

FL DOOR 2 Practitioner Aide Memoire

For DOOR 1 follow-up or interview based screening for a parent/carer

Client ID.....

Practitioner

Date.....

The DOOR 2 Aide Memoire provides a guide for follow-up. Once a parent has completed DOOR 1, the practitioner meets with him/her/them to discuss and evaluate any items of risk that were endorsed by the parent (here shown as the **shaded responses**). DOOR 2 can also be used when the screen is completed face-to-face, with ready-to-hand follow-up questions.

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 |

Domain 1. Your culture and religious background

Domain-specific notes

Specific cultural and religious factors may be protective, or may elevate risk.

- Genograms can be helpful in mapping sources of stress and support, and lines of responsibility (e.g. financial, care-giving), both here and in country of origin.
- See DOOR 3 for further detailed analyses and follow up options.

Review this domain in conjunction with risks on other domains; patterns and combined stressors are important in determining the best overall response.

DOOR 1: Parent Self-Report Items

DOOR 2: Example prompts for follow-up

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

What would you like me to understand about your background?

Domain 2. About the separation

Domain-specific notes

- Risks are often higher for women leaving a relationship, or recently separated clients.
- Note how openly, coherently and rationally the client talks about their feelings or how restricted and cut-off they seem.
- Normalise a range of feelings that occur post-separation. Enquire further when normative feelings (e.g. sadness) are absent.
- Note extreme or irrational responses and consider links to safety. Note unbalanced assertions about parent's perception of their entitlements and rights.
- Consider need for legal advice if the client has not yet sought this.
- Consider current use of legal process. Is the legal process being used by one parent (at least in part) to stay engaged with/control/harass the other parent?
- Review this domain in conjunction with risks on other domains; patterns and combined stressors are important in determining the best overall response.

DOOR 1: Parent Self-Report Items	DOOR 2: Example prompts for follow-up
<p>2.1 How many years/months ago did you separate from the other parent?</p> <p><input type="text"/> Years <input type="text"/> Months <input type="checkbox"/> Never lived together</p>	<ul style="list-style-type: none"> • <i>Is this the first time you have separated?</i>
<p>2.2 In your view, who decided to end the relationship?</p> <p><input checked="" type="checkbox"/> Me <input type="checkbox"/> Both <input checked="" type="checkbox"/> Other parent <input type="checkbox"/> Never in a relationship</p>	<ul style="list-style-type: none"> • <i>Is the decision final?</i>
<p>2.3 Please select any words below that describe how you feel these days about being separated/divorced from the other parent:</p> <p><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 checked="" type="checkbox"/> hopeless/powerless <input checked="" type="checkbox"/> scared/afraid <input type="checkbox"/> embarrassed/humiliated <input type="checkbox"/> jealous/resentful <input checked="" type="checkbox"/> angry/furious <input checked="" type="checkbox"/> shocked/devastated</p>	<ul style="list-style-type: none"> • <i>How manageable are these feelings now?</i> • <i>Are you getting enough support with this?</i>
<p>2.4 Have you spent regular time with your child(ren) in the past 6 months?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>How do you feel about that?</i> <i>What are the circumstances?</i>
<p>2.5 In your view, does the current parenting arrangement work well in the interests of your child(ren)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, regarding custodial time arrangements, do you agree or disagree with the following statements:</p> <p>a. Your child(ren) would benefit from having more time with their other parent. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Your child(ren) would benefit from less time with their other parent. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. You personally deserve or are entitled to more time with your child(ren). <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>What's leading you to say that?</i>
<p>2.6 How was the current parenting arrangement decided?</p> <p><input type="checkbox"/> We decided together <input checked="" type="checkbox"/> I decided <input checked="" type="checkbox"/> Other parent decided <input type="checkbox"/> Child(ren) decided <input type="checkbox"/> Mediation <input type="checkbox"/> Lawyer negotiations <input checked="" type="checkbox"/> Court <input type="checkbox"/> Other</p>	<ul style="list-style-type: none"> • <i>Were decisions always made this way?</i>
<p>2.7 How many times have you and the other parent taken your dispute(s) to court?</p> <p><input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> Two <input checked="" type="checkbox"/> Three or more <input type="checkbox"/> Don't know</p>	<ul style="list-style-type: none"> • <i>What's led to these frequent court applications?</i>

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

Domain-specific notes

- Explore the severity of anger and hostile attitudes, and patterns of communication, noting escalating conflict and hostility.
- Note the manner with which the parent describes problems – overly constricted and poorly restricted emotional responses need to be considered further.
- See DOOR 3 for further follow-up and referral options.
- Review this domain in conjunction with risks on other domains; patterns and combined stressors are important in determining the best overall response.

