

Initial Domestic Violence Screening for Family Court Practitioners

This initial screening is designed to help family court practitioners identify domestic violence and coercive controlling behaviors in family law cases. It should be used with any adult who plays a parenting role in the case, or who has a significant relationship with a parent in the case, regardless of gender, marital status, sexual orientation, or parenting status. See page 4 for further information and instructions on the use and limits of this guide.

Basic Screening Questions:

What to Listen For:

How comfortable are you interacting with _____ now?

- Do you have any concerns, fears or anxieties that I should be aware of?
- What worries you most?

Any indication of controlling behaviors, fearfulness or anxiety about the other party's behavior, excessive jealousy or possessiveness, fundamental disrespect or contempt, financial or emotional dependence, imbalance of power or inequity in the relationship, difficulties with the children, or any other relationship concerns.

When you look back over time, how were practical, everyday decisions made in your relationship?

- How did you arrive at that arrangement?
- Are you comfortable with that?
- What happened when disagreements arose?

Any indication that one parent claims decision-making authority or otherwise dominates the household; imposes his/her will on others; threatens, intimidates, manipulates or coerces; makes unreasonable demands; fails to recognize or respect others' feelings or boundaries; or punishes others when s/he doesn't get his/her way.

Is there anything that gets in your way of doing the things you want or need to do in your daily life, like:

- Managing your daily affairs
- Meeting your basic needs
- Meeting the basic needs of the children
- Fulfilling your everyday responsibilities
- Making your own decisions
- Interacting with other people

Any indication that one parent controls, interferes with or undermines the other's everyday life (food, shelter, transportation, healthcare, daycare) or economic independence.

Has there ever been any physical violence between you and _____?
If so, can you tell me about that?

Any indication of physical violence and, if so, its frequency, severity, and degree of harm.

Have you ever felt so ashamed, humiliated, embarrassed or fearful by something you or _____ said or did to the other that you didn't want anyone else to know about it? If so, can you tell me about what that was like for you (without revealing specifics)?

Any indication of emotional abuse, degradation, humiliation, manipulation or psychological coercion.

Have you or _____ ever forced the other to do sexual things the other didn't want to do or insisted on having sex when the other didn't want to?
If so, can you tell me about that?

Any indication of forced sex, sexual assault, or sexual coercion.

Have you or _____ ever been concerned that the other was going to physically or psychologically harm the other, the children, or pets? If so, please explain.

Any indication of threatening, manipulative, humiliating, violent, or controlling behavior.

How are parenting time arrangements currently being worked out?

- How did you arrive at that arrangement?
- Are you comfortable with that?
- Any concerns about children or fears for their safety?

Any indication that children are in danger or that one parent claims decision-making authority or otherwise dominates the household; imposes his/her will on others; threatens, intimidates, manipulates or coerces; makes unreasonable demands; fails to recognize or respect others' feelings or boundaries; or punishes others when s/he doesn't get his/her way.

