

Research or Case Number:

Name of interviewer:

Party being interviewed:  1<sup>st</sup> party: Male/Female/Nonbinary  2<sup>nd</sup> party: Male/Female/Nonbinary Date of interview:

**MEDIATOR’S ASSESSMENT OF SAFETY ISSUES AND CONCERNS VERSION 4 (MASIC-4)  
as of January 9, 2020<sup>i</sup>**

**ADMINISTERED VERBALLY IN FAMILY LAW CASES WITH OR WITHOUT CHILDREN<sup>ii</sup>**

The authors of this instrument make the following recommendations: (a) if possible, obtain any court or police records that might address parties’ violent or abusive conduct before completing this Assessment; (b) complete this Assessment in intake session(s) on separate days from negotiation session(s); and (c) complete this Assessment with each party privately (i.e., separately from the other party), preferably with the female party first.<sup>iii</sup>

The MASIC-4 may be completed by hand on a paper copies or by typing into the Yes/No boxes and text boxes throughout the document on a computer or tablet. It is generally preferable, when conducting the interview, to refer to the other party by his or her name (or Mom or Dad) in each of the questions below. The MASIC-4 has been set up to allow you to make a global change from NAME (which appear in brackets) to the other party’s first name (or Mom or Dad) throughout the document. Do not make other changes to the MASIC-4 without the permission of the authors. ***Bolded and italicized*** language in this document are instructions and not questions to be asked.

Before asking the questions in Section 1, first ask the party about what brings them to mediation and what they are hoping to accomplish through mediation: use this to get the party’s narrative and build rapport. Throughout the interview, remember to engage with the party you are interviewing and follow up on information that is unclear or may seem important (even if you are digressing at times from the outline). At the same time, be sure to obtain answers (if you can) to all the questions in the MASIC-4. They are there for a reason, which is to assess all types of violence, abuse, and controlling behaviors.

***[Read introduction and questions to each party:]*** In mediation, parties work together to try to make good decisions for themselves [and, if applicable, for their children] outside of court. Mediators do not take sides and do not decide for the parties how to settle their case. Rather, mediators assist both parties in exploring ways to resolve any disagreements in this confidential settlement process. Before the parties start negotiations, we do an intake where we explain the mediation process and ask the parties to give us some background information and complete a confidential intake form.<sup>iv</sup> You may wonder about some of the questions I will be asking you now, but it is helpful to think of this like a visit to the doctor’s office. There, you are often asked questions that may not seem important to you or may not seem to apply to you, but are important to the doctor. The questions we ask are important to us in deciding what *process* would work best for you and [NAME]; we are not trying to make any decisions about your case. So please answer the following questions to the best of your ability, knowing that this will be helpful to us, and we will keep your answers to these questions private and confidential from the court and [NAME].<sup>v</sup>

**Section 1**

1a. Do you and [NAME] have any children together?  Yes OR  No

1b. If yes, please list them:

Boy or Girl?	Age?	Arrangements for this child to be discussed in Mediation
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Yes  No

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Yes  No

Yes  No

Yes  No

Yes  No

2. Do you have any children from another marriage or relationship who live with you?  No (IF NO, SKIP TO QUESTION 4) OR  Yes

3. How does [NAME] get along with your other child or children?

4a. Which of the following describe your main daily activities and/or responsibilities? You can tell me more than one.

Working:  Full-Time or  Part-Time

Retired

Unemployed or laid off or looking for work

Disabled or unable to work due to health issues

Full time home/family responsibilities (raising children, caring for family member, keeping house)

Student  Full-Time or  Part-Time

4b. Is [NAME] employed?  Yes OR  No

5a. Are you and [NAME] currently or were you ever married?  No (IF NO, SKIP TO QUESTION 5d) OR  Yes

5b. What is/was the length of the marriage between you and [NAME]? Answer should be in

Years:            and/or months:

5c. Which of the following best describes your case?

Original divorce from [NAME]

Legal separation from [NAME]

Modification to a prior divorce from [NAME]

5d. *If the parties were never married, ask:* What kind of case is this? Stop me when I get to the correct answer.

Paternity

Guardianship/third party custody

Abuse or neglect

Termination of parental rights

Other (please explain)

6a. Has the relationship between you and [NAME] ended?

No (IF NO, SKIP TO QUESTION 7) OR

There never was a relationship (IF THERE NEVER WAS A RELATIONSHIP, SKIP TO QUESTION 9) OR

Yes, how long ago did it end? Answer should be in Years            or Months

6b. Which of you ended the relationship?

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- You OR  [NAME] (IF [NAME] ENDED THE RELATIONSHIP, SKIP TO QUESTION 7) OR  
 Both of us decided to end relationship

6c. Why did you / [NAME] end the relationship [or if both parties decided to end the relationship, why did the relationship end?]

