

**DOMESTIC VIOLENCE  
SCREENING PROTOCOL FOR  
MEDIATORS OF DOMESTIC  
RELATIONS CONFLICTS**

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**ABBREVIATED DOMESTIC VIOLENCE  
SCREENING QUESTIONNAIRES**

*Provided by:  
Office of Dispute Resolution  
State Court Administrative Office  
Michigan Supreme Court*

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# Purpose and Use of Abbreviated Domestic Violence Screening Questionnaires

To promote safety for litigants, their children, and mediators, the complete unabbreviated Domestic Violence Screening Questionnaire should be used in every possible instance of screening for domestic violence.\* All mediators and Friend of the Court and Community Dispute Resolution Program center staff conducting case intake should be trained on and be familiar with the complete Domestic Violence Screening Protocol document, including the complete screening questionnaire.

Recognizing that special circumstances may exist at Friend of the Court and Community Dispute Resolution Program (CDRP) offices in which time constraints make the use of the complete screening questionnaire difficult, two abbreviated versions are provided for use only in the following limited situations.

**Abbreviated Questionnaire 1: Parties are not yet together at the mediation site.** This version should be used only when limited time is available in advance of meeting with the parties, but parties are not yet together at the mediation site. This Questionnaire contemplates the circumstance of CDRP centers or Friend of the Court offices having insufficient time to use the complete protocol in advance of parties appearing at the center or court office but where some limited time is available for screening.

**Abbreviated Questionnaire 2: Parties are already together at the mediation site.** This version is for use only when parties are present at court and have proceeded through a security check, prior intake was not conducted, and mediation is to take place immediately. This Questionnaire contemplates the circumstance where parties have been ordered by the judge to attempt mediation at a location within the court, and the only opportunity for screening is literally “in the hall.”

**SAFETY NOTE:** Prior to bringing the parties together, it is absolutely essential that court records have been checked for:

1. Personal Protection Orders or similar civil protection orders issued in other states;
2. “No-contact” orders issued in criminal cases (e.g., pretrial release orders, probation or parole orders); and
3. Pending child abuse and neglect cases.

Neither abbreviated questionnaire is intended to replace the use of the complete Questionnaire when time and circumstances permit its use.

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\* Domestic violence is a pattern of coercive controlling behaviors, both criminal and non-criminal, that includes but is not limited to physical assaults, sexual assaults, emotional abuse, isolation, economic coercion, threats, stalking, and intimidation. These behaviors are used by the abuser in an effort to control the intimate partner. The behavior may be directed at others with the effect of controlling the intimate partner.

In the event that a party's response to a question does elicit concern over the presence of domestic violence, court and CDRP center staff and mediators must be ready to expand upon the party's response by referencing back to the complete screening questionnaire document.

Mediators using an abbreviated screening questionnaire should also be alert during the mediation process for signs of anger or that a party otherwise has a compromised ability to negotiate.

Be prepared to safely conclude the mediation if domestic violence concerns arise during the mediation session.

# Abbreviated Domestic Violence Screening Questionnaire 1: Parties are Not Yet Together

This screening questionnaire is for use only by Friend of the Court and Community Dispute Resolution Program center staff and mediators when time and circumstances do not permit using the complete questionnaire before meeting with the parties, and where parties are not yet together at the mediation site.

1. Is there anyone else in the room with you? (Assumes a telephone contact.) Can you speak freely?

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2. Is there currently or has there ever been an order limiting contact between the two of you, for example, a Personal Protection Order, or a No-Contact Order?

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3. If so, has there ever been a violation of the order, whether or not the violation was ever reported?

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4. Is there an open abuse or neglect case involving your children? If so, please tell me about it.

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5. Do you have any concerns about the safety of the children? If so, please describe.

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6. When you and [insert name] disagree, fight, and/or are angry with each other, what happens?

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7. Do you ever feel afraid of [insert name]? What are you afraid of? Tell me more about the time you felt most afraid. Do you think [insert name] has ever felt afraid of you? What do you think he/she may be afraid of?

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8. Has [insert name] ever caused you to feel threatened or harassed by following you, interfering with your work or education, making repeated phone calls to you, using social media or sending unwanted letters, emails, text messages, faxes or gifts? Can you tell me more about it?

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9. Have there ever been any physical confrontations between you and [insert name]? (Follow up with questions as appropriate to determine whether mediation can safely occur: Can you tell me what happened? Have there been any other physical confrontations? Can you tell me what happened?)

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10. During mediation, you and [insert name] may meet in the same room to talk about all the issues and problems that need to be resolved. Do you have any concerns about sitting in the same room with [insert name] or mediating with [insert name]?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, ask the following questions:

A. What are your concerns?

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B. Would you feel more comfortable if your attorney was present with you during the mediation session(s)?

Yes \_\_\_\_\_ No \_\_\_\_\_

C. Would you feel more comfortable if you and [insert name] were in separate rooms during the mediation session(s)?

Yes \_\_\_\_\_ No \_\_\_\_\_

D. Would you feel more comfortable if you and [insert name] arrived and departed at times or weren't in the building at the same time?

Yes \_\_\_\_\_ No \_\_\_\_\_

E. (If the mediator and parties are comfortable with available technology) Would you feel more comfortable if the mediation took place over the telephone, internet or by videoconference?

Yes \_\_\_\_\_ No \_\_\_\_\_

11. Do you think you will be able to speak up for yourself in mediation?

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## Abbreviated Domestic Violence Screening Questionnaire 2: Parties Are Already Together

This screening questionnaire is for use by the Friend of the Court and Community Dispute Resolution Program center staff and mediators when mediation is conducted at the court, parties have proceeded through security, a check for Personal Protection Orders and child abuse and neglect cases has been completed, but time and circumstances do not permit using the complete questionnaire.

1. Is there currently or has there ever been an order limiting contact between the two of you, for example, a Personal Protection Order or a No-Contact Order?

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2. Do you ever feel afraid of [insert name]? What are you afraid of? Tell me more about the time you felt most afraid. Do you think that [insert name] has ever felt afraid of you? What do you think he/she may be afraid of?

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3. Have there ever been any physical confrontations between you and [insert name]? (Follow up with questions as appropriate to determine whether mediation can safely occur: Can you tell me what happened? Have there been any other physical confrontations? Can you tell me what happened?)

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4. Are you afraid that [insert name] will harm you during the mediation or after you leave because of what you said in mediation? If so, please describe.

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5. During mediation, you and [insert name] would typically meet in the same room to talk about the issues and problems that need to be resolved. Do you have any concerns about sitting in the same room with [insert name] or mediating with [insert name]?

Yes \_\_\_\_ No \_\_\_\_

If yes, ask the following questions:

A. What are your concerns?

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B. Would you feel more comfortable if your attorney was present with you during the mediation session(s)?

Yes \_\_\_\_ No \_\_\_\_

C. Would you feel more comfortable if you and [insert name] were in separate rooms during the mediation session(s)?

Yes \_\_\_\_ No \_\_\_\_

D. Would you feel more comfortable if you and [insert name] arrived and departed at times or weren't in the building at the same time?

Yes \_\_\_\_ No \_\_\_\_

E. (If the mediator and parties are comfortable with available technology) Would you feel more comfortable if the mediation took place over the telephone, internet or by videoconference?

Yes \_\_\_\_ No \_\_\_\_

6. Do you think you will be able to speak up for yourself in mediation?

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