Acknowledgements

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Introduction

One of the values of our advocacy work is to continually examine and reevaluate our practices and explore ways to improve our services on behalf of survivors. Even though our advocacy programs offer a rich array of services for survivors beyond emergency shelter, for many people, “seeking shelter” is still a highly visible and commonly recognized option for help. We know that shelter is not enough. We know that survivor’s needs are complex and that we often don’t have the community resources that we want. And yet, survivors tell us that getting through our doors can be a confusing and overwhelming experience. Survivor-centered advocacy practice pushes us to question how we are screening people who are seeking help from our programs and asks us to think about the ways we inadvertently create barriers to our services. This report describes our findings and recommendations following an assessment of the screening and intake processes of 13 domestic violence shelters and 2 community-based domestic violence programs.

Things to keep in mind

- Screening forms should be brief, include staff instructions and prompts, or framing introductory or explanatory sentences that help the caller understand the process. Additionally, screening questions should be limited and focused on: the survivor’s priorities; understanding what the survivor identifies as risks to themselves or their children; and the threats posed by the abuser that impact safety for the caller or their children.

- Shelter Screenings should lead with the intention to provide safety and advocacy services for individuals experiencing a range of abusive tactics from their partner.

- Shelter screenings should determine eligibility based on the survivor’s perception and understanding of the risks they are facing from their abuser. Determination of shelter eligibility should go beyond the limited legal definitions of domestic violence found in statute.

- Both shelter screenings and intake forms should include explanatory instructions and guidelines with prompts that guide the advocate and participant through the process and explain the purpose of the questions.

- Both shelter screenings and intake forms should include staff prompts that remind advocates to: explain the purpose of the questions; describe their advocacy services; provide information about accommodations; offer timely needed services, offer breaks during the process and check for understanding with the participant.

- Programs provide ongoing training for staff, volunteers and relief workers about the shelter screening and intake to build consistency and a shared understanding about the purpose of these processes.
Emergency Shelter Screening for Domestic Violence Program

Tip: Please familiarize yourself with the questions ahead of time. This is a tool to assist you in understanding the needs of the participant so that you are equipped to provide the appropriate support.

“Are you safe right now?”  Yes  No

Language Access “If needed we can provide a bilingual advocate or interpreter for this call.”  Yes  No

Language(s): ________________________________

Confidential conversation “What you share with us over the phone and in-person is confidential, and stays within this program unless you request otherwise.”

Caller’s First Name: _______________ Phone # if disconnected (optional) (____) _____-_______

“What city or town are you calling from?” ________________________________

LISTEN

Narrative: “Can you share with me what prompted you to call our program today?”

When answering a shelter call generally this is what we hear first. “Do you have any shelter space” or “I need shelter” Please be aware that this may not be the thing they need. You can ask “Tell me more about your housing situation.”
 Welcoming statement: “I’m sorry this happened to you, and you don’t deserve to be treated this way. I hope we will be able to provide you with the resources you need and if not, guide you in the right direction.” Our program welcomes everyone – and we open our doors to individuals who reach out to us from different cultures, race and ethnicities, from a variety of religious backgrounds, folks with diverse gender identities and sexual orientations, folks with hidden or visible disabilities, folks who have substance use challenges, folks with money or no money – just like the world around us.”

Non-Shelter Housing options: Offer these if appropriate.
- Offer assistance to stay in own home
- Financial assistance
- If caller wants to stay in home link them to housing advocate or a community advocate

Proceed with Screening: This is when you decide if the participant is eligible for your program services.
- Yes “I would like to offer you a space in our shelter program.”
- No space  No DV/IPV  Other ____________________________
If the participant is not eligible for your services, remember to safety plan with caller.

Meeting the Participant’s Needs
“I’m glad we’re going to be able to provide space for you at our shelter. There are a few things I would like to share or ask you about, in order to try to meet your needs and provide you with appropriate support.” The next few questions are to help me understand how to help you. Your responses won’t prevent you from getting services.”

(Optional) Unpublicized Location “Our program is in an unpublicized location, and our intent is to keep the location private. We will talk a bit later about how to get here.”

What should you expect from our program? Provide brief overview of things people should know ahead of time (e.g., accessibility, length of stay, communal/non-communal living and shared spaces (e.g., shared bathrooms, bedrooms, kitchen), basic accommodations (e.g., food, financial assistance.)

