

DOOR 2 Practitioner Aide Memoire

Significant Other

Client ID

Practitioner.....

Date

For DOOR 1 follow-up or interview based screening

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)

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: Significant Other Self-Report Items

DOOR 2: Example prompts for follow-up

1.1 Is there anything about your culture or religion that is important for us to understand in order to help you with this issue?

- Yes No

- *What would you like me to understand about your background?*

Domain 2. About your relationship with the person you are in disagreement with

Domain-specific notes

- 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 the person'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 person (at least in part) to stay engaged with/control/harass the other party?
- Review this domain in conjunction with risks on other domains; patterns and combined stressors are important in determining the best overall response.

DOOR 1: Significant Other Self-Report Items	DOOR 2: Example prompts for follow-up																		
<p>1 What is your relationship with the person you are in disagreement with?</p> <p><input type="checkbox"/> The other person is a biological/legal parent <input type="checkbox"/> The other person is a paternal/maternal grandparent <input type="checkbox"/> The other person is a legal carer <input type="checkbox"/> Other (specify)</p>	<ul style="list-style-type: none"> • <i>Is this the first time you sought help for this issue with this person?</i> • <i>What happened at the other places or with the self-help methods you already tried?</i> 																		
<p>2 What is the status of the biological/legal parents' relationship?</p> <p><input type="checkbox"/> They are still living together <input type="checkbox"/> They are separated <input checked="" type="checkbox"/> They never lived together with the child(ren) <input checked="" type="checkbox"/> Don't know</p>	<ul style="list-style-type: none"> • <i>How did you come to be involved with them/the child(ren)?</i> • <i>Do you know if and how they share parenting of the child/ren?</i> 																		
<p>3 Which words describe how you personally feel about the issue?</p> <table border="0"> <tr> <td><input type="checkbox"/> Fine/Content</td> <td><input type="checkbox"/> Accepting/Resigned</td> </tr> <tr> <td><input type="checkbox"/> Sad/Down</td> <td><input type="checkbox"/> Distressed/ Upset</td> </tr> <tr> <td><input type="checkbox"/> Frustrated/Annoyed</td> <td><input type="checkbox"/> Worried/Anxious</td> </tr> <tr> <td><input checked="" type="checkbox"/> Hopeless/Powerless</td> <td><input checked="" type="checkbox"/> Scared/Afraid</td> </tr> <tr> <td><input checked="" type="checkbox"/> Embarrassed/Humiliated</td> <td><input checked="" type="checkbox"/> Jealous/Resentful</td> </tr> <tr> <td><input checked="" type="checkbox"/> Angry/Furious</td> <td><input checked="" type="checkbox"/> Shocked/Devastated</td> </tr> </table> <p>4 Have you spent regular time with the child(ren) in the past 6 months?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>5 Were you involved/consulted about the current living situation for the child(ren)?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>6 How many times have you been to court with the person you are in disagreement with?</p> <table border="0"> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> One</td> </tr> <tr> <td><input type="checkbox"/> Two</td> <td><input checked="" type="checkbox"/> Three or more</td> </tr> <tr> <td><input checked="" type="checkbox"/> Don't know</td> <td></td> </tr> </table> <p>7 Have the biological/legal parents been to court about the child(ren)?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Don't know</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 checked="" type="checkbox"/> Embarrassed/Humiliated	<input checked="" type="checkbox"/> Jealous/Resentful	<input checked="" type="checkbox"/> Angry/Furious	<input checked="" type="checkbox"/> Shocked/Devastated	<input type="checkbox"/> None	<input type="checkbox"/> One	<input type="checkbox"/> Two	<input checked="" type="checkbox"/> Three or more	<input checked="" type="checkbox"/> Don't know		<ul style="list-style-type: none"> • <i>How manageable are these feelings now?</i> • <i>Are you getting enough support with this?</i> • <i>How do you feel about that? What are the circumstances?</i> • <i>Were decisions always made this way</i> • <i>What's led to these frequent court applications?</i> • <i>What happened at these court application(s)?</i>
<input type="checkbox"/> Fine/Content	<input type="checkbox"/> Accepting/Resigned																		
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<input checked="" type="checkbox"/> Don't know																			

Domain 3. Managing conflict

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 person 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.

