

INTIMATE PARTNER VIOLENCE INTERVIEW GUIDE 4.17.18

Adapted from *Client Screening to Identify Domestic Abuse Victimization*, Domestic Abuse Committee of the Family Law Section of the Minnesota State Bar Association, 2010; Holtzworth-Munroe, Beck & Applegate (2010), *Mediator's Assessment of Safety Issues and Concerns*; and Janet Johnston, et al., *IN THE NAME OF THE CHILD* (2d ed.), Springer Publishing Co., 2009.

1. Personal Interactions	Discussion Areas:	What to Listen For:
<p>A. Let's start by talking about your current relationship with ____.</p> <p>B. How comfortable are you interacting with ____?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Being alone together <input type="checkbox"/> Meeting face-to-face <input type="checkbox"/> Talking by phone <input type="checkbox"/> Emailing or texting <input type="checkbox"/> Public encounters <p>C. Do you have any concerns, fears or anxieties that I should be aware of?</p> <p>D. What worries you most?</p>	<ol style="list-style-type: none"> 1. Quality of interactions <ol style="list-style-type: none"> a. Ability to express views b. Trust in other's judgment c. Reliance on other's word d. Cost of disagreement e. Post-separation changes 2. Prior separations 3. Snapshots <ol style="list-style-type: none"> a. Happiest moments b. Most worrisome moment c. Scariest moments 4. Decision-making history 5. Stressors <ol style="list-style-type: none"> a. Abuse b. Alcohol/drugs c. Physical/mental health d. Criminal activity e. Poverty 6. Anything else? 	<p style="text-align: center;">Personal Interactions:</p> <p>Safe ↔ Dangerous</p> <p>Secure ↔ Fearful</p> <p>Autonomous ↔ Controlling</p> <p>Respectful ↔ Offensive</p> <p>Honest ↔ Deceptive</p> <p>Reliable ↔ Unreliable</p> <p>Consistent ↔ Volatile</p> <p>Supportive ↔ Damaging</p> <p>Cooperative ↔ Coercive</p> <p>Equal ↔ Dominant</p> <p>Trusting ↔ Suspicious</p> <p>Open ↔ Isolating</p> <p><i>Identified needs:</i></p>
2. Access to Resources	Discussion Areas:	What to Listen For:
<p>A. I'd like to get a sense of your economic wellbeing.</p> <p>B. Do you have access to your own resources, like money, bank accounts, food, housing, transportation and healthcare?</p> <p>C. Who decides how you spend money and manage your financial affairs?</p>	<ol style="list-style-type: none"> 1. History/detail 2. Ability to meet basic needs 3. Ability to meet obligations 4. Recent changes 5. Patterns of unemployment 6. Anything else? 	<p style="text-align: center;">Economic Well-being:</p> <p style="text-align: center;">Resources Not</p> <p>Accessible ↔ Accessible</p> <p style="text-align: center;">Decisions</p> <p>Cooperative ↔ Controlling</p> <p style="text-align: center;">Finances</p> <p>Secure ↔ Insecure</p> <p style="text-align: center;">Needs</p> <p>Always Met ↔ Never Met</p> <p><i>Identified needs:</i></p>

3. Children/Parenting	Discussion Areas:	What to Listen For:
<p>A. Let's talk about your children.</p> <p>B. Do you have any concerns about your children or fears for their safety?</p> <p>C. How are parenting time arrangements currently being worked out?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Division of duties <input type="checkbox"/> Parenting skills/capacities <input type="checkbox"/> Parenting concerns/conflicts <input type="checkbox"/> Children's adjustment <input type="checkbox"/> Access/exchange issues <input type="checkbox"/> Satisfaction with the plan <p>D. Has _____ ever used or threatened to use the children to manipulate, control, or monitor you?</p> <p>E. How are your children doing now?</p> <p>F. Do you or _____ have children with another partner?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Step children <input type="checkbox"/> Adopted children 	<ol style="list-style-type: none"> 1. What worries you most? 2. Capacity for joint decisions <ol style="list-style-type: none"> a. Common beliefs/values b. Parental involvement c. Trust in parental judgment d. Support of other parent e. Respect for other parent f. Nurture/support of kids g. Conflict resolution skills h. Developmental stage(s) 3. Interference with care 4. Undermining authority 5. Threats to: <ol style="list-style-type: none"> a. Take children away b. Harm children c. File CPS reports d. Deport e. Evict 6. Post-separation changes 7. Positive parenting practices 8. Relationship with biological parent of step children, if any 9. Anything else? 	<p>Abuser's Parenting:</p> <p>Safe ↔ Dangerous</p> <p>Secure ↔ Erratic</p> <p>Supportive ↔ Neglectful</p> <p>Child focus ↔ Self-focus</p> <p>Skilled ↔ Not skilled</p> <p>Protective ↔ Destructive</p> <p>Children's Well-Being:</p> <p>Developmental</p> <p>+ ↔ -</p> <p>Behavioral</p> <p>+ ↔ -</p> <p>Emotional</p> <p>+ ↔ -</p> <p>Cognitive</p> <p>+ ↔ -</p> <p>Social</p> <p>+ ↔ -</p> <p>Physical</p> <p>+ ↔ -</p> <p>Economic</p> <p>+ ↔ -</p> <p>Co-parenting:</p> <p>Communication</p> <p>+ ↔ -</p> <p>Judgment</p> <p>+ ↔ -</p> <p>Boundaries</p> <p>+ ↔ -</p> <p>Support</p> <p>+ ↔ -</p> <p><i>Identified needs:</i></p>