Diversity “We have diverse people living and working here. There are usually a lot of different ages of children, and different religions, languages, and cultures, races and ethnicities, and including lesbian, gay, bisexual and transgender people. Everyone is trying to stay safe and get along. Is this something that will work for you? Do you have any questions?”
Children “Do you have any children that will be accompanying you?” Yes No
“What are their ages?” ________________ “Any children above age 18?” ________________

Animals “Many people have a family pet. Do you have any special pets that other family/friends can help you care for?” Yes No “How Many? What kind?” ________________

Accessibility “This program has stairs, hallways, and shared spaces (describe the physical layout). Do you have any access needs that might limit you when getting around, for example, using the kitchen or the laundry appliances easily, anything else? Do you have any concerns or hesitations about using our program?”

Do you or your children have any access needs or special needs so that we can support you?
Yes No (If yes, brief notes) ________________________________

Medical “Do you have any medical concerns you would like for us to know about?” Yes No
(If yes, brief notes) ______________________________________

“If you have any prescribed medications that you will need during your stay, please bring them with you.”

Substances “A lot of people I talk to mention that using alcohol or other drugs is sometimes a way they have coped with violence. This is really normal. Have you participated in using drugs or alcohol in the last 24 to 48 hours?” How can we support you?

When was the last time you used in the last 24 hours? ________________________________
(If yes) “How can we support you on your arrival?” ________________________________

Cultural and Religious or Dietary Needs “Is there anything else you’d like to tell me so we can do to welcome you?

Do you have specific cultural and religious needs? ________________________________
Do you have specific dietary restrictions? ________________________________

Transportation to the Shelter
“How do you plan to get to our program?” (circle) Car  Bus  Friend  Family
(TIP: If the participant gets a ride to the shelter and you did not know make arrangements prior to them coming to the shelter, do not them screen out -- make a plan with them instead.)

Arrival time ____:____ AM PM (TIP: Let the participant know how long you can hold a space for them. Be clear that you might have to give the space away if they don’t arrive by the agreeded upon time).
Is caller still interested in coming to shelter?  Yes  No
If not, why:  Did not finish screening  Other ________________________________
Are they interested in other services?  Yes  No ________________________________
What referrals did you offer? Legal advocacy, support group, community advocacy, housing support, children’s advocacy, mobile advocacy support.

Safety planning:
Safety planning is an ongoing conversation with a survivor and may or may not be a formal or written plan. Safety planning strategies should be relevant to the survivors’ priorities, decisions and risks. The planning process should be dynamic and flexible to meet the survivors’ changing circumstances.


Thank you for your patience with all these questions. Now it’s your turn, do you have any questions for me?

________________________________________________________________________________________
________________________________________________________________________________________
### Emergency Shelter Screening Guidelines for Domestic Violence Program

| **“Are you safe right now?”** | When a caller contacts your program, one of the first things you should ask is if they are in danger (for example, is the abusive person in the room, home/building, outside, making it difficult for caller to speak freely or leave.) If so, now is the time to find ways to offer support.  
  1. Are you interested in calling 911?  
  2. Can I make the call for you?  
  3. Can you go someplace safe and call us back?  
  4. Are there other folks close by to ask for help? |
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<tbody>
<tr>
<td><strong>Language Access</strong> “We can provide a bilingual advocate or interpreter for this call.”</td>
<td>If the caller is bilingual or Limited English Speaking, follow your program’s procedures to offer interpreter services. Don’t assume someone who speaks functional English will be able to understand your nuances, especially for safety planning or special needs.</td>
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<tr>
<td><strong>Confidential conversation</strong> “What you share with us over the phone and in-person is confidential, and stays within this program unless you request otherwise.”</td>
<td>Domestic violence and sexual assault programs are required to keep program participants’ information (oral and written communications) confidential unless they request otherwise. You cannot confirm or deny that they have ever called your program.</td>
</tr>
</tbody>
</table>
| **“What city or town are you calling from?”**  
“ I need shelter.” Please be aware that this may not be the thing they need. | Ensure the caller is intending to call your DV shelter program, and not one with a similar name in another county/state. |
| **“Can you share with me what prompted you to call our program today?”** | Listen for what the caller is experiencing that prompted this call today:  
  - What are the urgent needs that have surfaced due to the DV situation today?  
  - Patterns – how long has this been going on?  
  - Safety and well-being – what are their concerns for themselves, children, and others?  
If they disclose little or nothing, the caller might be minimizing the abuse, or has very little trust with sharing personal information, or can’t speak freely.  
Tip: Phrases to get clarification without being judgmental:  
  - “I’m sorry, could you repeat the last sentence?”  
  - “I’m a little unclear about the sequence of events.”  
  - “Can you share with me again your major concerns at this time?” |
| Welcoming statement: “I’m sorry this happened to you, and you don’t deserve to be treated this way. I hope we will be able to provide you with the resources you need and if not, guide you in the right direction.“ Our program welcomes everyone – and we open our doors to individuals who reach out to us from different cultures, race and ethnicities, from a variety of religious backgrounds, folks with diverse gender identities and sexual orientations, folks with hidden or visible disabilities, folks who have substance use challenges, folks with money or no money – just like the world around us.” | Offer a welcoming statement which signals to the caller that they will be supported and can raise complicated concerns with you. Without making any promises, say you will do your best to provide them with appropriate resources based on what you have heard.

