

## Domestic Abuse Screen

**INTERVIEWER:**

*Because so many people are harmed by domestic abuse and sexual assault, we ask the following questions of everyone who comes to us for assistance. These questions will help us find out how best to serve you and connect you with services that you need. The information you share about yourself through this screen will be kept confidential.*

*If you're uncomfortable with answering any of the questions about domestic abuse or sexual assault, let me know and we'll move on to the next question or you can ask to stop the interview. You will not be penalized in any way for the way you answer the questions.*

*If you prefer, I can find a quiet spot where you can sit down and answer the questions on your own.*

**\*\*Note to interviewer\*\*** Some of the questions below refer to a relationship between the participant and a "partner". Please explain the following to the participant. For purposes of the screen "partner" can include any of the following: a spouse or former spouse; an adult with whom the individual has or had a dating relationship, an adult with whom the person has a child in common, an adult or minor family member, or an adult or minor with whom the person resides or formerly resided. This is to acknowledge the broad circumstances in which domestic abuse can occur.

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#	Question		
		YES	NO
1	Is someone hurting you, your children, your other family or friends, or your pet(s)?		
2	Have you ever been in a relationship in which your partner has harmed you either physically or sexually? (examples: punching, grabbing, pushing, choking, restraining)?		
3	Has your partner ever refused to let you have money, made you ask for money, or took money from you against your will?		
4	Have you ever received services or lived in a shelter for victims of domestic abuse or sexual assault?		
5	Is someone emotionally or verbally abusing you or your children?		
6	Does your current or former partner call, harass or stalk you at work or training classes?		
7	Does your partner keep you awake all night so you will miss work or classes?		
8	Is your partner doing anything to make it difficult for you to work or do other activities in your daily life?		
9	Are you or any of your children feeling overwhelmed with the trauma of a rape or sexual assault?		
10	Are you involved with the court system due to domestic violence or sexual assault?		

**INTERVIEWER:** *Thank you for your patience and cooperation.*

**SCORING/REFERRAL:** One or more “yes” answers (in either current or past relationship) may indicate the need to refer the participant to local domestic abuse and/or sexual assault services for safety planning, counseling or housing needs. A referral to a local domestic abuse and/or sexual assault agency may be made as a result of how the participant responded to the screen **or** as a result of your informal observations and discussions with the participant. Follow through on the referral is not mandatory for the participant. S/he will choose whether or not to access the services depending on her/his situation.

**Interviewer Notes:** Regardless of how the participant answered the screen, please share with her/him pamphlets and brochures offering information on the issue of domestic abuse and/or sexual assault and about the local agencies that offer domestic abuse and/or sexual assault services. The participant may choose not to take the pamphlets and brochures with them, as doing so may endanger them; therefore, this decision should be respected.

Good Cause Claim: At this time, depending on the screen outcome, it may be appropriate to review the Good Cause Claim form which explains how to claim good cause for not cooperating with child support.