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

DOOR 1: Significant Other Self-Report Items	DOOR 2: Example prompts for follow-up
<p>1. These days, do you feel hostile or hateful towards the person you are in disagreement with?</p> <p><input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input checked="" type="checkbox"/> Never</p> <p>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.</p> <p>Over the past 6 months, how often did you and the other person:</p> <p>2. Discuss and agree on decisions about the child/ren <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input checked="" type="checkbox"/> Not often / Never</p> <p>3. Have angry disagreements <input checked="" type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Not often / Never</p>	<ul style="list-style-type: none"> • <i>What do you do with these feelings?</i> • <i>Is this getting worse lately?</i> • <i>What usually happens when you try discuss things or make decisions?</i> • <i>How frequent? How severe?</i> • <i>Is this getting worse lately?</i>

Domain 4. How you are coping

<p>Domain-specific notes</p> <ul style="list-style-type: none"> • 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 person’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.
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DOOR 1: Significant Other 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 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, for whatever reason:</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"> • Have drug and alcohol problems led to legal or work-related problems (e.g. road accidents, losing a job)? • Are you receiving professional help for this?
<p>4.4 In the past 2 years, have you seen a doctor, psychologist or psychiatrist for a mental health, or drug/alcohol problem? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • Have drug and alcohol problems led to legal or work-related problems (e.g. road accidents, losing a job)? • Are you receiving professional help for this?
<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"> • Would you like any help with this?

Domain 5. How the person you are in disagreement with 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: Significant Other Self-Report Items **DOOR 2: Example prompts for follow-up**

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.

<p>5.1 In the past 6 months, have you had any <i>major</i> worries about how the other person has been coping/behaving? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • What are the concerns? History and severity of the problem? • Is this getting worse lately?
<p>5.2 In the past 6 months, has the other person 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"> • Is this affecting their ability to function on a day-to-day basis? • Are they getting professional support?
<p>5.3 In the past year, have you been worried about the other person's drinking and/or drug use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • Have drug/alcohol problems led to legal or work related problems (e.g. road accidents, losing a job?) or problems with safe parenting?
<p>5.4 In the past 2 years, to your knowledge, has the other person 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"> • Is there a formal diagnosis? Are they getting professional support?

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 person's coping, conflict, parenting and safety issues.
- Consider specialist referral options for person 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: Significant Other 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 these 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.

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	<ul style="list-style-type: none"> • <i>Nature of problem(s)? Diagnosis? Prognosis?</i>
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	<ul style="list-style-type: none"> • <i>Nature of the problem(s)?</i>
6a.3 In the past 6 months, has your young child(ren) seemed: a. more distressed by normal separations than usual? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No b. more fussy/aggressive/upset than usual? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No c. distressed/angry/withdrawn? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • <i>Nature and severity of concerns?</i> • <i>Why do you think that is happening?</i>
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	<ul style="list-style-type: none"> • <i>Nature, history and current severity of exposure?</i>

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: Significant Other Self-Report Items
DOOR 2: Example prompts for follow-up

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

These questions are about your school-aged child(ren), 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 your children.

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

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: Significant Other 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.

Given all that goes on at these times, parenting can be hard work. Thinking about the past 6 months:	
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	<ul style="list-style-type: none"> Why do you think this happens? History, severity of the difficulty? Supports/ professional help received?
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	<ul style="list-style-type: none"> Why do you think this happens? History, severity of the difficulty? Supports/ professional help received?
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	<ul style="list-style-type: none"> Why do you think this happens? History, severity of the difficulty? Supports/ professional help received?
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	<ul style="list-style-type: none"> Why do you think this happens? History, severity of the difficulty? Supports/ professional help received?
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	<ul style="list-style-type: none"> Why do you think this happens? History, severity of the difficulty? Supports/ professional help received?