Acknowledge that you listened to what the caller has shared and that it’s not their fault. |
| --- | --- |
| Non-Shelter Housing options: Offer these if appropriate. | Offer assistance to stay in own home
Financial assistance if available
If caller wants to stay in the home this would be a great opportunity to link them to a mobile advocate. Mobile advocates and program advocates often meet participants locally.

If your program can offer financial assistance for housing and provide advocacy that supports people moving into housing instead of coming to shelter, this is the time to engage in this conversation. (For example: changing locks, help advocating with landlord, eviction prevention, first/last month's rent, moving to another unit, relocation, etc.). |
| Proceed with Screening | Make the decision about offering the caller a space in your shelter program. Their time is valuable, and they need to know if they should look elsewhere. Remember to lean towards screening in, not out. |
| “I would like to offer you a space in our shelter program.” | Don’t assume the participant has decided to come to your program. Be prepared to answer some of their questions and don’t be surprised if they say, “no thank you.” They get to decide. |
| Safety Planning - If Caller isn’t coming to shelter | Engage caller in safety planning regardless of what option they choose. |
### Meeting The Participants Needs

“I’m glad we’re going to be able to provide space for you at our shelter. There are a few things I would like to share or ask you about, in order to try to meet your needs and provide you with appropriate support. The next few questions are to help me understand how to help you. Your responses won’t prevent you from getting services.”

If the caller decides to come to your program, let them know you have information to share, and you have a few more questions, to help you help them on their arrival.

These questions should not prevent them from getting services.

### (Optional) Unpublicized Location

“Our program is in an unpublicized location, and our intent is to keep the location private. We will talk a bit later about how to get here.”

If your shelter has a value on keeping the location undisclosed or private, be sure to explain that. (Remember that legal obligations to keeping confidentiality applies to us as advocates, not to locations, participants, or residents.)

### What should you expect from our program?

Provide brief overview of things people should know ahead of time

Most people have no idea what to expect, or have only heard of shelter on TV. Describe:

- Accessibility (stairs, etc. – see also below)
- Length of stay (if any limits)
- Communal/non-communal living and shared spaces (e.g., shared bathrooms, bedrooms, kitchen)
- Basic accommodations (food, financial assistance, etc.)
- What else?

### Diversity

“We have very diverse people staying here and working here. There are usually a lot of different ages of children, and different religions, languages, and cultures here, including lesbian/gay/bisexual/transgender people. Everyone is trying to stay safe and get along. Is this something that will work for you? Do you have any questions?”

Many people are aware of diversity in their daily lives but don’t live with the wide range of different lifestyles, cultures, and especially, so many children on a 24/7 basis. Inform the caller about this in a way that assumes good will. It’s OK if people don’t like X group; the question is, can they agree to get along on a temporary basis in shelter?

Invite them to ask questions.

TIP: if you’re having a difficult time explaining this, they will have a difficult time understanding it. Get clear before you have this conversation.

### Children

“Do you have any children that will be accompanying you?” “What are their ages?” (Any children above age 18?)

Do not screen out for teens, older teen boys, older children. The purpose of this question is to meet their needs (for example, would the older children prefer to be their own client)?

### Animals

“Many people have a family pet. Do you have any special pets that other family/friends can help you care for?”

