

# Domestic Abuse Interview Guide

## Talking about Domestic Abuse

This interview guide is designed to help identify domestic abuse and coercive controlling behaviors. Screening for domestic abuse is often complicated by the fact that victims: (1) may not know why it might be in the interest of their children or themselves to disclose abuse; (2) may be unclear or concerned about the ramifications of disclosure; (3) may not trust you with information about domestic abuse, in spite of your good intentions; and (4) may not perceive that their current level of risk warrants disclosure. For these and other reasons, victims are often reluctant to disclose abuse. Bear in mind that talking about abuse may be an emotionally difficult experience for the interviewee, as well as for you.

## Instructions:

The **first column** of this guide seeks general information across seven broad topic areas: (1) personal interactions; (2) access to resources; (3) children and parenting; (4) control of daily life; (5) sexual abuse; (6) physical abuse; and (7) emotional abuse. Below each broad topic are examples of the kinds of things you might want to ask about in order to help you identify whether domestic abuse is, or may be, present. Research shows that asking behaviorally specific questions is the most effective method of screening for abuse and coercive control.

The **second column** suggests follow-up areas to explore when any domestic abuse issues are identified or disclosed under column one. These discussion areas will help you gain a deeper understanding of the nature, context, severity, and implications of domestic abuse and coercive controlling behaviors.

The **third column** contains a checklist of key concepts, behaviors, and dynamics to listen for in the narrative responses to the questions asked in columns one and two.

1. Personal Interactions	Discussion Areas:	What to Listen For:
<p><b>A. Let's start by talking about your current relationship with _____.</b></p> <p><b>B. How comfortable are you interacting with _____ now?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Being alone together</li> <li><input type="checkbox"/> Meeting face-to-face</li> <li><input type="checkbox"/> Talking by phone</li> <li><input type="checkbox"/> Emailing or texting</li> <li><input type="checkbox"/> Public encounters</li> </ul> <p><b>C. Do you have any concerns, fears or anxieties that I should be aware of?</b></p> <p><b>D. What worries you most?</b></p>	<p>1. Quality of interactions</p> <ul style="list-style-type: none"> <li>a. Ability to express views</li> <li>b. Trust in other's judgment</li> <li>c. Reliance on other's word</li> <li>d. Cost of disagreement</li> <li>e. Post-separation changes</li> </ul> <p>2. Prior Separations</p> <p>3. Snapshots</p> <ul style="list-style-type: none"> <li>a. Happiest moments</li> <li>b. Most worrisome moments</li> <li>c. Scariest moments</li> </ul> <p>4. Decision-making history</p> <p>5. Stressors</p> <ul style="list-style-type: none"> <li>a. Violence</li> <li>b. Alcohol/drugs</li> <li>c. Physical/mental health</li> <li>d. Criminal activity</li> <li>e. Poverty</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Autonomy</li> <li><input type="checkbox"/> Control</li> <li><input type="checkbox"/> Balance of power</li> <li><input type="checkbox"/> Fear/danger/safety</li> <li><input type="checkbox"/> Vulnerability</li> <li><input type="checkbox"/> Dependability/predictability</li> <li><input type="checkbox"/> Dis/honesty/deception</li> <li><input type="checkbox"/> Dis/respect</li> <li><input type="checkbox"/> Manipulation</li> <li><input type="checkbox"/> Coercion/intimidation</li> <li><input type="checkbox"/> Degradation/humiliation</li> <li><input type="checkbox"/> Sabotage</li> <li><input type="checkbox"/> Surveillance</li> <li><input type="checkbox"/> Volatility</li> <li><input type="checkbox"/> Jealousy/possessiveness</li> <li><input type="checkbox"/> Entitlement</li> </ul>
<p>Consider Safety Plan - Steps 2 and 6</p>		
2. Access to Resources	Discussion Areas:	What to Listen For:
<p><b>A. I'd like to get a sense of your economic wellbeing.</b></p> <p><b>B. Do you have access to your own resources, like money, bank accounts, food, housing, transportation and healthcare?</b></p> <p><b>C. Who decides how you spend your money and manage your financial affairs?</b></p>	<p>1. History/detail</p> <p>2. Ability to meet basic needs</p> <p>3. Ability to meet obligations</p> <p>4. Recent changes</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Control/Rulemaking</li> <li><input type="checkbox"/> Dependence</li> <li><input type="checkbox"/> Isolation</li> <li><input type="checkbox"/> Denial of financial support</li> <li><input type="checkbox"/> Child abuse/neglect</li> <li><input type="checkbox"/> Child dependency</li> <li><input type="checkbox"/> Blackmail</li> <li><input type="checkbox"/> Financial sabotage</li> <li><input type="checkbox"/> Forced criminal activity                         <ul style="list-style-type: none"> <li><input type="checkbox"/> Prostitution/pornography</li> <li><input type="checkbox"/> Theft/drug trafficking</li> </ul> </li> </ul>
<p>Consider Safety Plan - Steps 2 and 7</p>		

