

## FL DOOR 1 Self-Report Form (Parent/carer)

Client ID.....

Practitioner .....

Date.....

### Introduction

Welcome to the DOORS. This screen helps you to tell us about your wellbeing and safety and that of your children. Separation and family law disputes are stressful, and it can be a time of increased risk for parents and children.

Like a doctor who asks a range of questions in order to figure out what treatment is best for you, this screen also asks a number of questions to help us understand how to support you best. Some questions will be more relevant to you than others – however, please try to answer all questions.

The questionnaire will take up to 20 minutes. Your practitioner will discuss your responses with you once you have completed it.

### About you

In relation to the children you care for, are you? *(Tick all that apply)*

- |                                 |  |  |                                      |
|---------------------------------|--|--|--------------------------------------|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Same-sex parent | <input type="checkbox"/> Grandparent   | <input type="checkbox"/> Donor       |
| <input type="checkbox"/> Father | <input type="checkbox"/> Step-parent     | <input type="checkbox"/> Kinship carer | <input type="checkbox"/> Other carer |

### 1. Your culture and religious background

1. Is there anything about your culture or religion that is important for us to understand in order to help you with this dispute?  Yes  No

### 2. About the separation

1. How many years/months ago did you separate from the other parent?  
 Years  Months  Never lived together
2. In your view, who decided to end the relationship?  
 Me  Other parent  Both  Never in a relationship
3. Please select any words below that describe how you feel these days about being separated/divorced from the other parent:  
 Fine/Content  Accepting/Resigned  Sad/Down  Distressed/Upset  
 Frustrated/Annoyed  Worried/Anxious  Hopeless/Powerless  Scared/Afraid  
 Embarrassed/Humiliated  Jealous/Resentful  Angry/Furious  Shocked/Devastated
4. Have you spent regular time with your child(ren) in the past 6 months?  Yes  No
5. In your view, does the current parenting arrangement work well for your child(ren)?  Yes  No  
 If no, regarding time arrangements, do you think:  
 a. Your child(ren) would benefit from having more time with their other parent.  Yes  No  
 b. Your child(ren) would benefit from having less time with their other parent.  Yes  No  
 c. You personally deserve or are entitled to more time with your child(ren)?  Yes  No
6. How was the current parenting arrangement decided?  
 Decided together  I decided  Other parent decided  Child(ren) decided  
 Mediation  Lawyer negotiations  Court  Other
7. How many times have you and the other parent taken your dispute(s) to court?  
 None  One  Two  Three or more times  Don't know

### 3. Managing conflict with your child(ren)'s other parent/carer

1. These days, do you feel hostile or hateful towards the other parent?

- Often       Sometimes       No

If you have not communicated with the other parent during the past 6 months, please skip the following questions and go on to the next section.

Over the past 6 months, how often did you and the other parent:

2. Discuss and agree on decisions about your child(ren)?

- Often       Sometimes       Not often/Never

3. Have angry disagreements

- Often       Sometimes       Not often/Never

### 4. How you are coping

1. Do you have any *major* worries about how you have been coping in the past 6 months?

- Yes       No

2. In the past 6 months, have you:

a. felt *very* anxious or fearful?

- Yes       No

b. felt *very* angry or irritated?

- Yes       No

c. felt *very* sad/empty/depressed?

- Yes       No

d. done or felt things that are unusual or out of character for you?

- Yes       No

3. In the past year:

a. have you drunk alcohol and/or used drugs more than you meant to?

- Yes       No

b. have you felt you wanted or needed to cut down on your drinking and/or drug use?

- Yes       No

c. is anyone else worried about your alcohol and/or drug use these days?

- Yes       No

4. In the past 2 years, have you seen a doctor, psychologist or psychiatrist for a mental health problem or drug/alcohol problem?

- Yes       No

5. Are you getting enough emotional support now (e.g. from friends, family, professionals)?

- Yes       No

### 5. How your child(ren)'s other parent/carer seems to be coping

If you have not communicated with the other parent during the past 6 months, please skip these questions and go on to the next section.