4. Control of Daily Life	Discussion Areas:	What to Listen For:
<p>A. I'd like to get a sense of how much freedom you have in your everyday life.</p> <ul style="list-style-type: none"> <input type="checkbox"/> To come/go as you please <input type="checkbox"/> To manage your own time <input type="checkbox"/> To make own decisions <input type="checkbox"/> To set your own priorities <input type="checkbox"/> To interact with others <p>Can you talk a little about that?</p> <p>B. Is there anything that gets in your way of doing the things you want or need to do?</p> <p>C. Has _____ ever:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Followed you <input type="checkbox"/> Often checked up on you <input type="checkbox"/> Examined your mail/email <input type="checkbox"/> Examined phone records <input type="checkbox"/> Hacked into email/accounts <input type="checkbox"/> Grilled you/timed activities <input type="checkbox"/> Used others to spy on you <input type="checkbox"/> Invaded your space/privacy <input type="checkbox"/> Misused social network sites <p>D. Has _____ ever physically restrained you, forbidden you from leaving, made you do things you didn't want to do, or punished you for defying his/her wishes?</p> <p>E. Has _____ ever shown up unannounced, contacted you against your will, or left something for you to find to scare or intimidate you?</p>	<ol style="list-style-type: none"> 1. Detail 2. Frequency 3. Severity 4. Intent of other's behavior 5. Meaning of behavior to you 6. Effect on: <ol style="list-style-type: none"> a. Interactions b. Relationships c. Communications d. Self/children e. Parenting skills/capacities 7. Change: <ol style="list-style-type: none"> a. Over time b. Pre/post pregnancy c. Pre/post separation 8. Intrusive control over: <ol style="list-style-type: none"> a. Clothing b. Food/diet c. Hygiene/grooming d. Physical appearance e. Medications/healthcare 9. Anything else? 	<p style="text-align: center;">Control of Daily Life:</p> <p>Autonomy ↔ Control</p> <p>Freedom ↔ Constraint</p> <p>Support ↔ Obstruction</p> <p>Trust ↔ Jealousy</p> <p>Cooperation ↔ Coercion</p> <p>Privacy ↔ Intrusion</p> <p>Predictability ↔ Instability</p> <p>Equality ↔ Dominance</p> <p>Safety ↔ Fear/Dread</p> <p>Open ↔ Isolating</p> <p>Letting Go ↔ Stalking</p> <p>Compromise ↔ Rulemaking</p> <p style="text-align: center;">Risk Factors:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Access to firearms <input type="checkbox"/> Use/threat of weapon <input type="checkbox"/> Threat to kill <input type="checkbox"/> Step children <input type="checkbox"/> Control of daily activities <input type="checkbox"/> Violent or constant jealousy <input type="checkbox"/> Threatened/attempted suicide <input type="checkbox"/> Threat to harm children <input type="checkbox"/> Belief in capacity to kill <input type="checkbox"/> Stalking <p><i>Identified needs:</i></p>

