



SCREENING AND ASSESSMENT

EFFECTS OF IPV ON....

PROCEDURAL RESPONSES

Abuse of Victim-Parent

Physical violence

Sexual coercion

Emotional abuse

Economic abuse

Spiritual/ethical abuse

Interference/Control of Victim

Access to resources

Freedom to manage affairs

Immigration/work status

Ability to meet daily needs

Social connectedness

Children's safety/wellbeing

Parenting

Autonomy

Can you think of anything your partner does that makes it hard for you to say what you think, disagree, or stand up for what matters to you?

Good faith/fair dealing

How much faith do you have that your partner will: (1) follow the rules; (2) share important information; (3) hear you out; (4) compromise; and (5) stand by their word?

Trust

Can you rely on your partner to make good decisions on behalf of the children? If not, what worries you?

Voluntary participation

Mediation is a truly voluntary process. Do you have any questions about it – and is this something you really want to do?

Safety

Stalking

Sexual assault

Abuse during pregnancy

Threats to kill

Strangulation

Controlling behaviors

Access to weapons

Increased frequency/severity

Child abuse

Animal abuse

Excessive jealousy/obsession

Abuser's mental status

Avoidance of consequences

Is there anything about this process that makes you concerned about your safety or the safety of your children? If so, tell me more.

Expert co-mediator

Advocate support

Legal support

Best interest monitor

Mediation prep support

Pre-set substantive issues

Pre-set procedural rules

Safe termination protocol

Suspend/delay mediation

Do not attempt mediation

Mediation Intake Worksheet

BEHAVIORAL SPECIFICITY

Physical Violence	Emotional Abuse	Interference & Control	Economic Abuse
<input type="checkbox"/> Hold, pin, restrain <input type="checkbox"/> Kneel on or sit upon <input type="checkbox"/> Tie up, bind, gag <input type="checkbox"/> Push, shove, shake <input type="checkbox"/> Grab <input type="checkbox"/> Scratch, pull hair, <input type="checkbox"/> Shave <input type="checkbox"/> Twist arm <input type="checkbox"/> Bite <input type="checkbox"/> Spit on <input type="checkbox"/> Urinate upon <input type="checkbox"/> Slap <input type="checkbox"/> Hit or punch <input type="checkbox"/> Kick or stomp <input type="checkbox"/> Strike or throw things <input type="checkbox"/> Choke or strangle <input type="checkbox"/> Burn <input type="checkbox"/> Poke, stab, cut <input type="checkbox"/> Withhold food <input type="checkbox"/> Withhold medicine <input type="checkbox"/> Disable medical equipment <input type="checkbox"/> Forced sex <input type="checkbox"/> Reproductive coercion <input type="checkbox"/> Prostitution/pornography	<input type="checkbox"/> Insult you/put you down <input type="checkbox"/> Ridicule you in public <input type="checkbox"/> Purposely humiliate you <input type="checkbox"/> Play mind games <input type="checkbox"/> Intimidate you <input type="checkbox"/> Yell or scream at you <input type="checkbox"/> Act aggressively to you <input type="checkbox"/> Get jealous/possessive <input type="checkbox"/> Accuse you of infidelity <input type="checkbox"/> Interfere with: <ul style="list-style-type: none"> <input type="checkbox"/> work/school life <input type="checkbox"/> social life <input type="checkbox"/> sleep <input type="checkbox"/> healthcare/medication <input type="checkbox"/> Threaten to: <ul style="list-style-type: none"> <input type="checkbox"/> kill you or the children <input type="checkbox"/> kill him/herself <input type="checkbox"/> harm you or children <input type="checkbox"/> harm those you care for <input type="checkbox"/> harm or kill pets <input type="checkbox"/> Destroy things you care for <input type="checkbox"/> Threaten you w/ weapon <input type="checkbox"/> Put your life in danger <input type="checkbox"/> Disable your car <input type="checkbox"/> Drive recklessly to scare you	<input type="checkbox"/> Follow or stalk you <input type="checkbox"/> Often check up on <input type="checkbox"/> Intercept mail <input type="checkbox"/> Check phone calls <input type="checkbox"/> Hack into email <input type="checkbox"/> Grill you <input type="checkbox"/> Time activities <input type="checkbox"/> Use others as spies <input type="checkbox"/> Invade privacy <input type="checkbox"/> Misuse social media <input type="checkbox"/> Physically restrain <input type="checkbox"/> Forbid you to leave <input type="checkbox"/> Punish you for disobeying <input type="checkbox"/> Arrive unannounced <input type="checkbox"/> Make unwanted contact <input type="checkbox"/> Leave things to scare you <input type="checkbox"/> Make you do things you don't want to do	<input type="checkbox"/> Deny money <input type="checkbox"/> Refuse to pay bills <input type="checkbox"/> Empty bank <input type="checkbox"/> Hide assets <input type="checkbox"/> Destroy your credit <input type="checkbox"/> Deny credit access <input type="checkbox"/> Run up debt <input type="checkbox"/> Forge papers <input type="checkbox"/> Refuse to pass title <input type="checkbox"/> Destroy property <input type="checkbox"/> Steal your property <input type="checkbox"/> Sell your property <input type="checkbox"/> Shut off utilities <input type="checkbox"/> Fail to pay insurance <input type="checkbox"/> Cancel insurance <input type="checkbox"/> Cancel credit cards <input type="checkbox"/> Refuse to work <input type="checkbox"/> Refuse to let you work <input type="checkbox"/> Try to get you fired <input type="checkbox"/> Hide bills <input type="checkbox"/> Hide financial info. <input type="checkbox"/> Constantly return to court