- Make sure you have a plan in place if you do not accommodate pets.
- If you can accommodate pets have your plan in place.
| **Accessibility** “Do you or your children have any physical limitations or special needs so that we can support you? For example, …” | Fill in as needed - we have stairs; bathtubs but no showers; people staying here need to be able to care for themselves and their children. |
| **Medical** “Do you have any medical concerns you would like for us to know about?” | Sometimes trauma and sudden change can trigger underlying medical concerns, such as asthma or panic attacks. If the caller is experiencing or has a history of medical issues, this is the time to talk with them about access to medication. |
| “If you have any prescribed medications that you will need during your stay, please bring them with you.” | Does your program offer assistance with medications? This is a good time to have this discussion with your staff before the caller arrives. |
| **Substances** “A lot of people I talk to mention that using alcohol or other drugs is sometimes a way they have coped with violence. This is really normal. Have you participated in using drugs or alcohol in the last 24 to 48 hours? How can we support you? “How many drinks have you had in the last 24 hours?” “How can we support you on your arrival?” | Using alcohol or other drugs prior to calling your program should not prevent someone from getting in. If this is open for discussion now is the time to ask: • When did you last use? • What was your drug of choice? Let them know that you want to do your best to support them and offer options while they are in your program. |
| **Cultural or Religious, or Dietary** “Is there anything else you’d like to tell me so we can welcome you? For example, cultural or religious needs, or dietary restrictions?” | Things to consider: • A room that faces east • Dishes that have not been used to cook meat • Candles-battery operated |
| **Transportation** “How do you plan to get to our program?” | **TIP:** If your shelter is in an unpublicized location, do not screen out for getting a ride to shelter, make a plan with them instead. |
| **Arrival time** | **TIP:** When do you decide to give the space away to someone else? Share this info with caller. Don’t assume that the caller is knowledgeable about how to get to your program. They might ask folks for directions, get a ride, or ask for your help. Be prepared to offer suggestions to assist in their arrival. Once a caller has secured a space give them time to gather their belongings. THINK… can you pack in one hour? Two hours? Be prepared to discuss arrival times and what your cut-off time is for a NO SHOW. |
| **Is caller still interested in coming to shelter?**  
(If not, what referrals did you offer?) | Referrals should be given when possible. The caller could change their mind about coming to your program and this can provide them with options for future decisions.  
- Legal services  
- Support groups  
- Mobile advocacy |
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<td><strong>Incomplete screening</strong></td>
<td>If the screening was not complete make a note of that and why. This helps the next advocate support this caller if they decide to call back in a few days, weeks, or month.</td>
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| **Safety planning:** Engage caller in thinking through how they and their children can stay safe between now and when they get to shelter. | Tailor this to their lifestyle, schedule, school, work, etc. and what makes sense to them. The survivor knows best. Consider a specific plan prior to coming to shelter and tailoring it after the arrival of the caller.  
Safety planning is an ongoing conversation with a survivor and may or may not be a formal or written plan. Safety planning strategies should be relevant to the survivors’ priorities, decisions and risks. The planning process should be dynamic and flexible to meet the survivors’ changing circumstances.  
| **Note to Advocate** | Review all relevant options to the caller’s situation in case there is something other than shelter that may work better for them. |
| **Any questions for the caller?** | Thank you for your patience with all these questions. Now it’s your turn, do you have any questions for me? |
| **Questions not on this from:**  
Too many questions all at once can be overwhelming. If you do not see a number of questions on this form that you normally ask, please consider putting these questions on an optional form for them to fill out and give back to you later or connect with the participants at a later time. | Consider alternatives to asking a lot of questions on your forms. Additional questions, like the ones below, can be on a handout that participants fill out on their own time and return to you.  
- Court order  
- Were the police involved?  
- Veteran or military status  
- Other additional demographics  
- Additional needs of children - can this information be collected with the children’s advocate?  
- Are you duplicating your questions between different advocate positions?  
- Could there be better coordination between forms and reduce the duplicative data collection?  
Bottom line: Participants should not have to answer the same question over and over again. |
Emergency Shelter Intake

Name ___________________________  Date ______________  Interpreter _______________________
Cell Number ______________________  Last Address ___________________________________________
City _____________________________  State ______________  Zip Code: ______________________
Program ID # _____________________  Date of Birth

Tips: Please familiarize yourself with the intake questions ahead of time. This is a tool to assist you in understanding the needs of the participant so that you are equipped to provide the appropriate support.

Welcoming statement: “I hope we will be able to provide you with the resources you need and if not, guide you in the right direction. Our program welcomes everyone – and we open our doors to individuals who reach out to us from different cultures, race and ethnicities, from a variety of religious backgrounds, folks with diverse gender identities and sexual orientations, folks with hidden or visible disabilities, folks who have substance use challenges, folks with money or no money – just like the world around us.”