5. Sexual Abuse	Discussion Questions:	What to Listen For:
<p>A. While it is uncomfortable to talk about these kinds of things, it's very important for me to know if ____ ever pressured or forced you to do sexual things that you did not want to do or that made you scared, uncomfortable, or ashamed. Has anything like that ever happened?</p> <p>B. Has ____ ever interfered with your decisions about birth control, pregnancy, and/or safe sex?</p> <p>C. Were any of your children conceived of rape?</p> <p>D. Has ____ ever used your image, or forced or pressured you to use your own image, to engage in sexting or pornography?</p> <p>E. Is there anything else you think I should know about ____'s sexual behavior towards you?</p>	<ol style="list-style-type: none"> 1. Detail 2. In front of whom? <ul style="list-style-type: none"> <input type="checkbox"/> Children <input type="checkbox"/> Family <input type="checkbox"/> Friends <input type="checkbox"/> Co-workers <input type="checkbox"/> Public <input type="checkbox"/> Nobody – just in private 3. Frequency 4. Severity 5. Intent of other's behavior 6. Meaning of behavior to you 7. Effect on: <ol style="list-style-type: none"> a. Interactions b. Relationships c. Communications d. Self/children e. Parenting skills/capacity 8. Change: <ol style="list-style-type: none"> a. Over time b. Pre/post pregnancy c. Pre/post separation 9. Injuries 10. Medical attention 11. Hospital visits 12. Calls for help/to police 13. Arrests 14. Convictions/sanctions 15. Orders for protection 16. Protection order violations 17. Anything else? 	<p>Intimate Relationship:</p> <p>Safe ↔ Harmful</p> <p>Consensual ↔ Forced</p> <p>Mutual ↔ Dominating</p> <p>Respectful ↔ Degrading</p> <p>Trusting ↔ Jealous</p> <p>Voluntary ↔ Coercive</p> <p>Secure ↔ Anxious</p> <p>Risk Factors:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Use/threat of weapon <input type="checkbox"/> Threat to kill <input type="checkbox"/> Forced sex <input type="checkbox"/> Attempted strangulation <input type="checkbox"/> Violent jealousy <input type="checkbox"/> Assault during pregnancy <input type="checkbox"/> Threat/attempted suicide <input type="checkbox"/> Threat to harm children <input type="checkbox"/> Belief in capacity to kill <input type="checkbox"/> Stalking <input type="checkbox"/> Illegal drug use <input type="checkbox"/> Alcohol dependency <p>Response to Sexual Abuse:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fight <input type="checkbox"/> Flight <input type="checkbox"/> Freeze <p><i>Identified needs:</i></p>

6. Physical Abuse	Discussion Areas:	What to Listen For:
A. Let's turn to your personal safety, both now and in the past. Has ____ ever used or threatened to use physical force or abuse against you or the children?		
<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 <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	1. Detail 2. In front of whom? <input type="checkbox"/> Children <input type="checkbox"/> Family <input type="checkbox"/> Friends <input type="checkbox"/> Co-workers <input type="checkbox"/> Public <input type="checkbox"/> Nobody – just in private 3. Frequency 4. Severity 5. Intent of other's behavior 6. Meaning of behavior to you 7. Effect on: a. Interactions b. Relationships c. Communications d. Self/children e. Parenting skills/capacity 8. Change: a. Over time b. Pre/post pregnancy c. Pre/post separation 9. Injuries 10. Medical attention 11. Hospital visits 12. Calls for help/to police 13. Arrests 14. Convictions/sanctions 15. Protection orders 16. Protection order violations 17. Access to/use of weapons 18. Anything else?	Physical Violence: Very rare ↔ Every day Very minor ↔ Very severe No harm ↔ Major injury Risk Factors: <input type="checkbox"/> Increase frequency/severity <input type="checkbox"/> Access to firearms <input type="checkbox"/> Use/threat of weapon <input type="checkbox"/> Threat to kill <input type="checkbox"/> Avoidance of arrest for DV <input type="checkbox"/> Forced sex <input type="checkbox"/> Attempted strangulation <input type="checkbox"/> Violent jealousy <input type="checkbox"/> Assault during pregnancy <input type="checkbox"/> Threat/attempted suicide <input type="checkbox"/> Threat to harm children <input type="checkbox"/> Belief in capacity to kill <input type="checkbox"/> Stalking <input type="checkbox"/> Illegal drug use <input type="checkbox"/> Alcohol dependency Response to Physical Abuse: <input type="checkbox"/> Fight <input type="checkbox"/> Flight <input type="checkbox"/> Freeze
B. What's the worst thing ____ has ever done to you?		
C. What's the scariest thing ____ has ever done to you?		

