



# INTIMATE PARTNER VIOLENCE SCREENING 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?

### Personal Interactions

Comfortable	←————→	Uncomfortable
Safe/Secure	←————→	Fearful/Anxious
Self-Ruled	←————→	Controlled
Connected	←————→	Isolated
Respected	←————→	Disparaged
Self-Reliant	←————→	Dependent
Supported	←————→	Undermined

### 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?

### Everyday Decision-Making (food, shelter, finances, children)

Equal	←————→	Dominating
Cooperative	←————→	Coercive
Responsible	←————→	Irresponsible
Fair	←————→	Manipulative

### 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

### Control of Everyday Life

Self-Directed	←————→	Controlled
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### Has there ever been any physical violence between you and \_\_\_\_\_? If so, can you tell me about that?

### Physical Violence

Very rare	←————→	Every day
Very minor	←————→	Very severe
No harm	←————→	Severe injury

### 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)?

### Emotional Well-being

Safe/Secure	←————→	Fearful/Anxious
Self-Respect	←————→	Humiliation
Autonomous	←————→	Controlled

### 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?

### Sexual Autonomy

Voluntary	←————→	Forced
Respectful	←————→	Degrading



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.

**Fear of Physical or Psychological Harm**  
(self, children, pets, others)

Not fearful ←————→ Very fearful

**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?

**Parental Decision-Making**

Equal ←————→ Dominating  
 Cooperative ←————→ Coercive  
 Responsible ←————→ Irresponsible  
 Child-Focus ←————→ Self-Focus  
 Fair ←————→ Manipulative

Physical/Sexual Abuse	Emotional Abuse	Control of Daily Life	Economic Abuse
<input type="checkbox"/> Hold, pin, restrain <input type="checkbox"/> Kneel on or sit upon <input type="checkbox"/> Tie up, bind, gag <input type="checkbox"/> Push, shove, shake <input type="checkbox"/> Grab  <input type="checkbox"/> Scratch, pull hair, <input type="checkbox"/> 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 or throw object  <input type="checkbox"/> Choke or strangle <input type="checkbox"/> Burn <input type="checkbox"/> Poke, stab, cut  <input type="checkbox"/> Withhold food <input type="checkbox"/> Withhold medicine <input type="checkbox"/> Disable medical equip.  <input type="checkbox"/> Forced sex	<input type="checkbox"/> Insult you/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 to you <input type="checkbox"/> Get jealous/possessive <input type="checkbox"/> Accuse you of infidelity  <input type="checkbox"/> Interfere with: <input type="checkbox"/> work/school life <input type="checkbox"/> social life <input type="checkbox"/> sleep <input type="checkbox"/> healthcare/medication  <input type="checkbox"/> Threaten to: <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 person you care for <input type="checkbox"/> harm or kill pets  <input type="checkbox"/> Destroy things you care for <input type="checkbox"/> Threaten you w/ weapon <input type="checkbox"/> Put your life in danger <input type="checkbox"/> Disable your car <input type="checkbox"/> Drive recklessly to scare you	<input type="checkbox"/> Follow or stalk you <input type="checkbox"/> Often check up on <input type="checkbox"/> Examine mail/email <input type="checkbox"/> Check phone calls  <input type="checkbox"/> Hack into email <input type="checkbox"/> Grill you <input type="checkbox"/> Time activities <input type="checkbox"/> Use others as spies <input type="checkbox"/> Invade privacy <input type="checkbox"/> Misuse social media  <input type="checkbox"/> Physically restrain <input type="checkbox"/> Forbid you to leave <input type="checkbox"/> Punish you for disobeying  <input type="checkbox"/> Arrive unannounced <input type="checkbox"/> Make unwanted contact <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 money <input type="checkbox"/> Refuse to pay bills <input type="checkbox"/> Empty bank <input type="checkbox"/> Hide assets  <input type="checkbox"/> Destroy your credit <input type="checkbox"/> Deny credit access <input type="checkbox"/> Run up debt <input type="checkbox"/> Forge papers <input type="checkbox"/> Refuse to pass title  <input type="checkbox"/> Destroy property <input type="checkbox"/> Steal your property <input type="checkbox"/> Sell your property  <input type="checkbox"/> Shut off utilities <input type="checkbox"/> Fail 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 info.  <input type="checkbox"/> Constantly return to court