Tip: Whenever possible, before you begin the paperwork, take the participants (including children) on a tour of your program. Provide them with an opportunity to get acquainted with an unfamiliar place. Share the highlights of your program before you get to the personal questions on your form. This allows folk time to get comfortable and appreciate the goal of your program.

Accessibility and Communal Facilities
This program has stairs, hallways, and shared spaces (describe the physical layout). Did you notice anything on our tour that might prevent you from getting around, using the kitchen or the laundry appliances easily, anything else? Do you have any concerns or hesitations about using our program? Do you have any access needs that we should know about?

☐ No  ☐ Yes, Please describe ________________________________________________________________
Tip: Shifting the conversation – sharing the story
“The next question is focused on sharing what brought you to our program. Please take your time and feel free to stop if you need to take a break. Please share whatever you feel comfortable with, all your answers are voluntary. We keep this information confidential and we don’t share it with anyone without your permission. Except, if you tell us that you want to hurt yourself or someone else, or you tell us that your child has directly experienced abuse.”

I know this is a difficult time for you, and when you feel comfortable, I am ready to hear about the events that led you to call our program.

Tip: Once trust has been established, and because we want to provide the best advocacy services, it may be helpful to know how a person identifies their gender and sexual orientation. Remind participants to share whatever they feel comfortable with, all their answers are voluntary.

Make a welcoming space for all people of all genders and sexual orientations. Open the door for advocacy after intake.

What is your gender identity? ____________________________________________________________
☐ Female ☐ Male ☐ Transgender ☐ Gender non-conforming
☐ Something else you would like to share ______________________________________________________

Can you share what your relationship is with the person who is harming you?
☐ Spouse ☐ Boyfriend/Girlfriend ☐ Ex-Boyfriend/Ex-Girlfriend ☐ Partner ☐ Other relationship ______

Tip: Time to check-in and let the participant know that you be asking them to describe their experience of living with abuse. Let the participant know that you are happy to take a break and return to this conversation.

Can you describe your experience of abuse?
Emotional Abuse: ____________________________________________________________
Physical Abuse: ____________________________________________________________
Sexual Abuse: ____________________________________________________________
Other tactics: ____________________________________________________________

We would like to get to know your children. Can you share their names and any particular needs that we can support you with?

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<tr>
<th>Name</th>
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<th>Date of Birth</th>
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Has your partner ever harmed your children?
☐ No  ☐ Yes  Please describe: ____________________________________________

Can you share how your children were harmed?
☐ No  ☐ Yes  Please describe: ____________________________________________

What is your biggest concern for your children right now?
☐ No  ☐ Yes  Please describe: ____________________________________________

Experiencing abuse can be extremely difficult to live with and sometimes it can lead to people harming themselves to ease the pain. Have you ever thought about harming yourself?
☐ No  ☐ Yes  Please describe: ____________________________________________

Have you ever done anything to hurt yourself?
☐ No  ☐ Yes  Please describe: ____________________________________________

While you are with us, if you are feeling like you might want to harm yourself would be willing to talk to staff? Could you find a staff person and share how we can support you?

__________________________________________

Many people experiencing abuse use alcohol or other drugs to help them cope. We are here to support you and can connect you to resources that match your needs. Is this something that you would like help with?
☐ No  ☐ Yes How can we support you? ______________________________________

This may not be a concern for you now, however we let everyone know that we can talk with you about a range of birth control options including emergency contraception. Would you like more information about this?
☐ No  ☐ Yes Please describe: ____________________________________________

**Tip:** Let the participant know that the next set of questions focus on what they may need to be comfortable in this space and includes some demographic questions. Remind participants that the answers are voluntary and you can return to them at a later time.
Many people have been prescribed medication to take daily. If you need help with refilling a prescription, we can assist you with that.
Do you or your children have any concerns about health or medical related issues that you would like to address? □ No □ Yes Please describe: ____________________________________________

Are you or your children on any medication that staff should be aware of? □ No □ Yes Please describe: ____________________________________________

Do you have any cultural or religious needs? □ No □ Yes Please describe: ____________________________________________

Do you have any dietary restrictions? □ No □ Yes Please describe: ____________________________________________
(If there are any food allergies, remind folks that the kitchen is a shared space and we can problem-solve this together.)