7. Emotional Abuse	Discussion Areas:	What to Listen For:
A. Let's talk more about how you and _____ relate to one another. Can you describe how _____ treats you as a person?	1. Detail	<p>Emotional Relationship:</p> <p>Safe ↔ Fearful</p> <p>Respectful ↔ Degrading</p> <p>Hopeful ↔ Hopeless</p> <p>Supportive ↔ Undermining</p> <p>Honest ↔ Manipulative</p> <p>Caring ↔ Cruel</p> <p>Secure ↔ Traumatic</p> <p>Protective ↔ Exploitive</p> <p>Risk Factors:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Access to firearms <input type="checkbox"/> Use/threat of weapon <input type="checkbox"/> Threat to kill <input type="checkbox"/> Step children <input type="checkbox"/> Forced sex <input type="checkbox"/> Attempted strangulation <input type="checkbox"/> Control of daily activities <input type="checkbox"/> Violent jealousy <input type="checkbox"/> Assault during pregnancy <input type="checkbox"/> Threat/attempted suicide <input type="checkbox"/> Threat to harm children <input type="checkbox"/> Belief in capacity to kill <input type="checkbox"/> Stalking <input type="checkbox"/> Illegal drug use <input type="checkbox"/> Alcohol dependency <p>Response to Emotional Abuse:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fight <input type="checkbox"/> Flight <input type="checkbox"/> Freeze <p><i>Identified needs:</i></p>
B. Does _____ ever: <ul style="list-style-type: none"> <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 	2. In front of whom? <ul style="list-style-type: none"> <input type="checkbox"/> Children <input type="checkbox"/> Family <input type="checkbox"/> Friends <input type="checkbox"/> Co-workers <input type="checkbox"/> Public <input type="checkbox"/> Nobody – just in private 	
C. Does _____ ever: <ul style="list-style-type: none"> <input type="checkbox"/> Intimidate you <input type="checkbox"/> Yell or scream at you <input type="checkbox"/> Act aggressively toward you 	3. Frequency	
D. Does _____ ever: <ul style="list-style-type: none"> <input type="checkbox"/> Get jealous or possessive <input type="checkbox"/> Accuse you of infidelity <input type="checkbox"/> Expose personal information about you 	4. Severity	
E. Does _____ ever interfere with: <ul style="list-style-type: none"> <input type="checkbox"/> Your work/school life <input type="checkbox"/> Your social life <input type="checkbox"/> Your sleep <input type="checkbox"/> Your healthcare/medications 	5. Intent of other's behavior	
F. Has _____ ever threatened 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 	6. Meaning of behavior to you	
G. Has _____ ever: <ul style="list-style-type: none"> <input type="checkbox"/> Destroyed your property <input type="checkbox"/> Threatened w/ weapon <input type="checkbox"/> Put your life in danger <ul style="list-style-type: none"> <input type="checkbox"/> Disabled car/equipment <input type="checkbox"/> Driven recklessly to scare 	7. Effect on: <ul style="list-style-type: none"> a. Interactions b. Relationships c. Communications d. Self/children e. Parenting skills/capacities 	
	8. Change: <ul style="list-style-type: none"> a. Over time b. Pre/post pregnancy c. Pre/post separation 	
	9. Anything else?	

Implications of Domestic Abuse for Safety and Parenting:

Immediate Safety Concerns:

See Risk Assessment Factors and Questions 1(A)-(D), 3(B), 4(E), 5(F)-(G), 6(A)-(C), 7(A)-(D)

Immediate Economic Concerns:

See Questions 2(A)-(C), 4(C), 5(E)

Immediate Parenting Concerns:

See Questions 1(A)-(C), 2(A)-(C), 3(A)-(E), 4(A)-(E), 5(E)-(G), 6(A)-(C), 7(A)-(D)

Long-Term Concerns:

Risk Assessment Factors:

- Increase in frequency/severity
- Access to firearms
- Recent separation
- Unemployment
- Use/threat to use lethal weapon
- Threat to kill
- Avoidance of arrest for DV
- Step-children
- Forced sex
- Attempted strangulation
- Illegal drug use
- Alcohol dependency
- Control of daily activities
- Violent or constant jealousy
- Assault during pregnancy
- Threatened/attempted suicide
- Threat to harm children
- Belief in capacity to kill
- Stalking
- Major mental illness