Physical/Sexual Abuse	Emotional Abuse	Control of Daily Life	Economic Abuse
<input type="checkbox"/> Hold, pin down, restrain <input type="checkbox"/> Kneel, stand or sit upon <input type="checkbox"/> Tie up, bind, gag <input type="checkbox"/> Push, shove, shake, grab <input type="checkbox"/> Scratch, pull hair, shave hair <input type="checkbox"/> Twist arm <input type="checkbox"/> Bite <input type="checkbox"/> Spit on <input type="checkbox"/> Urinate upon <input type="checkbox"/> Slap <input type="checkbox"/> Hit or punch <input type="checkbox"/> Kick or stomp <input type="checkbox"/> Strike w/ or throw object at <input type="checkbox"/> Choke, strangle <input type="checkbox"/> Burn <input type="checkbox"/> Poke, stab, cut <input type="checkbox"/> Withhold food/medication <input type="checkbox"/> Disable medical equipment	<input type="checkbox"/> Insult you or put you down <input type="checkbox"/> Ridicule you in public <input type="checkbox"/> Purposely humiliate you <input type="checkbox"/> Play mind games <input type="checkbox"/> Intimidate you <input type="checkbox"/> Yell or scream at you <input type="checkbox"/> Act aggressively toward you <input type="checkbox"/> Get jealous or possessive <input type="checkbox"/> Accuse you of infidelity <input type="checkbox"/> Interfere with: <ul style="list-style-type: none"> <input type="checkbox"/> work/school life <input type="checkbox"/> social life <input type="checkbox"/> sleep <input type="checkbox"/> healthcare or medication <input type="checkbox"/> Threaten to: <ul style="list-style-type: none"> <input type="checkbox"/> kill you or the children <input type="checkbox"/> kill him/herself <input type="checkbox"/> harm you or the children <input type="checkbox"/> harm someone you care for <input type="checkbox"/> harm or kill pets <input type="checkbox"/> Destroy things you care about <input type="checkbox"/> Threaten you w/ weapon <input type="checkbox"/> Put your life in danger <input type="checkbox"/> Disable your car/equipment <input type="checkbox"/> Drive recklessly to scare you	<input type="checkbox"/> Follow or stalk you <input type="checkbox"/> Often check up on you <input type="checkbox"/> Examine your mail/email <input type="checkbox"/> Examine phone records <input type="checkbox"/> Hack into email/accounts <input type="checkbox"/> Grill you/time activities <input type="checkbox"/> Use others to spy on you <input type="checkbox"/> Invade your space/privacy <input type="checkbox"/> Misuse social network sites <input type="checkbox"/> Physically restrain you <input type="checkbox"/> Forbid you from leaving <input type="checkbox"/> Punish you for disobeying <input type="checkbox"/> Show up unannounced <input type="checkbox"/> Contact against your will <input type="checkbox"/> Leave things to scare you <input type="checkbox"/> Make you do things you don't want to do	<input type="checkbox"/> Deny access to money <input type="checkbox"/> Refuse to pay bills <input type="checkbox"/> Deplete bank accounts <input type="checkbox"/> Hide assets <input type="checkbox"/> Destroy your credit <input type="checkbox"/> Restrict access to credit <input type="checkbox"/> Run up debt <input type="checkbox"/> Forge financial documents <input type="checkbox"/> Refuse to pass title <input type="checkbox"/> Destroy your property <input type="checkbox"/> Steal your money/property <input type="checkbox"/> Sell your property <input type="checkbox"/> Shut off utilities <input type="checkbox"/> Refuse to pay insurance <input type="checkbox"/> Cancel insurance <input type="checkbox"/> Cancel credit cards <input type="checkbox"/> Refuse to work <input type="checkbox"/> Refuse to let you work <input type="checkbox"/> Try to get you fired <input type="checkbox"/> Hide bills <input type="checkbox"/> Hide financial information <input type="checkbox"/> Constantly return to court

Note to practitioners:

Before you begin, you should explain to the person you are working with:

- (1) That the professional standards that guide your work require you to look into certain issues in every case, including domestic violence, and that knowing about any history of domestic violence will help you carry out your functions and fulfill your professional responsibilities;
- (2) What your specific role and function is in relation to the case, including:
 - What you were appointed, hired or referred to do;
 - What steps you plan to take to carry out your functions;
 - What you will and won't share with the court, the opposing party, and others; and
 - Whether the information will appear in the record and/or a pleading or report.
- (3) The scope and/or limits of confidentiality and your duty to report suspected child abuse and certain serious crimes.

If a person discloses domestic violence, you should:

- (1) Obtain as much information as possible in order to fully understand the context and implications of the abuse;¹
- (2) Conduct a thorough domestic violence risk assessment² or refer the person to a qualified risk assessment specialist; and
- (3) Refer the person to a qualified domestic violence advocate for safety planning assistance.

Remember that risk from domestic violence is never static, that it is difficult to predict, that it can fluctuate over time, *and that it often escalates once it has been disclosed and/or the parties separate*. Consequently, screening for domestic violence is not a one-time event, but should occur periodically over the course of your involvement in the case.

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¹ The accompanying Domestic Violence Interview Guide may assist in this effort.

² The accompanying Risk Assessment Guide may assist in this effort.