3. Child/Parenting	Discussion Areas:	What to Listen For:
<p><b>A. Let's talk about your children.</b></p> <p><b>B. Do you have any concerns about your children or fears for their safety?</b></p> <p><b>C. How are parenting time arrangements currently being worked out?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Division of duties</li> <li><input type="checkbox"/> Parenting skills/capacities</li> <li><input type="checkbox"/> Parenting concerns/conflicts</li> <li><input type="checkbox"/> Children's adjustment</li> <li><input type="checkbox"/> Access/exchange issues</li> <li><input type="checkbox"/> Satisfaction with the plan</li> </ul> <p><b>D. Has _____ ever used or threatened to use the children to manipulate, control, or monitor you?</b></p> <p><b>E. How are your children doing now?</b></p>	<p>1. What worries you most?</p> <p>2. Capacity for joint decisions</p> <ul style="list-style-type: none"> <li>a. Common beliefs/values</li> <li>b. Parental involvement</li> <li>c. Trust in parental judgment</li> <li>d. Support of other parent</li> <li>e. Respect for other parent</li> <li>f. Nurture/support of kids</li> <li>g. Conflict resolution skills</li> <li>h. Developmental stage(s)</li> </ul> <p>3. Interference with care</p> <p>4. Undermining authority</p> <p>5. Threats to:</p> <ul style="list-style-type: none"> <li>a. Take children away</li> <li>b. Harm children</li> <li>c. File CPS reports</li> <li>d. Deport</li> <li>e. Evict</li> </ul> <p>6. Post-separation changes</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Direct physical abuse</li> <li><input type="checkbox"/> Child sexual abuse</li> <li><input type="checkbox"/> Moral corruption                         <ul style="list-style-type: none"> <li><input type="checkbox"/> Pornography</li> <li><input type="checkbox"/> Racism/sexism</li> <li><input type="checkbox"/> Criminal activity</li> </ul> </li> <li><input type="checkbox"/> Post-separation violence</li> <li><input type="checkbox"/> Intimidation/trauma/terror</li> <li><input type="checkbox"/> Children treated as property</li> <li><input type="checkbox"/> Lack of attunement to kids</li> <li><input type="checkbox"/> Denial of kids' feelings</li> <li><input type="checkbox"/> Boundary violations</li> <li><input type="checkbox"/> Parenting styles</li> <li><input type="checkbox"/> Inconsistent parenting</li> <li><input type="checkbox"/> Erratic role reversals</li> <li><input type="checkbox"/> Unstable home environment</li> <li><input type="checkbox"/> Minimizing kids' needs</li> <li><input type="checkbox"/> Denying effects of violence</li> <li><input type="checkbox"/> Punishing kids being kids</li> <li><input type="checkbox"/> Criticizing kids being kids</li> <li><input type="checkbox"/> Lack of empathy for kids</li> <li><input type="checkbox"/> Drawing kids into abuse</li> <li><input type="checkbox"/> Grilling kids for information</li> <li><input type="checkbox"/> Using kids as weapons</li> <li><input type="checkbox"/> Children acting out</li> <li><input type="checkbox"/> Children using violence</li> <li><input type="checkbox"/> Children mimicking abuse</li> <li><input type="checkbox"/> Children withdrawn/clingy</li> <li><input type="checkbox"/> Age-inappropriate behaviors</li> <li><input type="checkbox"/> Torn allegiances/loyalties</li> <li><input type="checkbox"/> Changes in school work</li> <li><input type="checkbox"/> Changes in social life</li> </ul>
<p>Consider Safety Plan - Steps 1, 2, 3, and 7</p>		