DOOR 1: Parent Self-Report Items	DOOR 2: Example prompts for follow-up
<p>3.1. These days, do you feel hostile or hateful towards the other parent?</p> <p><input checked="" type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Never</p>	<ul style="list-style-type: none"> • <i>What do you do with these feelings?</i> • <i>Is this getting worse lately?</i>
<p>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.</p> <p>Over the past 6 months, how often did you and the other parent:</p> <p>3.2 Discuss and agree on decisions about your child(ren)?</p> <p><input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input checked="" type="checkbox"/> Not often / Never</p>	<ul style="list-style-type: none"> • <i>What usually happens when you try discuss things or make decisions?</i>
<p>3.3 Have angry disagreements</p> <p><input checked="" type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Not often / Never</p>	<ul style="list-style-type: none"> • <i>How frequent? How severe?</i> • <i>Is this getting worse lately?</i>

Domain 4. How you are coping

Domain-specific notes

- Consider connections between coping difficulties and surrounding stressors on Domain 10.
- Consider overflow into parenting and safety problems raised in Domains 7, 8 and 9.
- Note the parent's ability to talk openly and coherently; overly constricted or poorly restricted emotional responses indicate a need for further assessment.
- Explore the nature and effectiveness of support they are receiving.
- Receiving psychological treatment is not in itself a risk factor.
- Untreated, ongoing or worsening mental health or drug and alcohol problems need to be further assessed (see DOOR 3).
- Note the high prevalence of mental health and alcohol/drug issues in family violence.
- If severe distress/depression is noted, follow up carefully on suicide risk (see Domain 9b).
- Consider specialist referral options when multiple risks are evident, or when downward escalation of problem behaviour is apparent.
- Review this domain in conjunction with risks on other domains; patterns and combined stressors are important in determining the best overall response.

DOOR 1: Parent Self-Report Items	DOOR 2: Example prompts for follow-up
<p>4.1 Do you have any <i>major</i> worries about how you have been coping in the past 6 months?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>What are the concerns? History and severity of the problem?</i> • <i>Is this getting worse lately?</i>

<p>4.2 In the past 6 months, have you:</p> <p>a. felt very anxious/fearful? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. felt very angry/irritated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. felt very sad/empty/depressed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. done or felt things or had feelings that are unusual or out of character for you? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Is this affecting how you are managing everyday tasks?</i> • <i>Are you getting any professional help?</i>
<p>4.3 In the past year:</p> <p>a. have you drunk alcohol and/or used drugs more than you meant to? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. have you felt you wanted or needed to cut down on your drinking and/or drug use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. is anyone else worried about your alcohol and/or drug use these days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Have drug and alcohol problems led to legal or work-related problems (e.g. road accidents, losing a job)?</i> • <i>Are you receiving professional help for this?</i>
<p>4.4 In the past 2 years, have you seen a doctor, psychologist or psychiatrist for a mental health problem or drug/alcohol problem? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Was this helpful? Is there a formal diagnosis?</i>
<p>4.5 Are you getting enough emotional support now (e.g. from friends, family, professionals)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Would you like any help with this?</i>

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

Domain-specific notes

- Explore any problems in light of safety problems raised in Domains 7, 8 and 9.
- Note the high prevalence of alcohol/drug usage in family violence (see literature in DOOR 3).
- Receiving psychological treatment is not in itself a risk factor.
- Untreated, ongoing or worsening mental health or drug and alcohol problems need to be further assessed (see DOOR 3).
- Consider specialist referral options when multiple risks are evident, or downward escalation of problem behaviour is apparent (see DOOR 3).
- Review this domain in conjunction with risks on other domains; patterns and combined stressors are important in determining the best overall response.

DOOR 1: Parent Self-Report Items

DOOR 2: Example prompts for follow-up

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.

