

## MyDOOR 2 Practitioner Aide Memoire (without Parent-Child questions)

Client ID .....

Practitioner .....

Date .....

For MyDOOR 1 follow up or interview-based screening

This screen is for people who do not currently care for any children 18 years or below in any capacity (including as a step-parent, grandparent, foster carer or kinship carer).

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

Domain 1. Your culture and religious background													
<p><b>Domain-specific notes</b>                      Specific cultural and religious factors may be protective, or may elevate risk.</p> <ul style="list-style-type: none"> <li>• Genograms can be helpful in mapping sources of stress and support, and lines of responsibility (eg financial, care-giving), both here and in country of origin.</li> <li>• See DOOR 3 for further detailed analyses and follow up options.</li> <li>• Review this domain in conjunction with risks on other domains; patterns and combined stressors are important in determining the best overall response.</li> </ul>													
MyDOOR 1: Self-Report Items	MyDOOR 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>• <i>What would you like me to understand about your background?</i></li> </ul>												
Domain 2. About you today													
<p><b>Domain-specific notes</b></p> <ul style="list-style-type: none"> <li>• Risks are often higher for women considering leaving a relationship, or recently separated, especially if a partner was unaware of this or had different expectations of attending counselling.</li> <li>• If clients have used other services for similar issues, then inquire what (or who) may have changed since then.</li> <li>• Note how openly, coherently and rationally the client talks about their feelings or how restricted and cut-off they seem.</li> <li>• Normalise a range of feelings that occur around key personal, relationship or family transitions such as loss of employment, retirement or birth of a first child post-separation. Enquire further when normative feelings are absent.</li> <li>• Note extreme or irrational responses and consider links to safety. Note unbalanced assertions about person's perception of their entitlements and rights.</li> </ul>													
MyDOOR 1: Self-Report Items	MyDOOR 2: Example prompts for follow-up												
2.1 What's the <b>main</b> issue that brought you to here today? ( <i>Tick one only</i> ) <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Relationship assistance</td> <td><input checked="" type="checkbox"/> Relationship separation</td> </tr> <tr> <td><input type="checkbox"/> My mental health</td> <td><input type="checkbox"/> Child's coping/behaviour</td> </tr> <tr> <td><input type="checkbox"/> Financial stress</td> <td><input checked="" type="checkbox"/> Gambling</td> </tr> <tr> <td><input checked="" type="checkbox"/> Drug/alcohol problem</td> <td><input type="checkbox"/> Wider family issue</td> </tr> <tr> <td><input checked="" type="checkbox"/> Other matter</td> <td></td> </tr> </table>	<input type="checkbox"/> Relationship assistance	<input checked="" type="checkbox"/> Relationship separation	<input type="checkbox"/> My mental health	<input type="checkbox"/> Child's coping/behaviour	<input type="checkbox"/> Financial stress	<input checked="" type="checkbox"/> Gambling	<input checked="" type="checkbox"/> Drug/alcohol problem	<input type="checkbox"/> Wider family issue	<input checked="" type="checkbox"/> Other matter		<ul style="list-style-type: none"> <li>• <i>Is this the first time you sought help for this issue? What happened at the other places or with the self-help methods you already tried?</i></li> </ul>		
<input type="checkbox"/> Relationship assistance	<input checked="" type="checkbox"/> Relationship separation												
<input type="checkbox"/> My mental health	<input type="checkbox"/> Child's coping/behaviour												
<input type="checkbox"/> Financial stress	<input checked="" type="checkbox"/> Gambling												
<input checked="" type="checkbox"/> Drug/alcohol problem	<input type="checkbox"/> Wider family issue												
<input checked="" type="checkbox"/> Other matter													
2.2 Which words describe how <b>you personally</b> feel about the issue? <table border="0" style="width: 100%;"> <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>	<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	<ul style="list-style-type: none"> <li>• <i>How manageable are these feelings now?</i></li> <li>• <i>Are you getting enough support with this?</i></li> </ul>
<input type="checkbox"/> Fine/Content	<input type="checkbox"/> Accepting/Resigned												
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Domain 3. Managing conflict	
<p><b>Domain-specific notes</b></p> <ul style="list-style-type: none"> <li>Disagreements in relationships are normal, so take notice if a client expresses that conflict is completely absent in all areas of interpersonal life.</li> <li>Also notice if a client is highly dysregulated and involved in conflict across many areas of life.</li> <li>Explore the severity of anger and hostile attitudes, and patterns of communication, noting escalating conflict and hostility.</li> <li>Note the manner with which the person describes problems – overly constricted and poorly restricted emotional responses need to be considered further.</li> <li>Review this domain in conjunction with risks on other domains; patterns and combined stressors are important in determining the best overall response.</li> </ul>	
3.a Managing conflict with your partner	
MyDOOR 1: Self-Report Item	MyDOOR 2: Example prompts for follow-up
<p>Please answer this question if you are in a current committed relationship. Otherwise skip to the next section 3b.</p> <p>3a.1 With regard to your <b>current partner</b>, over the past 6 months how often have you:</p> <p>a. Felt hostile or hateful towards him/her/them?  <input checked="" type="checkbox"/> Often   <input type="checkbox"/> Sometimes   <input type="checkbox"/> Not often/Never</p> <p>b. Had angry disagreements with him/her/them?  <input checked="" type="checkbox"/> Often   <input type="checkbox"/> Sometimes   <input type="checkbox"/> Not often/Never</p> <p>c. Avoided or kept away from him/her/them?  <input checked="" type="checkbox"/> Often   <input type="checkbox"/> Sometimes   <input type="checkbox"/> Not often/Never</p>	<ul style="list-style-type: none"> <li><i>How frequent? How severe?</i></li> <li><i>Is this getting worse lately?</i></li> <li><i>At its worst, what does this look like</i></li> </ul>
3b Managing conflict with a former partner	
MyDOOR 1: Self-Report Item	MyDOOR 2: Example prompts for follow-up
<p>Please answer this question if you have separated recently. Otherwise skip to the next section 3c.</p> <p>3b.1 With regard to your <b>former partner</b>, over the past 6 months, how often have you:</p> <p>a. Felt hostile or hateful towards him/her/them?  <input checked="" type="checkbox"/> Often   <input type="checkbox"/> Sometimes   <input type="checkbox"/> Not often/Never</p> <p>b. Had angry disagreements with him/her/them?  <input checked="" type="checkbox"/> Often   <input type="checkbox"/> Sometimes   <input type="checkbox"/> Not often/Never</p> <p>c. Avoided or kept away from him/her/them?  <input checked="" type="checkbox"/> Often   <input type="checkbox"/> Sometimes   <input type="checkbox"/> Not often/Never</p>	<ul style="list-style-type: none"> <li><i>How frequent? How severe?</i></li> <li><i>Is this getting worse lately?</i></li> <li><i>At its worst, what does this look like</i></li> </ul>
3c Managing conflict in wider relationships	
MyDOOR 1: Self-Report Item	MyDOOR 2: Example prompts for follow-up
<p>Please answer this question about wider family members, friends, colleagues and others involved in your life (eg house mates, neighbours).</p> <p>3c.1 With regard to these <b>other people</b>, over the past 6 months, how often have you:</p> <p>a. Felt hostile or hateful towards any of them?  <input checked="" type="checkbox"/> Often   <input type="checkbox"/> Sometimes   <input type="checkbox"/> Not often/Never</p> <p>b. Had angry disagreements with any of them?  <input checked="" type="checkbox"/> Often   <input type="checkbox"/> Sometimes   <input type="checkbox"/> Not often/Never</p> <p>c. Avoided or kept away from any of them?  <input checked="" type="checkbox"/> Often   <input type="checkbox"/> Sometimes   <input type="checkbox"/> Not often/Never</p>	<ul style="list-style-type: none"> <li><i>How frequent? How severe?</i></li> <li><i>Is this getting worse lately?</i></li> <li><i>At its worst, what does this look like</i></li> </ul>