4. Control of Daily Life	Discussion Areas:	What to Listen For:
<p><b>A. I'd like to get a sense of how much freedom you have in your everyday life.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> To come/go as you please</li> <li><input type="checkbox"/> To manage your own time</li> <li><input type="checkbox"/> To make own decisions</li> <li><input type="checkbox"/> To set your own priorities</li> <li><input type="checkbox"/> To interact with others</li> </ul> <p><b>B. Is there anything that gets in your way of doing the things you want or need to do?</b></p> <p><b>C. Has _____ ever:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Followed you</li> <li><input type="checkbox"/> Often checked up on you</li> <li><input type="checkbox"/> Examined your mail/email</li> <li><input type="checkbox"/> Examined phone records</li> <li><input type="checkbox"/> Hacked into email/accounts</li> <li><input type="checkbox"/> Grilled you/timed activities</li> <li><input type="checkbox"/> Used others to spy on you</li> <li><input type="checkbox"/> Invaded your space/privacy</li> <li><input type="checkbox"/> Misused social network sites</li> </ul> <p><b>D. Has _____ ever physically restrained you, forbidden you from leaving, made you do things you didn't want to do, or punished you for defying his/her wishes?</b></p> <p><b>E. Has _____ ever shown up unannounced, contacted you against your will, or left something for you to find in order to scare or intimidate you?</b></p>	<ol style="list-style-type: none"> <li>1. Detail</li> <li>2. Frequency</li> <li>3. Severity</li> <li>4. Intent of other's behavior</li> <li>5. Meaning of behavior to you</li> <li>6. Effect on:               <ol style="list-style-type: none"> <li>a. Interactions</li> <li>b. Relationships</li> <li>c. Communications</li> <li>d. Self/children</li> <li>e. Parenting skills/capacities</li> </ol> </li> <li>7. Change:               <ol style="list-style-type: none"> <li>a. Over time</li> <li>b. Pre/post pregnancy</li> <li>c. Pre/post separation</li> </ol> </li> </ol>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Micro-management of life</li> <li><input type="checkbox"/> Rulemaking</li> <li><input type="checkbox"/> Demands for obedience</li> <li><input type="checkbox"/> Compliance/resistance</li> <li><input type="checkbox"/> Monitoring/surveillance</li> <li><input type="checkbox"/> Disrespect of privacy</li> <li><input type="checkbox"/> Disregard of boundaries</li> <li><input type="checkbox"/> Jealousy/possessiveness</li> <li><input type="checkbox"/> Expectations of loyalty</li> <li><input type="checkbox"/> Entitlement/privilege</li> <li><input type="checkbox"/> Power/control/omnipotence</li> <li><input type="checkbox"/> Fear/intimidation/dread</li> <li><input type="checkbox"/> Danger/insecurity</li> <li><input type="checkbox"/> Unpredictability/instability</li> <li><input type="checkbox"/> Stalking</li> <li><input type="checkbox"/> Hostage-taking</li> <li><input type="checkbox"/> Trafficking</li> </ul>
<p>Consider Safety Plan - Steps 2, 4, and 5</p>		