Can you share what specific cultural, ethnic groups or communities you identify with?
Race:
African American Asian Native American Alaska Native
Pacific Islander White Multiracial Other ________

Ethnicity:
Non-Hispanic/Non-Latino Hispanic/Latino Other _________

Can you share what is your main source of income?
□ TANF__________ If not on TANF, eligible? _________ □ SSI__________
□ Worker’s Compensation _________ □ None □ Unknown □ Employment _________
□ Veteran’s Disability _________ □ GA______ _________ □ Unable to Work______
□ Other: _________
Has participant ever received information on applying for TANF? _________ * If NOT on TANF and possibly eligible, give information NOW on how to apply.

Our program works within our community to connect you to services to support you and your family. Let’s discuss some of these programs and see if you might be interested in their services.
□ Employment/Vocational Counseling or Training □ Drug/Alcohol Counseling
□ Legal Advocacy □ Food/Clothing
□ Court Advocacy □ Childcare/Respite Care
□ Interpreter Services □ Education
□ Shelter □ ESL
□ Housing □ Address Confidentiality Program
□ Financial Assistance □ Healthcare/Medication
□ Transportation □ Parenting-Support
□ DV Education □ Mental Health Support
□ Unknown
Emergency Contact Information __________________________________________
(In case of an emergency is there anyone you would like for us to contact?)

**Safety Planning**
Safety planning is an ongoing conversation with a survivor and may or may not be a formal or written plan. Safety planning strategies should be relevant to the survivors’ priorities, decisions and risks. The planning process should be dynamic and flexible to meet the survivors’ changing circumstances.


___________________________________________________________________________________

___________________________________________________________________________________

Thanks for your patience with all these questions. Now it is your turn, do you have any questions for me?

___________________________________________________________________________________

___________________________________________________________________________________
# Emergency Shelter Intake Guidelines

## Introductions and Overview

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<thead>
<tr>
<th>Name, Date, Interpreter, Cell, Last address, City, Program ID#, Date of Birth</th>
<th>Most of this information will be on the screening so if you can, pull the information from there rather than repeating the questions.</th>
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<tbody>
<tr>
<td><strong>Tip:</strong> Please familiarize yourself with the intake questions ahead of time. This is a tool to assist you in understanding the needs of the participant so that you are equipped to provide the appropriate support.</td>
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<tr>
<td>Welcoming statement: Create a statement that works for your program</td>
<td>“I hope we will be able to provide you with the resources you need and if not, guide you in the right direction. Our program welcomes everyone – and we open our doors to individuals who reach out to us from different cultures, race and ethnicities, from a variety of religious backgrounds, folks with diverse gender identities and sexual orientations, folks with hidden or visible disabilities, folks who have substance use challenges, folks with money or no money – just like the world around us.”</td>
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<td><strong>Tip:</strong> Whenever possible, before you begin the paperwork, take the participants (including children) on a tour of your program. Provide them with an opportunity to get acquainted with an unfamiliar place. Share the highlights of your program before you get to the personal questions on your form. This allows folk time to get comfortable and appreciate the goal of your program. Explain the goal of your program and how you plan to support the participant (caution: too much organizational detail may be unnecessary at this time). Share if you provide 24-hour advocacy coverage, legal advocacy services, and/or housing specialists. Do you allow smoking around the facility? Can family members visit? Think about the most important things someone needs to know up front.</td>
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<tr>
<td>Accessibility and Communal Facilities Do you have any access needs that we should know about?</td>
<td>Think how people use the space – what do people need to function successfully in your facility. Providing a tour of the program gives you the opportunity to engage with the participant while walking around. You also have the opportunity to see if they are struggling to maneuver in your facility or may have other access needs (i.e., low vision and need to mark the settings on the microwave or stove). Make sure to inquire about the children and their ability to get around or any other access need.</td>
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</table>
**Tip:** Shifting the conversation – sharing the story

“The next question is focused on sharing what brought you to our program. Please take your time and feel free to stop if you need to take a break. Please share whatever you feel comfortable with, all your answers are voluntary. We keep this information confidential and we don’t share it with anyone without your permission. Except, if you tell us that you want to hurt yourself or someone else, or you tell us that your child has directly experienced abuse.”

By using this language, you are sharing:
1. The transition to a new set of questions.
2. Acknowledgment that it is okay for participants to take care of themselves, and
3. The participant is guiding the conversation.