***If the party already answered that they ended the relationship for another relationship, just mark Yes in 6d and go to 6e. Otherwise, ask both 6d and 6e:***

6d. Did you end the relationship for another relationship?  Yes OR  No

6e. Does [NAME] believe you ended the relationship for another relationship?  Yes OR  No

7a. ***If the parties were married, say:*** I assume you lived together and check Yes if the party agrees. Otherwise, ask: Have you and [NAME] ever lived together?  No (IF NO, SKIP TO QUESTION 9) OR  Yes

7b. What is the total amount of time that you and [NAME] lived or have lived together? Answer should be in:

Years or Months

7c. Are you and [NAME] still living together?  Yes (IF YES, SKIP TO QUESTION 9) OR  No

7d. How long ago did you and [NAME] stop living together? Answer should be in:

Years or Months

8a. Since you stopped living with [NAME], have you and [NAME] spent any time together as a couple? I am not asking about time you spent exchanging the child(ren) or co-parenting the child(ren).

No (IF NO, SKIP TO QUESTION 9) OR  Yes

8b. How long ago was it when you and [NAME] spent any together as a couple? Answer should be a number measured in one of the following: Days or Weeks or Months or Years

8c. What did you do together?

9. Everyone fights or argues with family members and friends now and then. What happened when you fought or argued with [NAME]?

10. Do you have any of the following concerns about [NAME]? If you have any of these concerns, I will be asking you for some details about your concerns.

- Overuse of alcohol or prescription medications
- Illegal drug use
- Mental health problems
- Child abuse and/or neglect concerns
- Any criminal history

If party reports having any of the concerns listed above: Please tell me more about your concerns:

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11. Do you think [NAME] will say that he/she/they has/have any of the following concerns about you?

- Overuse of alcohol or prescription medications
- Illegal drug use
- Mental health problems
- Child abuse and/or neglect concerns
- Any criminal history

If party reports that the other party will have any of the concerns listed above: Please tell me what [NAME] will say about each of those concerns?

12. Have you ever been involved with the Department of Child Services (Child Protective Services)?

Yes OR  No

13. If yes, please explain (be sure to ask any appropriate follow up here):

14. Has [NAME] ever been involved with the Department of Child Services (Child Protective Services)?

Yes OR  No

15. If Yes, please explain (be sure to ask any appropriate follow up here):

16. Are there any current or past protective orders, restraining orders, or orders of protection issued against [NAME]?

Yes OR  No

17. If Yes, please explain (be sure to ask any appropriate follow up here):

18. Are there any current or past protective orders, restraining orders, or orders of protection issued against you?

Yes OR  No

19. If Yes, please explain (be sure to ask any appropriate follow up here):

20. Does [NAME] own or have access to any weapons, for example, guns or knives?  Yes  No

21. If Yes, what kind(s) of weapons?

22. Do you own or have access to any weapons, for example, guns or knives?  Yes  No

23. If Yes, what kind(s) of weapons?

24a. Are you in mediation because:

- you and [NAME] decided on your own to mediate, or
- the Court referred you and [NAME] to mediation?

24b. Is this mediation:

- the first time you and [NAME] are mediating or
- a return to mediation?

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### Section 2

Now, I am going to ask you a series of questions about your relationship with [NAME]. I am interested in things that [NAME] may have done **during a conflict, disagreement, fight, or in anger, or to scare you or hurt you, but NOT while joking around**. If any of these questions make you feel uncomfortable or upset, we can take a break. Just let me know.

First, I will ask if something ever happened, and you should answer Yes or No. If you answer Yes, then I will ask if it happened within the past 12 months; again answer Yes or No.

A. Did [NAME] ever (whether living together or not)		B. Did that happen in the past 12 months?	
1.	Call you names?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Insult you or make you feel bad in front of others?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Forbid you to go out without him/her/they?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Try to control how much money you had or spent?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	Be secretive or kept you in the dark about financial matters?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	Try to control your activities, including work?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.	Try to control your contact with family and friends?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.	Act extremely jealous, or frequently check up on where you've been or who you've been with?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
9.	Demand that you obey him/her/they?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
10.	Physically abuse or threaten to abuse pets to scare or hurt you, or when angry at you?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
11.	Punish or deprive the children because he/she/they was/were angry at you? [If no children, N/A: <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
12.	Make threatening gestures or faces at you or shake a fist at you?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
13.	Spit on you?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
14.	Threaten to take or have the children taken away from you? [If no children, N/A: <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
15.	Destroy property, for example, hit or kick a wall, door, or furniture or throw, smash, or break an object?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
16.	Drive dangerously to scare you, or when angry at you?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
17.	Throw an object at you to scare or hurt you, or when angry at you?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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18.	Destroy or harm something you care about?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
19.	Make false accusations to the authorities that you physically or sexually abused [NAME] or the children?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
20.	Ruin your reputation at work or in a community that you care about?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
21.	Threaten you with criminal or immigration action against you?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
22.	Threaten to hurt you? <i>If Yes, ask for details and record them here:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
23.	Threaten to hurt someone you care about? <i>If Yes, ask for details and record them here:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
24.	Threaten to kill him/her/themself? <i>If Yes, ask for details and record them here:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
25.	Threaten to kill you? <i>If Yes, ask for details and record them here:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
26.	Threaten you with, or use, a weapon or something like a weapon against you? <i>If Yes, ask for details (including whether threat or actual use, and what kind(s) of weapon(s) or object(s) and record them here:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**I want to remind you that all my questions concern things that [NAME] may have done during a conflict, disagreement, or fight, or in anger, or to scare or hurt you, but NOT while joking around.**