5. Sexual Abuse	Discussion Areas:	What to Listen For:
<p><b>A. While it is uncomfortable to talk about these kinds of things, it's very important for me to know if ____ ever pressured or forced you to do sexual things that you did not want to do or that made you scared, uncomfortable, or ashamed. Has anything like that ever happened?</b></p> <p><b>B. Has ____ ever interfered with your decisions about birth control, pregnancy, and/or safe sex?</b></p> <p><b>C. Has ____ ever used your image, or forced or pressured you to use your own image, to engage in sexting or pornography?</b></p> <p><b>D. Is there anything else you think I should know about ____'s sexual behavior towards you?</b></p>	<ol style="list-style-type: none"> <li>1. Detail</li> <li>2. In front of whom?                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Children</li> <li><input type="checkbox"/> Family</li> <li><input type="checkbox"/> Friends</li> <li><input type="checkbox"/> Co-workers</li> <li><input type="checkbox"/> Public</li> <li><input type="checkbox"/> Nobody – just in private</li> </ul> </li> <li>3. Frequency</li> <li>4. Severity</li> <li>5. Intent of other's behavior</li> <li>6. Meaning of behavior to you</li> <li>7. Effect on:                             <ol style="list-style-type: none"> <li>a. Interactions</li> <li>b. Relationships</li> <li>c. Communications</li> <li>d. Self/children</li> <li>e. Parenting skills/capacity</li> </ol> </li> <li>8. Change:                             <ol style="list-style-type: none"> <li>a. Over time</li> <li>b. Pre/post pregnancy</li> <li>c. Pre/post separation</li> </ol> </li> <li>9. Injuries</li> <li>10. Medical attention</li> <li>11. Hospital visits</li> <li>12. Calls for help/to police</li> <li>13. Arrests</li> <li>14. Convictions/sanctions</li> <li>15. Orders for protection</li> <li>16. Protection order violations</li> </ol>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Safety/risk/lethality</li> <li><input type="checkbox"/> Sexual assault/coercion</li> <li><input type="checkbox"/> Degradation/humiliation</li> <li><input type="checkbox"/> Use of pornography</li> <li><input type="checkbox"/> Control/intimidation/terror</li> <li><input type="checkbox"/> Escalation</li> <li><input type="checkbox"/> Jealousy/possessiveness</li> <li><input type="checkbox"/> Capacity to negotiate</li> <li><input type="checkbox"/> Relative bargaining power</li> <li><input type="checkbox"/> Capacity to co-parent</li> <li><input type="checkbox"/> Capacity to communicate</li> <li><input type="checkbox"/> Danger to children</li> <li><input type="checkbox"/> Moral corruption of kids</li> <li><input type="checkbox"/> Impact on children</li> <li><input type="checkbox"/> Threat of child abuse</li> <li><input type="checkbox"/> Trauma/fear/anxiety</li> <li><input type="checkbox"/> Inappropriate boundaries</li> <li><input type="checkbox"/> Primary perpetration</li> <li><input type="checkbox"/> Offensive/defensive wounds</li> <li><input type="checkbox"/> Proportionality of force</li> <li><input type="checkbox"/> Criminal justice response</li> <li><input type="checkbox"/> Protection orders</li> <li><input type="checkbox"/> Defiance of authority</li> <li><input type="checkbox"/> Response to abuse                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Fight</li> <li><input type="checkbox"/> Flight</li> <li><input type="checkbox"/> Freeze</li> </ul> </li> </ul>
<p>Consider Safety Plan - Steps 1, 2, and 7</p>		