<p>5.1 In the past 6 months, have you had <i>major</i> worries about how the other parent has been coping/behaving? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>What are the concerns? History and severity of the problem?</i> • <i>Is this getting worse lately?</i>
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<p>5.2 In the past 6 months, has the other parent behaved in a way that seemed:</p> <p>a. very anxious/fearful? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. very angry/irritated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. very sad/empty/depressed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. out of character or unusual for them? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Is this affecting their ability to function on a day-to-day basis?</i> • <i>Is s/he getting professional support?</i>
<p>5.3 In the past year, have you been worried about the other parent's drinking and/or drug use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Have drug/alcohol problems led to legal or work related problems (e.g. road accidents, losing a job?) or problems with safe parenting?</i>
<p>5.4 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Is there a formal diagnosis? Is s/he getting professional support?</i>

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

Domain-specific notes

- Any recent signs of severe stress in the young child should be further explored.
- Consider these in light of other stressors identified in parent's coping, conflict, parenting and safety issues.
- Consider specialist referral options for parent when multiple risks are evident, or downward escalation of problem behaviour is apparent (see DOOR 3).
- Review this domain in conjunction with risks on other domains; patterns and combined stressors are important in determining the best overall response.

DOOR 1: Parent Self-Report Items

DOOR 2: Example prompts for follow-up

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, tick 'yes' if any question is true for ANY of your young children.

<p>6a.1 Does your young child(ren) have any <i>serious</i> health or developmental problems? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Nature of problem(s)? Diagnosis? Prognosis?</i>
<p>6a.2 In the past 6 months, has any professional (teacher, doctor, etc.) been concerned about how your young child(ren) was doing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Nature of the problem(s)?</i>

<p>6a.3 In the past 6 months, has your young child(ren) seemed:</p> <p>a. more distressed by normal separations than usual? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. more fussy/aggressive/upset than usual? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. distressed/angry/withdrawn when going to or from either parent? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • Nature and severity of concerns? • Why do you think that is happening?
<p>6a.4 Has your child(ren) ever heard or seen very angry disagreements or violence at home? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • Nature and severity of exposure?

Domain 6b. About your school-aged child(ren)

Domain-specific notes

- Any recent and ongoing signs of severe stress/behavioural disturbance in the child should be further explored.
- Consider these in light of other stressors identified in parent’s coping, conflict, parenting and safety issues.
- Consider specialist referral options for the child and/or parents when multiple risks are evident or downward escalation of problem behaviour is apparent (see DOOR 3).
- Review this domain in conjunction with risks on other domains; patterns and combined stressors are important in determining the best overall response.

DOOR 1: Parent Self-Report Items

DOOR 2: Example prompts for follow-up

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.

<p>6b.1. Does your child(ren) have any serious health or developmental problems? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • Nature of problem(s)? Diagnosis? Prognosis?
<p>6b.2 In the past 6 months, has any professional (teacher, doctor etc.) been concerned about how your child(ren) was doing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • Nature of the problem(s)?
<p>6b.3 In the past 6 months, compared to how they usually are, do any of your children seem:</p> <p>a. more anxious/worried? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. more aggressive/angry? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. more sad/withdrawn? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. more defiant/disobedient? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e. behaving in concerning ways? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • Nature, history, severity of concerns? • Why do you think this is occurring?

<p>6b.4 In the past 6 months, did any of your children strongly resist seeing either parent? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>History and nature of the child's resistance?</i>
<p>6b.5 Has your child(ren) ever heard or seen very angry disagreements or violence at home? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Nature, history and current severity of exposure?</i>
<p>6b.6 In the past 2 months, have any of your children missed more than 4 days of school? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>What led to the frequent absences?</i>

Domain 7. Managing as a Parent

Domain-specific notes

- High levels of parenting stress, harsh parenting and difficulty with warmth indicate a need for support, especially when a child's wellbeing appears compromised (Domain 6).
- See DOOR 3 for other follow-up tools and referral options.
- Review this domain in conjunction with risks on other domains; patterns and combined stressors are important in determining the best overall response.

DOOR 1: Parent Self-Report Items

DOOR 2: Example prompts for follow-up

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.