1. In the past 6 months, have you had any *major* worries about how the other parent has been coping/behaving?

- Yes       No

2. In the past 6 months, has the other parent behaved in a way that seemed:

a. *very* anxious/fearful?

- Yes       No

b. *very* angry/irritated?

- Yes       No

c. *very* sad/depressed?

- Yes       No

d. out of character or unusual for them?

- Yes       No

3. In the past year, have you been worried about the other parent's drinking and/or drug use?

- Yes       No

4. In the past 2 years, to your knowledge, has the other parent seen a doctor, psychologist or psychiatrist for a mental health problem or a drug/alcohol problem?

- Yes       No

### 6a. About your baby/young child(ren)

Please skip these questions if you do not have a child under 5 years, OR if you have not spent time with your young child(ren) during the past 6 months.

*These questions are about babies and pre-school children, under 5 years. If you have more than one child under 5 years, tick 'yes' if any question is true for ANY of your young children.*

1. Does your young child(ren) have any *serious* health or developmental problems?  Yes  No
2. **In the past 6 months**, has any professional (teacher, doctor, etc.) been concerned about how your young child(ren) was doing?  Yes  No
3. **In the past 6 months**, has your young child(ren) seemed:
  - a. more distressed by normal separations than usual?  Yes  No
  - b. more fussy/aggressive/upset than usual?  Yes  No
  - c. distressed/angry/withdrawn when going to or from either parent?  Yes  No
4. Has your child(ren) ever heard or seen very angry disagreements or violence at home?  Yes  No

### 6b. About your school-aged children

Please skip these questions if you do not have a child 5 years and older, OR if you have not spent time with your school-aged children during the past 6 months.

*These questions are about your school-aged children, ages 5 to 17 years. If you have more than one child 5 years and older, tick 'yes' if any question is true for ANY of these children.*

1. Does your child(ren) have any *serious* health or developmental problems?  Yes  No
2. **In the past 6 months**, has any professional (teacher, doctor etc.) been concerned about how your child was doing?  Yes  No
3. **In the past 6 months**, compared to how they usually are, do any of your children seem:
  - a. more anxious/worried?  Yes  No
  - b. more aggressive/angry?  Yes  No
  - c. more sad/withdrawn?  Yes  No
  - d. more defiant/disobedient?  Yes  No
  - e. behaving in concerning ways?  Yes  No
4. **In the past 6 months**, did any of your children strongly resist seeing either parent?  Yes  No
5. Has your child(ren) *ever* heard or seen very angry disagreements or violence at home?  Yes  No
6. **In the past 2 months**, have any of your children missed more than 4 days at school?  Yes  No

### 7. Managing as a parent

If you have not spent time with your child(ren) during the past 6 months, please skip these questions and go on to the next section.

Given all that goes on at these times, parenting can be hard work.

Thinking about the **past 6 months**:

1. Was it difficult to know how your child(ren) was feeling?  No  Sometimes  Often
2. Was it difficult to comfort and be warm with each of your children?  No  Sometimes  Often
3. Was it difficult to set limits and deal with problem behaviour?  No  Sometimes  Often
4. Was it difficult to support your child(ren)'s activities and interests?  No  Sometimes  Often
5. Were you harsher towards your child(ren) than you wanted or meant to be?  No  Sometimes  Often

The following questions are about your child(ren)'s safety, your safety, and your child(ren)'s other parent's safety. Working things out after separation can be stressful, and many people need extra support at this time. Some people need extra help to feel safe and be safe. Your practitioner will talk about this further with you. If you'd like any extra time to consider these questions, or help to answer them, your practitioner will be willing to assist.

## 8. Your child(ren)'s safety

Consider all of your children, and tick 'yes' if any question is true for ANY of your children.

