



FL DOOR 1 Self-Report Form

Significant Other

Client ID.....

Practitioner

Date

Introduction

Welcome to the service. This screen helps you to tell us about your wellbeing and safety. 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 have completed it.

About you

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

- Paternal grandparent Maternal grandparent
- Biological/legal relation (specify).....
- Non-biological/legal relation or significant person (specify)

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 your relationship with the person you are in disagreement with

1. What is your relationship with the person you are in disagreement with?
- The other person is a biological/legal parent The other person is a paternal/maternal grandparent
 - The other person is a legal carer Other (specify).....
2. What is the status of the biological/legal parents' relationship?
- They are still living together They are separated
 - They never lived together with the child(ren) Don't know
3. Which words describe how **you personally** feel about the main issue?
- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Fine/Content | <input type="checkbox"/> Accepting/Resigned | <input type="checkbox"/> Sad/Down | <input type="checkbox"/> Distressed/ Upset |
| <input type="checkbox"/> Frustrated/Annoyed | <input type="checkbox"/> Worried/Anxious | <input type="checkbox"/> Hopeless/Powerless | <input type="checkbox"/> Scared/Afraid |
| <input type="checkbox"/> Embarrassed/Humiliated | <input type="checkbox"/> Jealous/Resentful | <input type="checkbox"/> Angry/Furious | <input type="checkbox"/> Shocked/Devastated |
4. Have you spent regular time with the child(ren) in the past 6 months? Yes No
5. Were you involved/consulted about the current living situation for the child(ren)? Yes No
6. How many times have you been to court with the person you are in disagreement with?
- None One Two Three or more Don't know
7. Have the biological/legal parents been to court about the child(ren)? Yes No Don't know

3. Managing conflict with the person you are in disagreement with

1. These days, do you feel hostile or hateful towards the person you are in disagreement with?

- Often Sometimes Never

If you have not communicated with the person you are in disagreement with during the past 6 months, please skip the following question and go onto the next section.

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

2. Discuss and agree on decisions about the 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, or drug/alcohol problem? Yes No

5. Are you getting enough emotional support now (e.g. from friends, family, professionals)? Yes No

5. How the person you are in disagreement with seems to be coping

If you have not communicated with the person you are in disagreement with during the past 6 months, please skip the following questions and go onto the next section.

1. In the past 6 months, have you had any *major* worries about how the other person has been coping/behaving? Yes No

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

- a. *very* anxious or fearful? Yes No
 b. *very* angry or irritated? Yes No
 c. *very* sad/empty/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 person's drinking and/or drug use? Yes No

4. In the past 2 years, to your knowledge, has the other person seen a doctor, psychologist or psychiatrist for a mental health, or drug/alcohol problem? Yes No

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

Please skip these questions if you do not have or care for 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. 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/from you or the other person? 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 child(ren)

Please skip these questions if you do not have or care for a child 5 years or over, OR if you have not spent time with these 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 or over, 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(ren) 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. Has your child(ren) ever heard or seen very angry disagreements or violence at home? Yes No

7. Managing as a parent and caregiver

If you have not spent time with the 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 and being a caregiver 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 child(ren)'s safety, your safety, and the safety of others. Even if you didn't come here intending to talk about safety, we always check to see if our clients need extra support 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 the children, and tick 'yes' if any question is true for ANY child.

1. In the past 6 months, did you have any concerns about your child(ren)'s safety:
 - a. when they were with the other person? 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. Has the other person threatened to or actually taken the child(ren), or kept them without consent, *far beyond* the agreed time? Yes No
5. 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 frightened of, or concerned for your safety because of the other person? Yes No
2. Are you **now** *in any way* afraid for your own safety because of the other person, or anyone else? Yes No
3. In the past year, has anyone else said they were worried for your safety? Yes No
4. As a result of the other person'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
5. In the past year, has the other person:
 - a. Followed you or watched your movements in a way that felt worrying (e.g. 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 (e.g. 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
6. Has the other person *ever* threatened to or actually tried to hurt or kill him/herself/themself? Yes No
7. Does the other person have access to a gun or other weapon? Yes No
8. If yes to any of the above: Are these, or similar behaviours 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 person or towards the child(ren)? Yes No
2. If you are disappointed with the outcome of the dispute, would you consider hurting someone, or yourself? Yes No
/maybe
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 person be likely to say that you have done any of the following things in the past year:
 - a. You 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. You 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 anyone (including current partners, former partners or children) 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. 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 person's family or his/her/their family / new partner (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? Yes No
If so, please tell us what they are.

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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):

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