<p>Given all that goes on at these times, parenting can be hard work. Thinking about the past 6 months:</p> <p>7.1 Was it difficult for you to know how your child(ren) was feeling? <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input checked="" type="checkbox"/> Often</p>	<ul style="list-style-type: none"> • <i>Why do you think this happens? History, severity of the difficulty? Supports/ professional help received?</i>
<p>7.2 Was it difficult to comfort and be warm with each of your children? <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input checked="" type="checkbox"/> Often</p>	<ul style="list-style-type: none"> • <i>Why do you think this happens? History, severity of the difficulty? Supports/ professional help received?</i>
<p>7.3 Was it difficult to set limits and deal with problem behaviour? <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input checked="" type="checkbox"/> Often</p>	<ul style="list-style-type: none"> • <i>Why do you think this happens? History, severity of the difficulty? Supports/ professional help received?</i>
<p>7.4 Was it difficult to support your child(ren)'s activities and interests? <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input checked="" type="checkbox"/> Often</p>	<ul style="list-style-type: none"> • <i>Why do you think this happens? History, severity of the difficulty? Supports/ professional help received?</i>
<p>7.5 Were you harsher toward your child(ren) than you wanted or meant to be? <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input checked="" type="checkbox"/> Often</p>	<ul style="list-style-type: none"> • <i>Why do you think this happens? History, severity of the difficulty? Supports/ professional help received?</i>

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 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 an extra time to consider these questions, or help to answer them, your practitioner will be willing to assist.

Domain 8. Your child(ren)'s safety	
<p>Domain-specific notes</p> <ul style="list-style-type: none"> Note carefully the client's openness and ability to discuss these issues. Note any disparity of facts against referral information. Immediate threats to safety require immediate follow-up including safety planning and may require rapid referral to specialist services. See DOOR 3 for further assessment tools. Mandatory reporting to the relevant child protection authority may apply (see DOOR 3). Abduction risks are higher when the threatening parent sees no value in the child's contact with the other parent, and when the child is under 5. 	
DOOR 1: Parent Self-Report Items	Door 2: Example prompts for follow-up
<p>Consider all of your children, and tick 'yes' if any question is true for ANY of your children.</p>	
<p>In the past 6 months, did you have any concerns about your child's safety:</p> <p>a. when they were with their other parent? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. when they were with you? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. when they were in the care of any other adult (e.g. step-parent, other relative?) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> What is the concern? History, nature and severity of the concern?
<p>8.2 Has anyone else said they were worried about your child(ren)'s safety with anyone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> Who is concerned? What is their concern?
<p>8.3 Have any child protection reports ever been made about your child(ren)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a. Is there a current investigation into child protection matters? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> History, nature, substantiation and current status of report(s)? Any current concerns not being addressed?
<p>8.4 Since separation:</p> <p>a. Has the other parent threatened or actually taken the child(ren), or kept them without consent, far beyond the agreed time? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Have you threatened or actually taken the children, or kept them without consent, far beyond the agreed time? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> History, nature and current severity of the threat? Does the parent have foreign/dual citizenship? Is the country covered by the Hague Convention (see Appendix 3 for list)?

Domain 9a. Your safety

Domain-specific notes

- Note carefully the client’s openness and ability to discuss these issues. Patterns of being dismissive, minimising, avoiding, or appearing overwhelmed, or fearful to talk are important to notice. Note any disparity of facts against referral information.
- If in doubt about comfort to disclose, a useful question is *‘If you had ever been threatened/hurt, would you feel worried about telling someone?’*.
- Has the client spoken to a professional or authorities about any concerns?
- Immediate threats to safety require immediate follow-up, including safety planning, and may require further, coordinated referral to specialist services.

DOOR 1: Parent Self-Report Items	DOOR 2: Example prompts for follow-up
<p>9a.1 In the past year, have you <i>in any way</i> been frightened of or concerned for your own safety because of the other parent? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>What has happened?</i> • <i>History and current severity of concern?</i>
<p>9a.2 Are you now <i>in any way</i> afraid for your own safety because of the other parent, or anyone else? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Who and what is causing the fear?</i>
<p>9a.3 In the past year, has anyone else said they were worried for your safety? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Who and what was the concern?</i>
<p>9a.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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>What is your fear about what might happen?</i>
<p>9a.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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a. Is there now an Intervention/Violence/Protection Order against him/her/them? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>What happened?</i> • <i>Current status of order and any breaches?</i> • <i>Request copy of order.</i>
<p>9a.6 In the past year, has the other parent:</p> <p>1. In the past year, has the other parent:</p> <p>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)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Tried to control you or acted in a very jealous way (eg controlling your money, where you went, who you saw)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. Threatened your safety? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>What happened?</i> • <i>History and current severity of concern?</i> • <i>Are you changing anything about your life as a result of these behaviours (e.g. taking a different route to work, not answering the phone or other more extreme solutions)?</i>

