

SCREENING FOR DOMESTIC VIOLENCE

Adapted from the **Training Child Welfare Workers on Domestic Violence Participant's Workbook** created by Kathryn Conroy, DSW and Randy Magen, PhD at Columbia University School of Social Work.

I. TO SCREEN FOR DOMESTIC ABUSE

1. Does your partner ever prevent you from leaving home, from working, or returning to school?
YES _____ NO _____
2. Does your partner destroy possessions or things of value to you?
YES _____ NO _____
3. Does your partner monitor your activities or phone calls?
YES _____ NO _____
4. Does he accuse you of being unfaithful?
YES _____ NO _____
5. Has he ever threatened to commit suicide?
YES _____ NO _____
6. Has your partner ever threatened to injure you or kill you?
YES _____ NO _____
7. Has your partner ever hit you?
YES _____ NO _____
8. Has your partner ever attacked you with a weapon?
YES _____ NO _____
9. Has your partner ever forced you to have sex?
YES _____ NO _____

II. ASSESSMENT OF RISK TO THE CHILD(REN)

1. Has your partner ever threatened to hurt, kill, or remove the children from the home?
YES _____ NO _____
If yes, how often? _____
2. Have your children ever witnessed your partner hit you?
YES _____ NO _____
If yes, how often? _____
3. Has your partner hit your child(ren) with belts, straps, or other objects which have left marks, bruises, welts, or other serious injuries?
YES _____ NO _____
If yes, how often? _____
4. Has your partner touched your child in a way that made you or your child uncomfortable?
YES _____ NO _____

5. Does your child attend school regularly?

YES_____ NO_____

6. Do the teachers complain about your child(ren)'s behavior at school? (fighting, destroying property, not paying attention in class, or withdrawn)

YES_____ NO_____

7. Does your child(ren)'s behavior remind you of your partner?

YES_____ NO_____

If yes, describe:

8. Do you find you have to use physical punishment to get your child(ren) to behave?

YES_____ NO_____

If yes, describe:

9. Does your child ever try to hurt him/herself, pets, or destroy possessions?

YES_____ NO_____

10. Is your child anxious and fearful of leaving you?

YES_____ NO_____

III. ASSESSMENT OF PARENT/CARETAKER'S ABILITY TO PROTECT CHILD(REN)

1. Have you ever left home as a result of abuse?

YES_____ NO_____

If yes, when?

Where did you go?

If not, why not?

2. If you left, did you take the child(ren) with you?

YES_____ NO_____

If not, why?

3. Have the police ever been called for assistance?

YES_____ NO_____

4. Have you ever gone to court to get an order of protection against your partner?

YES_____ NO_____

If not, why?

5. Do you want assistance in seeking a temporary battered women's emergency residence, court order of protection, or other services for you and your child(ren)?

YES_____ NO_____

If yes, what services do you need?

If not, why not?

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