1. In the past 6 months, did you have any concerns about your child(ren)'s safety:
  - a. when they were with their other parent?  Yes  No
  - b. when they were with you?  Yes  No
  - c. when they were in the care of any other adult (e.g. step-parent, relative?)  Yes  No
2. Has *anyone else* said they were worried about your child(ren)'s safety with anyone?  Yes  No
3. Have any child protection reports ever been made about your child(ren)?  Yes  No
  - a. Is there a current investigation into child protection matters?  Yes  No
4. Since separation:
  - a. Has the other parent threatened to or actually taken the child(ren), or kept them without consent, *far beyond* the agreed time?  Yes  No
  - b. Have you threatened to or actually taken the child(ren), or kept them without consent, *far beyond* the agreed time?  Yes  No

## 9a. Your safety

1. In the past year, have you *in any way* been concerned for your safety because of the other parent?  Yes  No
2. Are you **now** *in any way* afraid for your own safety because of the other parent, or anyone else?  Yes  No
3. In the past year, has anyone else said they were worried for your safety?  Yes  No
4. If the other parent is disappointed with the outcome of the dispute, are you afraid that he/she/they would try to hurt someone or hurt him/her/themself?  Yes  No
5. As a result of the other parent's behaviour, have the police **ever** been called, a criminal charge been laid, or Intervention/Violence/Protection Order been made against him/her/them?  Yes  No
  - a. Is there **now** an Intervention/Violence/Protection Order against him/her/them?  Yes  No
6. In the past year, has the other parent:
  - a. Followed you or watched your movements in a way that felt worrying (eg driving by or watching your home, being in the same place when he/she/they had no business there)?  Yes  No
  - b. Tried to control you or acted in a very jealous way (eg controlling your money, where you went, who you saw)?  Yes  No
  - c. Threatened your safety?  Yes  No
  - d. Hurt you in a way that wasn't an accident or used force to get you to do something you did not want to do?  Yes  No
7. Has the other parent *ever* threatened to or actually tried to hurt or kill him/her/themself?  Yes  No
8. Does the other parent have access to a gun or other weapon?  Yes  No
9. If yes to any of the above: Are these, or similar behaviours by the other parent becoming worse or more frequent recently?  Yes  No

**9b. Behaving safely**

1. As far as you know, has anyone expressed concern about the safety of your behaviour toward the other parent or towards your child(ren)?  Yes  No
2. If you are disappointed with the outcome of the dispute, would you consider trying to hurt someone or yourself?  Yes/maybe  No
3. As a result of your behaviour, have the police **ever** been called, a criminal charge been laid, or Intervention/Violence/Protection Order been made against you?  Yes  No
  - a. Is there **now** an Intervention/Violence/Protection Order in place against you?  Yes  No
4. Would the other parent be likely to say that you have done any of the following things **in the past year**:
  - a. Followed or watched his/her/their movements in a way that felt worrying to them (eg driving by or watching their home, being in the same place when you had no business there)?  Yes  No
  - b. Tried to control him/her/them, or acted in a very jealous way (controlling their money, where they went, who they saw)?  Yes  No
  - c. Threatened his/her/their safety?  Yes  No
  - d. Hurt him/her/them in a way that wasn't an accident, or used force to get them to do something they did not want to do?  Yes  No
5. Do you think either the other parent or your child(ren) are afraid of you in any way?  Yes  No
6. Have things in your life *ever* felt so bad that you have thought about hurting yourself, or even killing yourself?  Yes  No
  - a. If yes, do you feel that way lately?  Yes  No
7. Do you have access to a gun or weapon?  Yes  No

**10. Other stresses**

Are these things happening **now** and causing *major* stress for you?

1. Being unemployed/under-employed  Yes  No
2. Financial difficulties  Yes  No
3. Property/asset settlement  Yes  No
4. Child support payments  Yes  No
5. Getting legal advice/representation  Yes  No
6. Housing problems  Yes  No
7. Transportation problems  Yes  No
8. Feeling lonely/isolated  Yes  No
9. Feeling harassed by the other parent's family/new partner/other (including online)  Yes  No
10. Illness/sickness/physical disability  Yes  No
11. Problems in your neighbourhood with safety, crime, drugs etc.  Yes  No
12. Are there any other stresses that are a *serious* problem for you at the moment?  
If so, please tell us what they are.  Yes  No

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## Citations and references

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