<p>9a.7 Has the other parent <i>ever</i> threatened to or actually tried to hurt or kill him/her/themself? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>History, nature, current severity of threat?</i>
<p>9a.8 Does the other parent have access to a gun or other weapon? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>What is the weapon? Where is it kept?</i>
<p>9a.9 If Yes to any of the above: Are any of these or similar behaviours by the other parent, becoming worse or more frequent recently? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>What is happening now?</i>

Domain 9b. Behaving safely

Domain-specific notes

- Note carefully the client’s openness and ability to discuss these issues.
- Note any disparity of facts against referral information.
- Patterns of being dismissive, minimising, avoiding, or appearing overwhelmed, or fearful to talk are important to notice.
- References to entitlements or justified behaviours need to be considered carefully, with specific reference to any relevant cultural or religious factors.
- Immediate threats to safety require immediate follow-up, including safety planning and may require rapid referral to specialist services.

DOOR 1: Parent Self-Report Items	DOOR 2: Example prompts for follow-up
<p>9b.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)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Who and what is/was the concern?</i>
<p>9b.2 If you are disappointed with the outcome of the dispute, would you consider hurting someone, or yourself? <input checked="" type="checkbox"/> Yes/Maybe <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>What do you think might happen?</i>
<p>9b.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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a. Is there now an Intervention/Violence/Protection Order in place against you? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>History, nature and current status of order?</i> • <i>Any breaches of safety/protection orders?</i>

<p>9b.4 Would the other parent say that you have done any of the following things in the past year:</p> <p>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)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Tried to control him/her/them, or acted in a very jealous way (controlling their money, where they went, who they saw)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. Threatened his/her/their safety? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>What happened?</i> • <i>History, nature and current severity of concern?</i>
<p>9b.5 Do you think either the other parent or your child(ren) are afraid of you in any way? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Why do you think this may be the case?</i>
<p>9b.6 Have things in your life ever felt so bad that you have thought about hurting yourself, or even killing yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes: do you feel that way lately? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Current thoughts about this? Prior attempts?</i> • <i>Do you have a plan about how you would do that?</i> • <i>What is the plan? (see Safety Plan form)</i>
<p>9b.7 Do you have access to a gun or weapon? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>What weapon? Where is it kept? Is it possible you would use this?</i>

Domain 10. Other stressors

Domain-specific notes

- Cumulative stress is a trigger for post-separation safety incidents.
- Explore the effectiveness of supports the parent has in place. Consider what else you can assist them with, directly or by referral.
- When multiple or severe stressors co-occur with risks on other domains, coordinated response by a network of services is recommended.

DOOR 1: Parent Self-Report Items

DOOR 2: Example prompts for follow-up

<p>Are these things happening now and causing <i>major</i> stress for you?</p>	
<p>1. Being unemployed/under-employed <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Would you like support with this?</i>
<p>2. Financial difficulties <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Would you like support with this?</i>
<p>3. Property/asset settlement <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Would you like support with this?</i>
<p>4. Child support payments <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Would you like support with this?</i>

<p>5. Getting legal advice/representation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>• <i>Would you like support with this?</i></p>
<p>6. Housing problems <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>• <i>Would you like support with this?</i></p>
<p>7. Transportation problems <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>• <i>Would you like support with this?</i></p>
<p>8. Feeling lonely/isolated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>• <i>Would you like support with this?</i></p>
<p>9. Feeling harassed by the other parent's family/new partner/other (including online) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>• <i>Would you like support with this?</i></p>
<p>10. Illness/sickness/physical disability <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>• <i>Would you like support with this?</i></p>
<p>11. Problems in your neighbourhood with safety, crime, drugs etc. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>• <i>Would you like support with this?</i></p>
<p>12. Are there any other stresses that are a <i>serious</i> problem for you at the moment? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, please tell us what they are.</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>• <i>Would you like support with this?</i></p>

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