

FL DOOR 1 Self-Report Form (Property, Non-Parenting)

Client ID.....

Practitioner

Date.....

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

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've completed it.

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 your former partner?
 Years Months

2. In your view, who decided to end the relationship?
 Me Former partner Both

3. Please select any words below that describe how you feel these days about being separated/divorced from your former partner:
 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. How many times have you and your former partner taken your dispute(s) to court?
 None One Two Three or more times Don't know

3. Managing conflict with your former partner

1. These days, do you feel hostile or hateful towards your former partner?
 Often Sometimes No

2. **Over the past 6 months**, how often did you and your former partner have angry disagreements?
 Often Sometimes Not often/Never Had no communication

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 former partner seems to be coping

If you have not communicated with your former partner 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 your former partner has been coping/behaving? Yes No
2. In the past 6 months, has your former partner 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 your former partner's drinking and/or drug use? Yes No
4. In the past 2 years, to your knowledge, has your former partner seen a doctor, psychologist or psychiatrist for a mental health problem or a drug/alcohol problem? Yes No

(Parent-Child questions in Sections 6, 7 and 8 are not included in this screen)

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

9a. Your safety

1. In the past year, have you *in any way* been concerned for your safety because of your former partner? Yes No
2. Are you *now in any way* afraid for your own safety because of your former partner, or anyone else? Yes No
3. In the past year, has anyone else said they were worried for your safety? Yes No
4. If your former partner is disappointed with the outcome of the dispute, are you afraid that he/she/they would try to hurt someone or hurt him/her/themselves? Yes No
5. As a result of your former partner's behaviour, have the police *ever* been called, a criminal charge been laid, or Intervention/Violence/Protection Order been made against him/her/them?
- a. Is there *now* an Intervention/Violence/Protection Order against him/her/them? Yes No
6. In the past year, has your former partner:
- 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 your former partner *ever* threatened to or actually tried to hurt or kill him/her/themselves? Yes No
8. Does your former partner have access to a gun or other weapon? Yes No
9. If yes to any of the above: Are these, or similar behaviours by your former partner 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 your former partner? 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 your former partner 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 your former partner is 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. Getting legal advice/representation Yes No
5. Housing problems Yes No
6. Transportation problems Yes No
7. Feeling lonely/isolated Yes No
8. Feeling harassed by your former partner's family/new partner/other (including online) Yes No
9. Illness/sickness/physical disability Yes No
10. Problems in your neighbourhood with safety, crime, drugs etc. Yes No
11. 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

Family Law DOOR 1 (Parent):

McIntosh, J.E. (2011). DOOR 1: Parent Self-Report Form. In J.E. McIntosh & Ralfs, C. (2012). *The Family Law DOORS Handbook*. Canberra, Australia: Australian Government Attorney-General's Department.

Family Law DOOR 1 (Property/non-parent):

McIntosh, J.E. (2011). DOOR 1: Non-Parent Self-Report Form. In J.E. McIntosh & Ralfs, C. (2012). *The Family Law DOORS Handbook*. Canberra, Australia: Australian Government Attorney-General's Department.

Family Law DOOR 1 (Significant Other):

McIntosh, J.E. (2011). DOOR 1: Significant Other Self-Report Form. In J.E. McIntosh & Ralfs, C. (2012). *The Family Law DOORS Handbook*. Canberra, Australia: Australian Government Attorney-General's Department.

Family Law DOOR 2 (Parent):

McIntosh, J.E. (2011). DOOR 2: Practitioner Aide Memoire (Parent). In J.E. McIntosh & Ralfs, C. (2012). *The Family Law DOORS Handbook*. Canberra, Australia: Australian Government Attorney-General's Department.

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