27.	Hold you down, pinning you in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
28.	Push, shove, shake or grab you?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
29.	Scratch you, or pull your hair, or twist your arm, or bite you?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
30.	Slap you?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
31.	Hit or punch you?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
32.	Kick or stomp on you?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
33.	Try to choke or strangle you or cut off your breathing?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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34.	Burn you with something?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
35.	Demand or insist that you engage in sexual activities against your will?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
36.	Physically force you to engage in sexual activities against your will?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
37.	Follow or spy on you in a way that made you feel frightened or harassed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
38.	Try to contact you against your will or communicate in a way that made you feel frightened or harassed, for example, by phone calls, leaving you messages on your voicemail, text messages, mail, or through social media contacts or posting?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
39.	Stand outside your home, school, workplace, or places where he/she/they had no business being, and in a way that made you feel frightened or harassed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
40.	Leave items for you to find in a way that made you feel frightened or harassed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
41.	Do anything else similar to the kinds of behaviors we've been discussing? <i>If yes, ask for details and record them here:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Now consider the things we've been discussing or similar kinds of things:</b>			
42.	As a result of [NAME]'s behaviors, did you ever feel fearful, scared or afraid of physical harm to yourself or to others? <i>If Yes, ask for whom the party has felt fearful, scared or afraid of physical hard and record here:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
43.	I'd also like to know about [NAME]'s family members and friends. Did they do any of the things I've been asking about to you? <i>If Yes, ask for details and record them here:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
44.	As a result of [NAME]'s behaviors, have you ever received any physical injury, even a scratch, small bruise or swelling? <i>If Yes, ask Questions 45 to 48 below. If No, skip those Questions and go to Question 49.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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**For questions 45-48 relating to injuries, ask: Did you ever receive any:**

45.	Scratch, small bruise, swelling, or other mild injury? <i>If Yes, ask for details and record them here:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
46.	Fracture, small burn, cut, large bruise, or other moderate injury? <i>If Yes, ask for details and record them here:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
47.	Major wound, severe bleeding or burn, being knocked out, or other severe injury? <i>If Yes, ask for details and record them here:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
48.	Blindness, loss of hearing, disfigurement, chronic pain, or other permanent damage? <i>If Yes, ask for details and record them here:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**These final Section 2 questions are for all parties regardless of whether they say they suffered any physical injuries.**

49.	Did you seek, or should you have sought medical attention for any physical injury caused by [NAME]? <i>If Yes, ask for details and record them here:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
50.	Did you seek, or should you have sought, mental health or medical assistance as a result of any of [NAME]'s behaviors? (This is different than what I asked about physical injury.) <i>If Yes, ask for details and record them here:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
51.	As a result of [NAME]'s behaviors, did you or someone else ever call the police? <i>If Yes, ask for details about who called the police, and when and what specifically prompted the call, and record them here:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>



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### Section 3

***If the party reported that the other party engaged in any of the behaviors in Section 2 above in the past 12 months, ask Questions 1-2; if not, to Question 5:***

1. You said that [NAME] did some of the things I asked you about in the past 12 months. Have these types of behaviors been happening more often recently?

Yes OR  No

If Yes, which behaviors:

2. Have these types of behaviors been getting worse or more serious recently?

Yes OR  No

If Yes, which behaviors:

***If the party answered Yes to 1 and/or 2 above, and reported that they stopped living with the other party less than 12 months ago [from Question 7d in Section 1], ask Questions 3-4; if not, skip to Question 5.***

3. You said that you and [NAME] stopped living together \_\_\_\_\_ months ago. Since you and [NAME] stopped living together, have any of these behaviors been happening more frequently?

Yes  No

If Yes, which behaviors:

4. Have these types of behaviors been getting worse or more serious you and [NAME] stopped living together?

Yes  No

If Yes, which behaviors:

***For ALL parties, regardless of their answers to questions 1 through 4 above, ask the following questions:***

5a. Are you comfortable mediating with [NAME]  Yes (IF YES, SKIP TO QUESTION 6) OR  No

5b. What makes you uncomfortable?

