Appendix B: Intake Questions for Advocates

Advocacy programs may consider incorporating some of these questions into their intake process. The decision of which questions to use should be informed by the program’s purpose and wishes as well as the situation and needs of a particular survivor.

**Sexual Coercion Intake Questions**

- Do you feel your partner listens to what you want in your sexual relationship and respects your decisions?
- Have you ever had a past relationship where you felt your sexual wishes were not respected? If so, how do you think that’s affecting things for you now?
- Does your partner currently pressure you to do things sexually that you are not comfortable with?
- Is there anything else that you are concerned about that we haven’t yet talked about?

**Pregnancy Coercion Intake Questions**

- Are you pregnant?
- If pregnant, how do you feel about your pregnancy?
- Are you concerned about anyone else’s reactions to your pregnancy?
- Do you have support as you go through this, and from whom?
- What do you want to do about this pregnancy?

**Reproductive Coercion Intake Questions**

- Can you talk to your partner openly about birth control?
- Does your partner listen to what you want to do about birth control?
- Are you aware that there are some methods of birth control that your partner doesn’t have to know about (can’t see or feel)? Do you want more information about your options? [if so, make referral to health care provider]
**Reproductive Health Services Intake Questions**

- Patients have the right to consent to reproductive health care at any age in Washington State. Parental consent is not required.

- Did you know there is free or low cost testing for (pregnancy, STD, HIV) in our community?

- Would you like me to call the clinic and help you make an appointment?

- If you want us to, I can go with you to the clinic for your appointment.

- If you do not want to go to a provider in our community, we can find another clinic outside our county/city.

**Perinatal Intake Questions**

- Do you have any particular concerns or worries about your pregnancy, childbirth, or taking care of your new baby?

**Trauma History Impact Questions**

- Has anything that has happened to you during your life made it difficult for you to go to the doctor or be in the hospital?

- Do you have any worries about your pregnancy, childbirth, or breastfeeding because of your past experiences?