**Domain 4. How you are coping**

**Domain-specific notes**

- Consider connections between coping difficulties and surrounding stressors on Domain 10.
- Consider overflow into safety problems raised in Domain 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.

MyDOOR 1: Self-Report Item	MyDOOR 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?  <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> <li>• <i>What are the concerns? History and severity of the problem?</i></li> <li>• <i>Is this getting worse lately?</i></li> </ul>
<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"> <li>• <i>Is this affecting how you are managing everyday tasks?</i></li> <li>• <i>Are you getting any professional help?</i></li> </ul>
<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"> <li>• <i>Have drug and alcohol problems led to legal or work-related problems (eg road accidents, losing a job)?</i></li> <li>• <i>Are you receiving professional help for this?</i></li> </ul>
<p>4.4 In the past year, for whatever reason:</p> <p>a. have you gambled 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 gambling?  <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>c. is anyone else worried about your gambling these days?  <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> <li>• <i>Have gambling problems led to legal or work-related problems (eg significant unmanageable debts, losing a job)?</i></li> <li>• <i>Are you receiving professional help for this?</i></li> </ul>

<p>4.5 In the past 2 years, have you been seriously ill or injured, requiring hospitalisation?  <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> <li>• Can you foresee this happening again?</li> <li>• Are there any ongoing health concerns for you?</li> </ul>
<p>4.6 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"> <li>• Was this helpful? Is there a formal diagnosis? Does this link to why you're here today?</li> </ul>
<p>4.7 Are you getting enough emotional support now (eg from friends, family, professionals)?  <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> <li>• Would you like any help with this?</li> </ul>

**Domain 5. How others are coping**

**Domain-specific notes**

- Explore any problems in light of safety problems raised in Domain 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 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.

**5a. How your partner is coping**

MyDOOR 1: Self-Report Item	MyDOOR 2: Example prompts for follow-up
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If you are currently in a committed relationship, then please answer these questions about your partner. Otherwise skip to the next section 5b.

<p>5a.1 In the past 6 months, have you had any <i>major</i> worries about how your partner has been coping/behaving?  <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> <li>• What are the concerns? History and severity of the problem?</li> <li>• Is this getting worse lately?</li> </ul>
<p>5a.2 In the past 6 months, has your partner 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"> <li>• Is this affecting their ability to function on a day-to-day basis?</li> <li>• Is s/he getting professional support?</li> </ul>
<p>5a.3 In the past year, have you been worried about your partner's drinking and/or drug use?  <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> <li>• Have drug/alcohol problems led to legal or work related problems (eg road accidents, losing a job)?</li> </ul>
<p>5a.4 In the past year, have you been worried about the gambling habits of your partner?  <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> <li>• Have drug/alcohol problems led to legal or work related problems (eg road accidents, losing a job)?</li> </ul>
<p>5a.5 In the past year, has your partner been seriously ill or injured, requiring hospitalisation?  <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> <li>• Can you foresee this happening again?</li> <li>• Are there any ongoing health concerns for him/her/them?</li> </ul>

<p>5a.6 In the past 2 years, to your knowledge, has your partner seen a doctor, psychologist or psychiatrist for a mental health problem or a drug/alcohol problem?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> <li>• <i>Is there a formal diagnosis? Is s/he getting professional support?</i></li> </ul>
<p><b>5b. How your former partner is coping</b></p>	
<p>MyDOOR 1: Self-Report Item</p>	<p>MyDOOR 2: Example prompts for follow-up</p>
<p>If you have separated recently, then please answer these questions about that person(s). If you have not communicated with that person(s) in the past 6 months then skip to the next section 5c.</p>	
<p>5b.1 In the past 6 months, have you had any <i>major</i> worries about how your former partner has been coping/behaving?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> <li>• <i>What are the concerns? History and severity of the problem?</i></li> <li>• <i>Is this getting worse lately?</i></li> </ul>
<p>5b.2 In the past 6 months, has your former partner behaved in a way that seemed:</p> <p>a. very anxious/fearful?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. very angry/irritated?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. very sad/empty/depressed?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. out of character or unusual for them?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> <li>• <i>Is this affecting their ability to function on a day-to-day basis?</i></li> <li>• <i>Is s/he getting professional support?</i></li> </ul>
<p>5b.3 In the past year, have you been worried about your former partner's drinking and/or drug use?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> <li>• <i>Have drug/alcohol problems led to legal or work related problems (eg road accidents, losing a job)?</i></li> </ul>
<p>5b.4 In the past year, has your former partner been seriously ill or injured, requiring hospitalisation?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> <li>• <i>Can you foresee this happening again?</i></li> <li>• <i>Are there any ongoing health concerns for him/her/them?</i></li> </ul>
<p>5b.5 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?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> <li>• <i>Is there a formal diagnosis? Is s/he getting professional support?</i></li> </ul>

