

DOMESTIC VIOLENCE SURVEY

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Both parties in a domestic/divorce case must complete this survey. Please provide candid and complete answers so that we may serve your mediation needs better. **These very personal questions will be kept in the strictest confidence.** Please answer completely, and contact us with any questions about this survey.

STATUS OF YOUR CASE

Who filed the separation/divorce/custody/paternity or other action? _____

Whose idea was it to schedule this mediation? _____

Are you and the other party currently living separately? YES NO If yes, how long? _____

Have either of you become unemployed recently? YES NO If yes, how long? _____

Describe your relationship as of today:

How do the two of you make decisions about finances or children?

If you disagree about these decisions, how do you handle it?

CURRENT CONCERNS

Do either of you have a diagnosed mental illness? YES NO If yes, who? _____

If yes, is the person currently receiving treatment? YES NO If yes, how long? _____

Are either of you a heavy user of alcohol or street drugs? YES NO If yes, who? _____

Would you fear for your safety being in the same room as the other party during mediation? YES NO

Would you be afraid that the other party might injure you if you did not agree in mediation? YES NO

Would you fear retaliation from the other party after a mediation session if you:

Expressed your opinion? YES NO Explain: _____

Asserted your needs? YES NO Explain: _____

Disagreed with him/her? YES NO Explain: _____

PAST VIOLENT BEHAVIORS

Has physical force ever been used in your relationship? If Yes, please explain below. YES NO

Please check any of the following actions that have ***happened to you*** in your relationship:

- Pushing Choking Cutting Stabbing Threatening with a weapon Slapping
- Hitting with an object Hitting with a fist Shaking Biting Kicking Burning
- Forced sexual activities Other (please describe): _____

How many times? _____ When was the most recent incident? _____

Has ***the other party*** ever:

- Threatened you, or family members, with violence? YES NO
- Threatened to kill themselves, or had detailed fantasies about suicide? YES NO
- Prevented you from leaving home, seeking employment, going to school, seeing your family? YES NO
- Abused household pets? YES NO

If YES to any of the above, please describe:

- Have you ever left your home because you feared for your safety? YES NO
- Have you ever called the police because you feared harm from the other party? YES NO
- Have your children ever been threatened, hit, hurt, or taken into protective custody? YES NO
- Have you or your children ever needed medical care due to injuries caused by the other party? YES NO
- Have either of you ever attended counseling as a result of physically harming the other? YES NO
- Have you ever been cited, arrested, or convicted of harming the other party, or anyone else? YES NO

Additional comments/concerns: