CONFIDENTIAL DOMESTIC VIOLENCE INFORMATION

INSTRUCTIONS: Begin the questions with an introductory statement, "I am going to ask you some questions to see if you might need help. There are several services available in Los Angeles County to help you keep your family safe free of charge if you are experiencing any of the issues below."

<u>WHAT IS ABUSE?</u> *ABUSE* is physical injury, emotional, mental, or verbal mistreatment by a current or past spouse or intimate partner. Below are some questions that will help you identify if you are/have been abused.

HAS YOUR CURRENT OR PAST PARTNER/SPOUSE:	a) If you answered "Yes" to any of the questions,
1) Ever harmed you physically. For example, hit, slapped, punched, shoved, kicked, hit you with things, held you down, grabbed you around the neck, or otherwise hurt you?	you can get help in keeping you/family safe, such as: ✓ Emergency help/emergency shelter ✓ Counseling for you and your children
2) Ever threatened you with a weapon to hurt you, kill you or child(ren) or family, or pets?	✓ Information on how to be safe✓ Parenting classes, financial planning, etc.
3) Ever abused you emotionally. For example, put you down, made you feel bad about yourself, degraded you in front of others, or blamed you for their behavior, or isolated/controlled most or all your daily activities?	 Free legal help (restraining order, child custody, Immigration issues, etc.) If you feel unsafe or afraid and/or are dealing with the effects of a past or current domestic
4) Ever forced you to do something sexually that you did not want to do, or take part in unwanted sexual activity?	violence, we can connect you or refer you to talk confidentially to a professional about your domestic violence situation.
5) Ever stalked you. For example, followed you, made unwanted phone calls to you, or harassed you at work?	c) If the effects of a past/current abuse keep you from meeting any CalWORKs/Welfare-to-
6) Ever prevented you from going to work, school, religious services/activities, seeing/visiting family, or attending scheduled appointments?	Work Program requirement, you may at any time notify us (DPSS staff), and that may be temporarily waived (excused), such as but not
7) Ever threatened to report you to Immigration/Fraud or other government agency?	limited to, stop child support collection; stop the 48-month time limit; participation in GAIN; etc.
8) Not give you money or enough money for needed items, or keeps earnings or checking/savings bank account information secret?	d) If you are residing in a domestic violence shelter and your current CalFresh household contains the abuser, you may qualify for
9) Makes you feel unsafe or afraid in your current relationship or from a previous relationship?	additional allotment of CalFresh benefits and open your own CalFresh household.
NOTE: If answered "Yes" to any question, complete Section A	A. If "No" to all questions, complete Section B.
A. I declare under penalty of perjury that I am abused, have be abused, or fear being abused and:	information on this form with DPSS
☐ I would like to be referred for domestic violence service	ces. staff, and have been given information
I am currently receiving domestic violence services.	about domestic violence:
At this time, I <i>do not</i> want domestic violence services,	
I understand that I can request services at any time. I all have been given information about domestic violence.	lso PA 1914, Domestic Violence Referral
Participant Name/Signature:	Date:
COUNTY USE ONLY	
Did the applicant/participant disclose domestic violence (DV)? YES NO	
Is the applicant/participant requesting DV services?	YES NO If yes, referral date:
Does the applicant/participant need immediate or	
expedited services?	☐ YES ☐ NO If yes, disposition date:
Name of Person Reviewing This Form:	Title: Date:

DEFINITIONS

Physical Abuse: Spits, slaps, shakes, shoves, pushes, throws, hits, restrains, beats, clubs, fights; or beats with an instrument, kicks, burns you or your children.

Sexual Abuse: Pressures you into sex, physically forces you into sex, sexually attacks you, follows these acts by violence, has affairs and shares the information about them with you and/or others.

Threats of Violence: Threatens to hurt or kill you, your family, friends, children, co-workers, suspected lovers, and/or pets; threatens you or others with guns, knives, or other weapons; forces you to do something illegal or to drop criminal charges.

Attacks on Property, Pets or Acts of Intimidation: Smashes, destroys belongings; tells you things such as: "you can be next"; performs acts that threaten to harm your reputation with co-workers, family, etc., (e.g., lying about you). Hurts pets. Soils, rips, tears, shreds or destroys your personal property (especially clothes or sentimental objects); makes you afraid by using looks or gestures, or by displaying a weapon.

Emotional or Mental Abuse: Makes you feel (or tells you) that you are stupid, fat, clumsy, ugly or worthless. Tries to make you feel guilty or 'crazy'. Embarrasses you; shares personal information about you with others. Makes fun of you or degrades you in front of others. This is not just arguing, or domestic disagreements/fights, but a pattern of behavior meant to frighten and/or isolate you.

Use of Children: Threatens to take the children and keep them from you; intimidates or abuses the children (which is reportable); forces the children to choose between you; puts the children in the middle of an argument.

Denies/Neglect: Denies you access to medical care: cancels doctors' appointments, refuses to purchase medication, withholds medication and will not let you see a doctor or dentist when you are sick or hurt. Neglects basic needs of family: food, housing, work, etc.

Isolation: Keeps you from seeing/visiting family and friends; won't let you talk privately with friends or family. Won't let you keep in touch with, write or call family or friends. Tells you who you can see or talk to; limits the amount of time you spend with or talk to family or friends. Does not allow you to participate in activities outside the home; controls what you read or watch on television.

Economic Abuse: Controls money; controls checking and savings accounts. Does not give you money or give you enough money for needed items; keeps earnings and bank account information secret. Refuses to work to support family; causes problems for you at work. Does not let you work.

Tactics of Power and Control: Tries to make the hitting or abuse seem unimportant to make it appear as if it is your fault. Denies or blames the abuse on you and/or others, coerces and/or threatens you and/or family members. Checks up on you, who you see and who you talk to. Checks your odometer. Makes you report everywhere you go and everyone you see. Withholds affection or threatens suicide.

Reporting to Government Fraud and/or Immigration Agencies: Threatens to report your behavior or immigration status to a government agency.

Stalking: Harasses, terrorizes, repeatedly follows you, makes unsolicited phone calls, sends you unwanted gifts or letters, destroys property.

Abuse of Immigrant Women: Threatens deportation; instills fear of U.S. justice system; threatens family in country of origin; invokes religious/cultural beliefs; prevents you from learning new language; denies you access to information about your rights; lies on legal documents; hides important papers (ID cards, passport); fails to file papers to legalize your status; threatens to take children from this country.