A. Are you worried about your safety or the safety of your children right now? Α. any B. Do you have a safe place you can go? #3-10 Y / N В. C. (Have they) threatened to kill you? * Y* / N **D.** (Do they) have access to a gun? * Y* / N D. E. (Have they) used or threatened to use a weapon against you? * Y* / N All No **F.** What is the relationship of this person to you? to #3-10 If other party is an intimate partner: G. Have you ever lived together? * If YES: G. Y*/N H. Y*/N **H.** Have you tried to leave/separate recently (within ~last 3 months)? * If you're planning to leave, it may be dangerous to tell/confront other party

Positive Screen Response:

- **Thank them & state concern for safety:** Thank you for sharing sometimes this can be difficult to talk about. Since you answered yes, you may have experienced abuse, and I'm concerned about your safety.
- Respond to starred (*) items (the more YESes, the more potential risk): I'm especially concerned because (* items) are red flags for the risk of severe injury or even being killed.
- Use empathy statements such as: It's not your fault. Everyone deserves to be safe. You're not alone. Help is available.
- <u>Use Differential Response(s)</u> if respondent answered YES to these Questions (see back of page):
 - 2. Response to Disclosure of Harmful Behavior (if appropriate, following YES to both 1 and 2)
 - 8: Sexual Assault/Coercion Response
 - 9: Reproductive Coercion Response
 - 10: Human Trafficking Response
- Offer to call the Philadelphia Domestic Violence Hotline (1-866-723-3014) from office phone (when possible), safety plan, connect to an on-site advocate, and/or make warm referral.
- If child abuse is suspected, follow agency-specific reporting requirements.

<u>Give 24/7 Hotline Card:</u> Thank you. Here's some information in case you or anyone you know could use it in the future. We give this to everyone because we know relationships change and because people often know a friend or family member who could use info on where to turn for help. If it feels safe, please take one/some.

2. Response to Disclosure of Harmful Behavior

Specify & ask about behaviors:

- When I asked about how you treat others, I'm wondering about things like name calling, criticism, threats, stalking, hitting, kicking, making someone do sexual activities, or controlling's someone's life.
 - Are you worried about any of these things?
 IF YES:

Honor client's response

Express concern re: behavior & consequences

Express hope for change

Give information & resources

Resources:

- Menergy is a counseling and therapy program for people who have been verbally or physically harmful in relationships.
 - o Menergy: 215-242-2235
 - o Give information sheet on page 24.

Invite further conversation

For help with this conversation, see page 11.

9. Reproductive Coercion Response

Validate client's response

Express concern

Express hope

Give information & resources

<u>Time sensitive information:</u>

 Emergency contraception (the morning after pill) can be taken up to five days after unprotected sex to prevent a pregnancy.

Resources:

- AccessMatters has several ways to learn about options for contraception, sexual health, STDs, and safety with your partner:
 - o Hotline: 215-985-3300; 215-985-3350(Spanish)
 - o Text: "AskItMatters" to 66746 (not 24/7)
 - o Free "It Matters" app (for teens)
 - o Pennsylvania HIV/AIDS Factline: 800-662-6080
 - o Maternal/Child Health line: 215-985-3301

Invite further conversation

For help with this conversation, see page 13.

8. Sexual Assault/Coercion Response

Validate client's response Express concern Express hope Give information & resources

Time sensitive information:

- Emergency contraception (the morning after pill) can be taken up to five days after unprotected sex to prevent a pregnancy.
- A forensic exam (rape kit), in which physical evidence of a sexual assault is collected, can take place at a hospital within 72 hours of the assault.

Resources:

- Women Organized Against Rape (WOAR) offers counseling, court and medical accompaniment, and victim compensation support.
 - o 24/7 WOAR Hotline: 215-985-3333
- You have the right to report an assault to the police, if you want to.

Invite further conversation

For help with this conversation, see page 12.

10. Human Trafficking Response

Validate client's response

Express concern

Express hope

Give information & resources

Resources:

- National Human Trafficking Resource Center offers support and resources for people who have been pressured or forced into doing sexual activities in exchange for things like gifts or money.
 - o 24/7 Hotline: 1-888-373-7888
 - Text to "BeFree" (233733)
- The Philadelphia Domestic Violence Hotline (1-866-723-3014) can also connect you to local resources.

Invite further conversation

For help with this conversation, see page 14.

DO YOU FEEL SAFE IN YOUR RELATIONSHIP?

¿SE SIENTE USTED SEGURA O SEGURO EN SU RELACIÓN?