6. Physical Abuse	Discussion Areas:	What to Listen For:
<p><b>A. Let's turn to your personal safety, both now and in the past. Has ____ ever used or threatened to use physical force or violence against you or the children?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Hold, pin down, restrain</li> <li><input type="checkbox"/> Kneel, stand or sit upon</li> <li><input type="checkbox"/> Tie up, bind, gag</li>   <li><input type="checkbox"/> Push, shove, shake, grab</li> <li><input type="checkbox"/> Scratch, pull hair, shave hair</li> <li><input type="checkbox"/> Twist arm</li>   <li><input type="checkbox"/> Bite</li> <li><input type="checkbox"/> Spit on</li> <li><input type="checkbox"/> Urinate upon</li>   <li><input type="checkbox"/> Slap</li> <li><input type="checkbox"/> Hit or punch</li> <li><input type="checkbox"/> Kick or stomp</li> <li><input type="checkbox"/> Strike w/ or throw object at</li>   <li><input type="checkbox"/> Choke, strangle</li> <li><input type="checkbox"/> Burn</li> <li><input type="checkbox"/> Poke, stab, cut</li>   <li><input type="checkbox"/> Withhold food/medication</li> <li><input type="checkbox"/> Disable medical equipment</li> </ul> <p><b>B. What's the worst thing ____ has ever done to you?</b></p> <p><b>C. What's the scariest thing ____ has ever done to you?</b></p>	<ol style="list-style-type: none"> <li>1. Detail</li> <li>2. In front of whom? <ul style="list-style-type: none"> <li><input type="checkbox"/> Children</li> <li><input type="checkbox"/> Family</li> <li><input type="checkbox"/> Friends</li> <li><input type="checkbox"/> Co-workers</li> <li><input type="checkbox"/> Public</li> <li><input type="checkbox"/> Nobody – just in private</li> </ul> </li> <li>3. Frequency</li> <li>4. Severity</li> <li>5. Intent of other's behavior</li> <li>6. Meaning of behavior to you</li> <li>7. Effect on: <ol style="list-style-type: none"> <li>a. Interactions</li> <li>b. Relationships</li> <li>c. Communications</li> <li>d. Self/children</li> <li>e. Parenting skills/capacity</li> </ol> </li> <li>8. Change: <ol style="list-style-type: none"> <li>a. Over time</li> <li>b. Pre/post pregnancy</li> <li>c. Pre/post separation</li> </ol> </li> <li>9. Injuries</li> <li>10. Medical attention</li> <li>11. Hospital visits</li> <li>12. Calls for help/to police</li> <li>13. Arrests</li> <li>14. Convictions/sanctions</li> <li>15. Protection orders</li> <li>16. Protection order violations</li> </ol>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Safety/risk of danger</li> <li><input type="checkbox"/> Potential lethality</li> <li><input type="checkbox"/> Recent escalation</li> <li><input type="checkbox"/> Fear/dread/doom</li>   <li><input type="checkbox"/> Control, intimidation</li> <li><input type="checkbox"/> Manipulation</li> <li><input type="checkbox"/> Entitlement/privilege/power</li> <li><input type="checkbox"/> Rulemaking</li> <li><input type="checkbox"/> Demands for obedience</li> <li><input type="checkbox"/> Compliance/resistance</li>   <li><input type="checkbox"/> Humiliation</li> <li><input type="checkbox"/> Autonomy/personhood</li> <li><input type="checkbox"/> Equity/trust/security</li> <li><input type="checkbox"/> Predictability/stability</li> <li><input type="checkbox"/> Capacity to negotiate</li> <li><input type="checkbox"/> Relative bargaining power</li>   <li><input type="checkbox"/> Capacity to co-parent</li> <li><input type="checkbox"/> Capacity to communicate</li> <li><input type="checkbox"/> Ability to meet kids' needs</li> <li><input type="checkbox"/> Differentiation of self/other</li> <li><input type="checkbox"/> Trauma/fear/anxiety</li> <li><input type="checkbox"/> Healthy attachments</li> <li><input type="checkbox"/> Appropriate boundaries</li> <li><input type="checkbox"/> Perspective of children</li>   <li><input type="checkbox"/> Hopelessness</li> <li><input type="checkbox"/> Futility</li>   <li><input type="checkbox"/> Primary aggressor</li> <li><input type="checkbox"/> Proportionality of force</li> <li><input type="checkbox"/> Offensive/defensive wounds</li> <li><input type="checkbox"/> Criminal justice interveners</li> <li><input type="checkbox"/> Defiance of authority</li>   <li><input type="checkbox"/> Response to abuse <ul style="list-style-type: none"> <li><input type="checkbox"/> Fight</li> <li><input type="checkbox"/> Flight</li> <li><input type="checkbox"/> Freeze</li> </ul> </li> </ul>
<p>Consider Safety Plan - Steps 1, 2, and 7</p>		