5c. What, if anything, would make you feel more comfortable?

6a. Do you think there is any reason why you should not participate in this mediation?

No (IF NO, SKIP TO QUESTION 7) OR  Yes

6b. If Yes, please explain:

7a. During the mediation, would you prefer to sit in the same room with [NAME] or in a different room?

Same room  Different room  No preference

7b. If in a different room, why?

7c. If in the same room, why?

7d. If no preference, why?

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8. Are you afraid that [NAME] will harm you during the mediation or after you leave because of what you say or do in mediation?  Yes  No

9. If yes, please explain:

10. Do you believe that you are in physical danger from [NAME] at this time?  Yes  No

11. If yes, please explain:

12. Is there anything else you think I/we [the mediator(s)] should know?

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<sup>i</sup> Amy Holtzworth-Munroe, Connie J. Beck, and Amy G. Applegate, Mediator's Assessment of Safety Issues and Concerns Version 4 (MASIC-4) (2019). The MASIC-4 may be reproduced, distributed, and displayed freely for non-commercial purposes. Any use of the MASIC-4 that (a) is for commercial purposes; (b) does not acknowledge the authors; and/or (c) modifies the MASIC-4 without the authors' consent, including the preparation of derivative works, is strictly prohibited. The first version of the MASIC appeared in Holtzworth-Munroe, A., Beck, C.J.A., & Applegate, A.G. (October 2010), The Mediator's Assessment of Safety Issues and Concerns (MASIC): A Screening Interview for Intimate Partner Violence and Abuse Available in the Public Domain, *Family Court Review*, Vol. 48, No. 4, 646-662. The authors acknowledge the *Family Court Review*, which is a journal of the Association of Family and Conciliation Courts. The questions in Section 2 of this Assessment have been adapted from Marshall L.L., Development of the Severity of Violence Against Women Scale; Sullivan CM, Parisian JA, Davidson WS, Index of Psychological Abuse; Tjaden P, Thoennes N, National Violence Against Women Survey; and Hines D and Douglas E, Sexual Aggression Experiences of Male Victims of Physical Partner Violence: Prevalence, Severity, and Health Correlates for Male Victims and their Children. The Marshall, Sullivan, and Tjaden screening instruments, in their entirety, have been validated. In addition, initial reliability and validity for Section 2 of an earlier version of the MASIC has been demonstrated. Pokman, V., Rossi, F.S., Holtzworth-Munroe, A.G., Beck, C.J.A., Applegate, A.G., & D'Onofrio, B.M. (March 2014), Mediator's assessment of safety issues and concerns (MASIC): Reliability and validity of a new intimate partner violence screen. *Assessment*, Vol. 21 (5), 529-542. The MASIC-4 incorporates portions of the Danger Assessment (Campbell, J.C. (2004) Danger Assessment, Retrieved December 1, 2018, from <http://www.dangerassessment.org>; Campbell, J.C. Webster, D.W., & Glass N. (2009). The danger assessment: validation of a lethality risk assessment instrument for intimate partner femicide. *Journal of Interpersonal Violence*, 24(4):653-74). The authors also wish to acknowledge their law and psychology students who assisted, directly and indirectly, in the development of this Assessment.

<sup>ii</sup> The MASIC (including the current version and any and all prior, future, and derivative versions) is intended for screening purposes only and does not provide any formal diagnosis of anyone screened or discussed in screening. The MASIC authors have no legal liability or responsibility for the accuracy and/or completeness of information obtained through screening done with the MASIC, or for evaluations and/or recommendations made based upon information obtained through MASIC screening. Users of the MASIC, or information obtained through MASIC screening, are deemed to have accepted the conditions set forth in this disclaimer.

<sup>iii</sup> Although males and females can be both victims and/or perpetrators of intimate partner violence or abuse, most research shows that female victims report more sexual victimization, fear, and serious physical injury. See, e.g., Winstok, Z., & Straus, M. A. (2016), *Journal of Family Violence*, 31(8), 933-935. This is very important to know and consider in the mediation context. Thus, with male/female couples, we recommend screening the female party first if possible in the event the screening results indicate that mediation would not be appropriate. Screening the male party might then not be necessary or appropriate.

<sup>iv</sup> To obtain a copy of the Confidential Intake Form used by mediators in the Viola J. Taliaferro Family and Children Mediation Clinic at the IU Maurer School of Law, contact Professor Amy G. Applegate at [aga@indiana.edu](mailto:aga@indiana.edu).

<sup>v</sup> The authors also recommend: (a) do not apologize for asking these questions; (b) do not say or volunteer that everyone is asked these questions; and (c) if a party enquires whether everyone is asked these questions, an appropriate response is: "We ask everyone a series of background questions. We ask the parties some of the same questions and some different questions. No matter what we ask, what you say will be kept confidential from the other parent and the court."