

Nebraska Parenting Act (2007)
Domestic Intimate Partner Abuse Screening Tool

General Fear / Safety Issues:

What happens in your relationship when you disagree?

Do you feel that you or your child/children are in danger? Yes/No

Do you have any fear/concerns about talking with the other parent about your child/children?
Yes/No

Do you feel safe being in the same room with the other parent? Yes/No

Are you concerned about the other parent's mental stability? Yes/No

Do you have any concerns about drug or alcohol use by the other parent? Yes/No

Coercion and Threats:

Has the other parent ever threatened you, your child/children, or family members? Yes/No

Has the other parent ever threatened to hurt themselves? Yes/No

Has the other parent ever threatened you to not press charges or tell anyone about abuse that occurred? Yes/No

Isolation:

Has the other parent ever limited your contact with others (friends, family, co-workers)? Yes/No

Using the child/child/children:

Does the other parent undermine your authority with your child/children? Yes/No

Does the other parent engage in behavior that is abusive toward your child/children? Yes/No

Does the other parent neglect to take care of your child/children's needs, for food, shelter, medical care, etc? Yes/No

Has the other parent ever taken or threatened to take the child/children without notice or permission? Yes/No

Legal Status:

Are there other dissolution or modification proceedings active? Yes/No

Is there a case active in juvenile court? Yes/No

Is there an active restraining order, protection order, or other similar order? Yes/No

Are there any other civil or criminal court actions impacting you, the other parent, or your child/children? Yes/No

Economic Abuse:

Describe how you and the other parent handled finances and made financial decisions:

Has the other parent ever withheld your access to money or credit cards? Yes/No

Has the other parent ever forbid you to attend work or school? Yes/No
Has the other parent ever stolen from you or defrauded money or assets from you? Yes/No
Has the other parent ever exploited your resources for their personal gain? Yes/No
Has the other parent ever withheld physical resources such as food, clothing, medications or shelter? Yes/No

Emotional Abuse:

Has the other parent ever threatened or intimidated you to gain compliance? Yes/No
Has the other parent ever destroyed your personal property or threatened to do so? Yes/No
Has the other parent ever committed violence toward an animal or object in your presence?
Yes/No
Has the other parent ever yelled, screamed, called you names, shamed, mocked or criticized you?
Yes/No
Has the other parent ever been possessive of you? Yes/No
Has the other parent ever isolated you from friends or family? Yes/No

Gender-Based Privilege:

Describe how roles were divided between you and the other parent:

Who helped with the child/children's care?

Who decided what your role was in the relationship or in the home?

Who helped around the house?

Describe how decisions were made with the other parent:

Does the other parent express respect toward you? Yes/No

Intimidation:

Does the other parent make you afraid by using looks, actions or gestures? Yes/No
Has the other parent ever destroyed property, particularly things that are important to you?
Yes/No
Has the other parent displayed or talked about weapons in a way that caused you to be afraid?
Yes/No

Has the other parent thrown or shoved objects in a way that caused you to be afraid? Yes/No
Has the other parent followed you, called you repeatedly, in a way that felt intimidating? Yes/No
Has the other parent gone through your mail, car, or household in a way that you felt violated?
Yes/No
Do you feel you shouldn't talk about your relationship? Yes/No

Physical Abuse:

Describe any ways the other parent has physically harmed you:

Has the other parent ever grabbed, pushed, thrown or tripped you? Yes/No
Has the other parent pulled your hair, twisted your arm, pinned you down or slapped you?
Yes/No
Has the other parent limited your access to food, drink, bathroom facilities, sleep, medications
etc? Yes/No
Has the other parent ever thrown something at you? Yes/No
Has the other parent hit, kicked, kneed or punched you anywhere on your body? Yes/No
If you answered yes, were you pregnant at the time? Yes/No
Has the other parent ever strangled or "choked" you? Yes/No
Have you ever needed medical attention as a result of the other parent's actions? Yes/No

Sexual Abuse:

Have you felt forced to engage in unwanted sexual activity? Yes/No
Please describe what happened:

Minimizing, Denying and Blaming:

When problems occurred were you blamed for problems that weren't your fault? Yes/No
Were your feelings disregarded? Yes/No
Did the other parent feel justified for abusive behavior toward you? Yes/No
Did the other parent act as though abuse never happened when it did? Yes/No

Nebraska Parenting Act, Neb.Rev.Stat. §43-2927 (2007)
Attorney DIPA Screening – approved by the Nebraska State Court Administrator,
effective 01/01/08