7. Emotional Abuse	Discussion Areas:	What to Listen For:
<p><b>A. Let's talk more about how you and _____ relate to one another. Can you describe how _____ treats you as a person?</b></p> <p><b>B. Does _____ ever:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Insult you or put you down</li> <li><input type="checkbox"/> Ridicule you in public</li> <li><input type="checkbox"/> Purposely humiliate you</li> <li><input type="checkbox"/> Play mind games</li> </ul> <p><b>C. Does _____ ever:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Intimidate you</li> <li><input type="checkbox"/> Yell or scream at you</li> <li><input type="checkbox"/> Act aggressively toward you</li> </ul> <p><b>D. Does _____ ever:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Get jealous or possessive</li> <li><input type="checkbox"/> Accuse you of infidelity</li> </ul> <p><b>E. Does _____ ever interfere with:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Your work/school life</li> <li><input type="checkbox"/> Your social life</li> <li><input type="checkbox"/> Your sleep</li> <li><input type="checkbox"/> Your healthcare/medications</li> </ul> <p><b>F. Has _____ ever threatened to:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Kill you or the children</li> <li><input type="checkbox"/> Kill him/herself</li> <li><input type="checkbox"/> Harm you or the children</li> <li><input type="checkbox"/> Harm someone you care for</li> <li><input type="checkbox"/> Harm or kill pets</li> </ul> <p><b>G. Has _____ ever:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Destroyed your property</li> <li><input type="checkbox"/> Threatened you w/ weapon</li> <li><input type="checkbox"/> Put your life in danger                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Disabled car/equipment</li> <li><input type="checkbox"/> Driven recklessly to scare</li> </ul> </li> </ul>	<p>1. Detail</p> <p>2. In front of whom?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Children</li> <li><input type="checkbox"/> Family</li> <li><input type="checkbox"/> Friends</li> <li><input type="checkbox"/> Co-workers</li> <li><input type="checkbox"/> Public</li> <li><input type="checkbox"/> Nobody – just in private</li> </ul> <p>3. Frequency</p> <p>4. Severity</p> <p>5. Intent of other's behavior</p> <p>6. Meaning of behavior to you</p> <p>7. Effect on:</p> <ul style="list-style-type: none"> <li>a. Interactions</li> <li>b. Relationships</li> <li>c. Communications</li> <li>d. Self/children</li> <li>e. Parenting skills/capacities</li> </ul> <p>8. Change:</p> <ul style="list-style-type: none"> <li>a. Over time</li> <li>b. Pre/post pregnancy</li> <li>c. Pre/post separation</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Attacks on sanity</li> <li><input type="checkbox"/> Attacks on dignity</li> <li><input type="checkbox"/> Extreme cruelty</li> <li><input type="checkbox"/> Humiliation/embarrassment</li> <li><input type="checkbox"/> Entrapment/paralysis</li> <li><input type="checkbox"/> Hopelessness/futility</li> <li><input type="checkbox"/> Trauma/fear/anxiety</li> <li><input type="checkbox"/> Sabotage</li> <li><input type="checkbox"/> Obsessive jealousy</li> <li><input type="checkbox"/> Narcissism</li> <li><input type="checkbox"/> Entitlement</li> <li><input type="checkbox"/> Blackmail</li> <li><input type="checkbox"/> Access to weapons</li> <li><input type="checkbox"/> Seemingly innocent acts with hidden meaning</li> <li><input type="checkbox"/> Response to abuse                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Fight</li> <li><input type="checkbox"/> Flight</li> <li><input type="checkbox"/> Freeze</li> </ul> </li> </ul>
<p>Consider Safety Plan - Steps 2 and 6</p>		