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<thead>
<tr>
<th>“I know this is a difficult time for you, and when you feel comfortable, I am ready to hear about the events that led you to call our program?”</th>
<th>The way you ask this question is important to building a connection and trust with the participant. Inviting the participant “to share” rather than making them feel like they have no choice. Use phrases like: “can you share” or “when you feel comfortable, let’s begin.” Avoiding phrases like “tell me what happened when you were abused” or “tell me the details about the recent incident.”</th>
</tr>
</thead>
</table>

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16
We want to do our best to support you

<table>
<thead>
<tr>
<th>Tip: Once trust has been established, and because we want to provide the best advocacy services, it may be helpful to know how a person identifies their gender. Remind participants to share whatever they feel comfortable with, all their answers are voluntary.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender – What is your gender identity?</td>
</tr>
<tr>
<td>• Female</td>
</tr>
<tr>
<td>• Male</td>
</tr>
<tr>
<td>• Transgender</td>
</tr>
<tr>
<td>• Gender non-conforming</td>
</tr>
<tr>
<td>• Something else you would like to share?</td>
</tr>
<tr>
<td>Don’t assume you know the gender of the program participant. Or if they identify with a gender that is the one you think.</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Can you share what your relationship is with the person harming you?</th>
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</thead>
<tbody>
<tr>
<td>• Spouse</td>
</tr>
<tr>
<td>• Girlfriend or (Ex)</td>
</tr>
<tr>
<td>• Boyfriend or (Ex)</td>
</tr>
<tr>
<td>• Partner</td>
</tr>
<tr>
<td>• Other relationship?</td>
</tr>
<tr>
<td>Notice how the participant describes their relationship, use the same language. Refrain from calling their partner “your abuser, your batterer or the perpetrator.”</td>
</tr>
</tbody>
</table>

| Tip: Time to check-in and let the participant know that you be asking them to describe their experience of living with abuse. Let the participant know that you are happy to take a break and return to this conversation. |

<table>
<thead>
<tr>
<th>Can you describe your experience of abuse?</th>
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</thead>
<tbody>
<tr>
<td>• Emotional abuse</td>
</tr>
<tr>
<td>• Physical abuse</td>
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<tr>
<td>• Sexual Abuse</td>
</tr>
<tr>
<td>• Other tactics</td>
</tr>
<tr>
<td>Most people living with abuse have experienced different types of behaviors like: threats, put downs physical or sexual abuse, restricting access to money, using a disability against you, using the children against you, interfering with birth control and decisions around family planning</td>
</tr>
<tr>
<td><strong>We want to do our best to support you</strong></td>
</tr>
<tr>
<td>------------------------------------------</td>
</tr>
<tr>
<td>We would like to get to know your children. Can you share their names and any particular needs that we can support you with?</td>
</tr>
<tr>
<td>• Has your partner ever harmed your children?</td>
</tr>
<tr>
<td>• Can you share how your children were harmed?</td>
</tr>
<tr>
<td>• What is your biggest concern for the children right now?</td>
</tr>
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<table>
<thead>
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<tbody>
<tr>
<td>Experiencing domestic violence can be extremely difficult to live with and sometimes it can lead to people harming themselves to ease the pain.</td>
<td>“Experiencing domestic violence can be extremely difficult to live with and sometimes it can lead to people harming themselves to ease the pain.”</td>
</tr>
<tr>
<td>• Have you ever thought about harming yourself?</td>
<td>“While you are with us, if you are feeling like you might want to harm yourself would you be willing to talk to staff?”</td>
</tr>
<tr>
<td>• Have you ever done anything to hurt yourself?</td>
<td></td>
</tr>
<tr>
<td>• “While you are with us, if you are feeling like you might want to harm yourself would be willing to talk to staff? Could you find a staff person and share how we can support you?”</td>
<td></td>
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</tbody>
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<tbody>
<tr>
<td>Many people experiencing domestic violence use alcohol or other drugs to help them cope. We are here to support you and can connect you to resources that match your needs. Is something that you would like help with?</td>
<td>The intent here is to offer support if needed, not to punish people or make them feel bad about using. Using substances should not be a reason to ask someone to leave your program.</td>
</tr>
</tbody>
</table>

For information check out this webinar on the WSCADV website -- *Suicide Assessment and Intervention Webinar* by Sue Eastgard. [https://wscadv.org/resources/suicide-assessment-and-intervention-webinar/](https://wscadv.org/resources/suicide-assessment-and-intervention-webinar/)
<table>
<thead>
<tr>
<th>This may not be a concern for you now, however we let everyone know that we can talk with you about a range of birth control options including emergency contraception. Would you like more information about this?</th>
<th>There are options for folks who think they might be pregnant and are trying to decide about this life changing decision. Emergency Contraception works best within three days of intercourse and can prevent pregnancy. (Some folks have this on site if not, Plan B is available on store shelves or the internet at Afterpill.com.</th>
</tr>
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<tbody>
<tr>
<td>We know that many survivors talk about the ways their partner interfered with their birth control or didn’t respect their decisions around family planning. The WSCADV website’s Reproductive Justice page has information about basic forms of birth control that are less likely to be felt by a partner. Information about teen rights around access to birth control and parental notification in WA. Information about how emergency contraception works and where you can get it (if your program does not have it as a resource).</td>
<td></td>
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</table>

