Overview of Assessment of Children’s Exposure to Domestic Violence

SAMPLE ASSESSMENT QUESTIONS

For Reference Only

NOT an assessment tool

Type of Violence, Severity, Frequency, and Chronicity

• How often do adults in your family disagree with one another?
• Has your mom’s partner ever hurt your mom’s feelings by calling her names, swearing, yelling, threatening her, screaming at her, or anything else?
• How often has your mom’s partner stopped your mom from doing something she wanted to do or made it difficult for her to do something she wanted to do? For example: leave the house, go to the doctor, use the telephone, visit her friends or relatives
• How often has your mom’s partner stopped your mom from eating or sleeping, or made it hard for her to eat or sleep?
• How often have your mom and her partner argued about you?
• How often has your mom’s partner hurt, or tried to hurt a pet in your home on purpose?
• How often has your mom’s partner broken or destroyed something on purpose, such as: punching a wall, ripping a phone cord out of the wall, smashing a picture
• How often has your mom’s partner done something to hurt her body, such as: hitting her, punching her, kicking her, choking her, shoving her, pulling her hair, or anything else?
• How often has your mom’s partner threatened to use a knife, gun, or other object to hurt your mom?
• How often has your mom’s partner actually hurt your mom with a knife, gun, or other object?
• What kinds of things to your mom and her partner fight about?
• What happens when they fight?
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Type of Exposure

• How do you know about the events in your home?
  • Seeing the outcome (like someone was hurt, something was broken, or the police came)
  • Hearing about it afterwards
  • Hearing it while it was happening
  • Seeing it from far away while it was happening
  • Seeing it from nearby while it was happening

Child Involvement in the Events

• When your mom’s partner hurts your mom, how often have you yelled something at them from a different room than where the fight was taking place?
• When your mom’s partner hurts your mom, how often have you yelled something at them in the same room where they are fighting?
• When your mom’s partner hurts your mom, how often have you called someone else for help, like calling someone on the phone or going next door?
• When your mom’s partner hurts your mom, how often have you gotten physically involved trying to stop the fighting?
• When your mom’s partner hurts your mom, how often has your mom’s partner done something to you to hurt or scare your mom?
• When your mom’s partner hurts your mom, how often have you tried to get away from the fighting by hiding, leaving the house, or locking yourself in a different room?
• How often has your mom’s partner asked you to tell what your mom has been doing or saying?
• Do you ever get hit or hurt when your mom and her partner fight?

Child Coping Strategies

• When do you think about what happened? At school? When you are playing? How often?
• Do the thoughts ever bother you? How? What happens?
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- Do you have trouble sleeping? Nightmares?
- Who do you talk to about the events?
- Why do you think that happened?
- Why do you think he did that to your mom?
- What did it make you think about?
- Are you afraid to leave your house?
- Are you afraid to stay at home?
- What do you think about when the fighting is happening?
- What would you like them to do to make things better?

**Strength Assessment**

- Who do you talk to when you are upset or worried?
- What do you do for fun?
- What does your family do for fun?
- Where do you feel good or safe?
- Do you and your mom have a plan of what to do or where to go if you are feeling unsafe?
- What do you do when you feel unsafe?
- Is there anyone you can call? Do you have their number? What would you say?