Confidential • Toll-Free • 24-7

Confidencial • Gratis • 24-7

Philadelphia Domestic Violence Hotline

1-866-723-3014

La Línea de Ayuda Contra la Violencia Doméstica de Filadelfia

Safety, information and support for you or someone you know.

Seguridad, información, y apoyo para usted o alguien que usted conoce.

TTY #: 215-456-1529

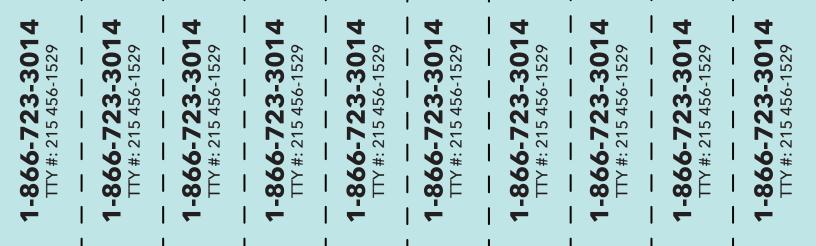
Operated by: Operado por:













Bringing Communities Together To End Sexual Violence

Have you or someone you know been a victim of sexual assault or rape? WOAR can help.



WOAR SERVICES

- 24-hr hotline
- Free Individual and group counseling
- Medical Accompaniment
- **Court Accompaniment**
- **Education Trainings and Workshops**
- Community Outreach and Advocacy
- Latino Outreach and Counseling Services

Our Mission: Eliminate all forms of sexual violence through specialized treatment services, comprehensive prevention education programs, community outreach and advocacy for the rights of victims of sexual assault

Take One



TTY: 215-564-1413

24-hour Hotline: 215-985-3333 24-hour Hotline: 215-985-3333 Website: <u>www.WOAR.og</u> ΓΤΥ: 215-564-1413

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ACCESSMATTERS

A network of organizations that provides sexual and reproductive health services

AccessMatters has several programs in Philadelphia that might be helpful

Here are a few ways to get help or find out about their services:

Call the Access Matters Hotline:

o English: 215-985-3300 or 800-848-3367

o En Español: 215-985-3350

• Text "AskItMatters" to 66746 to opt in to a free, confidential text service. Once you opt in, you can text this number to ask any question. Answers are provided M-Th 8:30 –7:30, F 8:30 –5, and Sat 9-1, EST.

 For teens: Access Matters also has an app available with information on STD prevention and preventing teen pregnancy. It's called "It Matters" and can be downloaded for free from the App Store and Google Play.

• Call the Pennsylvania HIV/AIDS Factline: 800-662-6080

• Call the Maternal/Child Health Hotline: 215-985-3301

Visit <u>www.accessmatters.org</u>

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Get help. Report a tip. Request Services. Anonymous. Available 24/7.

Human traffickers use violence, threats, lies, and debt bondage to force people to work or sell sex against their will. We have helped thousands of people find safety and services.

Contact the National Human Trafficking Resource Center at 1-888-373-7888.

- Do you want to get out of the life, but are trapped and afraid to leave? Have you been forced to engage in sexual acts with someone in exchange for favors/money?
- Were you tricked into selling sex thinking you would be doing something different?
- Are you under the age of 18 and is someone pressuring you to sell sex?
- Do you have a debt to someone that you can't pay off?
- Has anyone threatened to hurt you, your family, or friend if you refused to sell sex?
- Is anyone physically or sexually abusing you?
- Has anyone taken sexual photos of you to post online?
- Does anyone take all or part of the money that you earn?
- Is someone holding your passport or identification cards for you?

If you need help, please call the National Human Trafficking Resource Center at 1-888-373-7888.

How we treat our loved ones is a health concern for the whole family.

If we turn our hurt and frustration into anger, lashing out with words or hands, the consequences for our children, our partner, and even ourselves can be profound, including:

Stress and Ioneliness • Anxiety and depression • Sickness and Injury

Changing how we handle the challenges of life, family, and intimate relationships requires commitment and support. But the effects can be huge:

Love and gratitude • Relief, confidence, and trust • Happiness and good health

We can all act in harmful ways and be harmed ourselves. But, you don't have to act in ways that hurt the people you love. You can choose to get help in changing your behaviors. Here is a program/people that can help you learn how to create the life you want for you and your family.

Menergy: 215-242-2235

Menergy helps both men and women change their behaviors. If you're ready to make some changes, give them a call to discuss times, locations, costs, and how they can help support you.

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