**Tip:** Let the participant know that the next set of questions focus on what they may need to be comfortable in this space and includes some demographic questions. Remind participants that the answers are voluntary and you can return to them at a later time.

| Many people have been prescribed medication to take daily. If you need help with refilling a prescription, we can assist you with that. Do you or your children have any concerns about health or medical related issues that you would like to address?  
- Are you or your children on any medication that staff should be aware of? | Asking about general health concerns helps you identify the support that a participant or their child(ren) might need.  
Asking about prescriptions is not an opportunity for you to determine what medication they are taking; but rather, if they have enough to last for several days.  
Does your program provide a personal lock box for them to use while in the program? Can you refill meds quickly if needed? |
<table>
<thead>
<tr>
<th><strong>We want to do our best to support you</strong></th>
<th><strong>Participants appreciate your efforts to identify their cultural or religious needs which will help them have a positive experience in your program. Additionally, knowing a participant’s dietary needs can help you fully support them. For example:</strong>&lt;br&gt;- Allergies to nuts, soy, eggs, dairy, gluten, wheat, etc.&lt;br&gt;- Can’t cook with equipment that has been used for cooking meat.&lt;br&gt;Supporting a participant’s cultural and religious needs sends a message that your program is welcoming to all. If possible, knowing this information ahead of time can help you prepare for their arrival and increase a participant’s comfort.</th>
</tr>
</thead>
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<td></td>
<td><strong>“Financial stability is an important part of survival. Our program can refer you to financial resources in the area if needed. Can you share what is the main source of your income?”</strong>&lt;br&gt;We know that having a source of income is critical. We ask this question so that if you need assistance we can provide you with information.</td>
</tr>
<tr>
<td></td>
<td><strong>Our program works within our community to connect you to services to support you and your family. Let’s discuss some of these programs and see if you might be interested in their services.</strong>&lt;br&gt;This is a great way to uncover the services the participant may have already tapped into and provide efficient coordination and collaborate with existing supports. And, the participant may want additional information or clarification about how to access other resources.</td>
</tr>
<tr>
<td></td>
<td><strong>Emergency Contact Information</strong>&lt;br&gt;This information should only be used in extreme emergencies and with the participant’s permission. The participant gets to decide what constitutes an emergency. This information is not to be used to try to locate someone if they do not return to your program after a few days. We are not detectives and participation in our program is voluntary!</td>
</tr>
<tr>
<td>Safety Planning</td>
<td>Safety planning is an ongoing conversation with a survivor and may or may not be a formal or written plan. Safety planning strategies should be relevant to the survivors' priorities, decisions and risks. The planning process should be dynamic and flexible to meet the survivors' changing circumstances. Davies, J. <em>Domestic Violence Advocacy: Complex Lives/Difficult Choices</em>, 2, second edition, 2014.</td>
</tr>
<tr>
<td>Thanks for your patience with all these questions. Now it is your turn, do you have any questions for me?</td>
<td>This is a time to listen closely to the participant’s needs and questions. Listen for why the needs, questions and requests are important to the participant.</td>
</tr>
</tbody>
</table>
| Questions NOT on this from: Too many questions can be overwhelming. If you do not see a number of questions on this form that you normally ask please consider putting these questions on an optional form for the participant to fill out and return to you. Or, consider not asking the questions and ask yourself – is this really necessary – or are you asking the question because you have always asked this question and no one remembers why, or tells you “we have always done it this way.” | Consider alternatives to asking a lot of questions on your forms. Additional questions, like the ones below, can be on a handout that participants fill out on their own time and returned to you.  
- Court order  
- Were the police involved?  
- Veteran or military status  
- Other additional demographics  
- Additional needs of children - can this information be collected with the children’s advocate?  
- Are you duplicating your questions between different advocate positions?  
- Could there be better coordination between forms and reduce the duplicative data collection?  
Bottom line: Participants should not have to answer the same question over and over again. |