5c. How other family members are coping	
MyDOOR 1: Self-Report Item	MyDOOR 2: Example prompts for follow-up
<b>Think about the people in your immediate family (like parents and siblings) and how they are coping</b>	
5c.1 In the past 6 months, have you had any <i>major</i> worries about how a family member has been coping/behaving? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>• <i>What are the concerns? History and severity of the problem?</i></li> <li>• <i>Is this getting worse lately?</i></li> </ul>
5c.2 In the past 6 months, has a family member behaved in a way that seemed: <ul style="list-style-type: none"> <li>a. <i>very anxious/fearful?</i> <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</li> <li>b. <i>very angry/irritated?</i> <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</li> <li>c. <i>very sad/empty/depressed?</i> <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</li> <li>d. <i>out of character or unusual for them?</i> <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Is this affecting their ability to function on a day-to-day basis?</i></li> <li>• <i>Is s/he getting professional support?</i></li> </ul>
5c.3 In the past year, have you been worried about a family member's drinking and/or drug use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>• <i>Have drug/alcohol problems led to legal or work related problems (eg road accidents, losing a job)?</i></li> </ul>
5c.4 In the past year, has a family member been seriously ill or injured, requiring hospitalisation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>• <i>Can you foresee this happening again?</i></li> <li>• <i>Are there any ongoing health concerns for him/her/them?</i></li> </ul>
5c.5 In the past 2 years, to your knowledge, has a family member 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	<ul style="list-style-type: none"> <li>• <i>Is there a formal diagnosis? Is s/he getting professional support?</i></li> </ul>

**Domains 6, 7 and 8 (about parenting and children and their safety) are skipped**

The following questions include your partner (if you are in a current committed relationship); and/or your former-partner.

Domain 9a. Your safety	
Domain-specific notes	
<ul style="list-style-type: none"> <li>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.</li> <li>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?'.</li> <li>Has the client spoken to a professional or authorities about any concerns?</li> <li>Immediate threats to safety require immediate follow-up, including safety planning, and may require further, coordinated referral to specialist services.</li> </ul>	
MyDOOR 1: Self-Report Item	MyDOOR 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 your current and/or former partner?  <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> <li>What has happened?</li> <li>History and current severity of concern?</li> </ul>
<p>9a.2 Are you <b>now</b> <i>in any way</i> afraid for your own safety because of him/her/them or anyone else?  <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> <li>Who and what is causing the fear?</li> </ul>
<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"> <li>Who and what was the concern?</li> </ul>
<p>9a.4 As a result of your partner/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?  <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"> <li>What happened?</li> <li>Current status of order and any breaches?</li> <li>Request copy of order.</li> </ul>
<p>9a.5 In the past year, has your partner/former partner:</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"> <li>What happened?</li> <li>History and current severity of concern?</li> <li>Are you changing anything about your life as a result of these behaviours (eg taking a different route to work, not answering the phone or other more extreme solutions)?</li> </ul>
<p>9a.6 Has your partner/former partner 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"> <li>History, nature, current severity of threat?</li> </ul>
<p>9a.7 Does your partner/former partner have access to a gun or other weapon?  <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> <li>What is the weapon? Where is it kept?</li> </ul>
<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"> <li>What is happening now?</li> </ul>

**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.

MyDOOR 1: Self-Report Items	MyDOOR 2: Example prompts for follow-up
9b.1 As far as you know, has anyone expressed concern about the safety of your behaviour toward your partner, former partner or towards any child(ren)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>• <i>Who and what is/was the concern?</i></li> </ul>
9b.2 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  a. Is there now an Intervention/Violence/Protection Order in place against you? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>• <i>History, nature and current status of order?</i></li> <li>• <i>Any breaches of safety/protection orders?</i></li> </ul>
9b.3 Do you think anyone (including current partners, former partners or children) is afraid of you in any way? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>• <i>Why do you think this may be the case?</i></li> </ul>
9b.4 Would your partner, former partner or anyone else 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)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  b. Tried to control him/her/them, or acted in a very jealous way (eg controlling their money, where they went, who they saw)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  c. Threatened his/her/their safety? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>• <i>What happened?</i></li> <li>• <i>History, nature and current severity of concern?</i></li> </ul>
9b.5 Have things in your life ever felt so bad that you have thought about hurting yourself, or even killing yourself? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  a. If yes: do you feel that way lately? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>• <i>Current thoughts about this? Prior attempts?</i></li> <li>• <i>Do you have a plan about how you would do that?</i></li> <li>• <i>What is the plan?</i></li> </ul>
9b.6 Do you have access to a gun or weapon? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>• <i>What weapon? Where is it kept? Is it possible you would use this?</i></li> </ul>



10. Other stresses	
<p><b>Domain-specific notes</b></p> <ul style="list-style-type: none"> <li>•Cumulative stress is a trigger for safety incidents when discussing separation or soon after separation.</li> <li>•Explore the effectiveness of supports the client has in place, including children. Consider what else you can assist them with, directly or by referral.</li> <li>•When multiple or severe stressors co-occur with risks on other domains, coordinated response by a network of services is recommended.</li> </ul>	
MyDOOR 1: Self-Report Items	MyDOOR 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 <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 your current or former partner, or by 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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