The following questions are about your 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.

Domain 8. Your child(ren)'s safety	
Domain-specific notes <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/carer sees no value in the child's contact with the other person, and when the child is under 5. 	
DOOR 1: Significant Other 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>8.1 In the past 6 months, did you have any concerns about your child's safety:</p> <p>a. when they were with the other person? <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 Has the other person threatened to 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>8.5 Have you threatened to 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>	<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??



DOOR 2

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: Significant Other 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 concerned for your own safety because of the other person? <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 person, 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 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a. Is there now an Intervention/Violence/Protection Order 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.5 In the past year, has the other person:</p> <p>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)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Tried to control you or acted in a very jealous way (e.g. 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.6 Has the other person ever 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.7 Does the other person 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.8 If yes to any of the above: Are any of these or similar behaviours 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	
<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. 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: Significant Other 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 person or towards the child(ren)?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> Who and what is/was the concern?
<p>9b.2 If you are disappointed with the outcome of the dispute, would you consider hurting someone, or yourself?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>/maybe</p>	<ul style="list-style-type: none"> What do you think might happen?
<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?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a. Is there now an Intervention/Violence/Protection Order in place against you?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> History, nature and current status of order? Any breaches of Intervention/Violence/Protection orders?
<p>9b.4 Would the other person be likely to say that you have done any of the following things in the past year:</p> <p>a. You followed or watched his/her/their movements in a way that felt worrying to them (e.g. driving by or watching their home, being in the same place when you had no business there)?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Tried to control him/her them, or acted in a very jealous way (eg controlling their money, where they went, who they saw)?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. Threatened his/her/their safety?</p> <p><input checked="" 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?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> What happened? History, nature and current severity of concern?
<p>9b.5 Do you think anyone (including current partners, former partners or children) is afraid of you in any way?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> Why do you think this may be the case?
<p>9b.6 Have things in your life <i>ever</i> felt so bad that you have thought about hurting yourself, or even killing yourself?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a. If yes: do you feel that way lately?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> Current thoughts about this? Prior attempts? Do you have a plan about how you would do that? What is the plan? (
<p>9b.7 Do you have access to a gun or weapon?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> What weapon? Where is it kept? Is it possible you would use this?

10. Other stresses	
Domain-specific notes	
<ul style="list-style-type: none"> •Cumulative stress is a trigger for safety incidents when discussing separation or soon after separation. •Explore the effectiveness of supports the client has in place, including children. 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: Significant Other Self-Report Items	DOOR 2: Example prompts for follow-up
Are these things happening now and causing major stress for you?	
10.1 Being unemployed/under-employed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	• <i>Would you like support with this?</i>
10.2 Financial difficulties <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	• <i>Would you like support with this?</i>
10.3 Property/asset settlement <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	• <i>Would you like support with this?</i>
10.4 Financial support from spouse/former spouse/child support payments <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	• <i>Would you like support with this?</i>
10.5 Getting legal advice/representation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	• <i>Would you like support with this?</i>
10.6 Housing problems <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	• <i>Would you like support with this?</i>
10.7 Transportation problems <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	• <i>Would you like support with this?</i>
10.8 Feeling lonely/isolated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	• <i>Would you like support with this?</i>
10.9 Feeling harassed by the other person’s family or his/her/their family / new partner (including online) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	• <i>Would you like support with this?</i>
10.10 Illness/sickness/physical disability <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	• <i>Would you like support with this?</i>
10.11 Problems in your neighbourhood with safety, crime, drugs etc <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	• <i>Would you like support with this?</i>
10.12 Are there any other stresses that are a serious problem for you at the moment? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If so, please tell us what they are. 	• <i>Would you like support with this?</i>

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Citations and references

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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.

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