

**MEDIATOR’S ASSESSMENT OF SAFETY ISSUES AND CONCERNS-SHORT
(MASIC-S) FOR PARTIES WHO ARE THE PARENTS OF THE CHILDREN IN THE
CASE, OR WHO ARE CURRENTLY OR WERE PREVIOUSLY
SPOUSES OR SIGNIFICANT OTHERS**

Modified, shortened version (Rossi, Applegate, Beck, Timko & Holtzworth-Munroe, 2022;
Rossi, Applegate, Tomlinson & Holtzworth-Munroe, 2023) of the original MASIC (Holtzworth-
Munroe, Beck, & Applegate, 2010)

PARTY EVALUATION FORM

Accessible on odr.com/masic-s

ADMINISTERED VERBALLY IN FAMILY LAW CASES

NOTES AND INSTRUCTIONS FOR THE SCREENER

For more detailed instructions about each of these notes or instructions, and more detailed information about the MASIC-S (including citations and references to supporting research), review the **Comprehensive Guidance for Using the MASIC-S (“Comprehensive Guidance”)**. We recommend that screeners review the **Comprehensive Guidance [link provided]** before their first time using the MASIC-S.

WHAT IS THE MASIC-S?

- **SCREEN FOR IPV/A:** The MASIC-S screens for intimate partner violence and abuse (“IPV/A”, also known as domestic violence or “DV”) and related concerns between current or past intimate partners (spouses or significant others). The questions in the MASIC-S primarily address behaviors that are associated with severe or concerning levels of DV. After you complete a MASIC-S screen with each party, you will be prompted to consider:
 - Does the party need to be referred to a *DV advocate*?
 - Based on both parties’ reports, is this case *appropriate for some form of mediation*?
 - If this case is appropriate for mediation, are *accommodations needed for either party or both parties to help ensure a safe, voluntary, and appropriate mediation process*?
 - May the parties mediate together in joint session, or
 - May the parties mediate directly for some or all of the mediation, remotely (online), or
 - Should the case be conducted entirely in shuttle format, either in person or remote (online)?
 - What additional accommodations are needed for each party to help ensure a safe, voluntary, and appropriate mediation process?

WHEN CONDUCTING THE INTERVIEWS:

- **ORDER OF SCREENING:** For male/female couples, we recommend screening the female party first unless there is information to suggest that the female party is perpetuating IPV on the male party. *See Comprehensive Guidance [link provided] for what to do if you conclude that mediation is not appropriate for the case after screening the first party.*
- **CLINICAL JUDGMENT:** The term “clinical judgment” in this tool means the application of one’s knowledge, skills, abilities, and experiences in making decisions about the appropriate process and/or services to be offered to the parties.

ASKING QUESTIONS:

- **DO NOT EDIT THE MASIC-S QUESTIONS:** Ask each question exactly as it is written, except to 1) *substitute the other party's name for [the other party], and 2) use pronouns (e.g., he/she/they).*
- **QUESTIONS MARKED AS RECOMMENDED BUT OPTIONAL:** The decision whether to ask these questions is discretionary with the mediator or mediation program.
- **QUESTIONS MARKED AS REQUIRED:** These questions must be asked.
- **DO NOT OFFER “DON’T KNOW” AS AN OPTION:** Only mark “don’t know” as a response if the party truly is unable to respond to a question. (Note that these will be scored as “Yes” answers.)
- **HOW TO RESPOND TO PARTY QUESTIONS ABOUT THE MASIC-S QUESTIONS ASKED OF AND ANSWERED BY THE OTHER PARTY:** See the Comprehensive Guidance [link provided] for suggested responses to these questions.

IDENTIFYING AND REFERRING TO THE PARTIES AND OTHERS:

- **“OTHER PARTY”:** This refers to “the other parent, other spouse, or significant other in the case. We recommend using the other party’s name verbally (rather than saying “the other party”) during the screening, if this is possible.
- **DO NOT RECORD ANY IDENTIFYING INFORMATION ON THE FORMS:** When typing in details to questions, *do not type in any names or initials.* We suggest these abbreviations:
 - Use “Mo” for “Mother,” and “StepMo” for “Stepmother”
 - Use “Fa” for “Father,” and “StepFa” for “Stepfather”
 - With same sex couples, use Male/Female/Nonbinary “Party 1” and “Party 2” and comparable derivatives listed above.

- When referring to child/ren: If one child, use “child.” Otherwise “younger” or “youngest,” “older” or “oldest,” “middle,” or another appropriate adjective before “child.”
- **USE “SURVIVOR” RATHER THAN “VICTIM”:** Do not describe the interviewee as a “victim.” If a label is necessary, use the term “survivor.”

DISCLAIMER OF LIABILITY:

- **DISCLAIMER:** The MASIC-S (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-S authors have no legal liability or responsibility for the accuracy and/or completeness of information obtained through screening done with the MASIC-S, or for evaluations and/or recommendations made based upon information obtained through MASIC-S screening. Users of the MASIC-S, or information obtained through MASIC-S screening, are deemed to have accepted the conditions set forth in this disclaimer.

Date of interview: [or auto-fill]

Internal Matter Number (optional; not the actual case number):

Party being interviewed in screening (optional): 1st party or 2nd party

EXPLANATION ABOUT MEDIATION (RECOMMENDED BUT OPTIONAL)
(Depending on What Information has Already Been Provided to the Parties)

Example Script: In family mediation, parties work together to try to make good decisions for themselves and the child/ren outside of court. Mediators do not take sides and do not decide for the parties how to settle their case. Rather, mediators assist the parties in exploring ways to resolve any disagreements in this confidential settlement process. Before the parties start mediation, they are asked to provide some information about their situation.

PARTY NARRATIVE (RECOMMENDED BUT OPTIONAL)
(Opportunity for Interviewee to Explain their Situation in their Own Words)

Example Script: I will be asking you some questions today. First, I would like to ask you to tell me, in your words, what brings you and [the other party] to mediation? *(Note: Elicit brief narrative about why the parties are in court/mediation.)*

Notes:

**MASIC-S INTRODUCTION (REQUIRED FOR ALL PARTIES WHO ARE RECEIVING
THE FULL MASIC-S SCREENING)**

Required Script: I am now going to ask you a series of questions about your relationship with [the other party]. We ask these kinds of questions of the parties who are the parents of the children in the case, or who are currently or were previously spouses or significant others. *[If there are other parties in the case, say: These questions relate to [the other party's name] and not the other parties in the case, but let us know if any of the other parties are doing the kinds of things we are asking about.]*

Your responses to these questions will be confidential. They will NOT be shared with the court or [the other party]. Your responses will only be used to decide whether mediation would be appropriate in your case, and if so, how to conduct the mediation. However, in answering the questions below, please keep in mind that if I/we have reason to believe that a child has been subjected to abuse or neglect which has not previously been reported to Child Protective Services or an appropriate law enforcement agency, I/we [or the mediation program] will need to make a report to Child Protective Services or the appropriate law enforcement agency. *[Add any other applicable disclosures about mandatory reporting in your jurisdiction.]*

You may wonder about some of the questions you will now be asked, 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 you will be asked now are important for deciding what kind of mediation would work well for you and [the other party], or if it would be better for you and [the other party] not to mediate. So please answer the following questions to the best of your ability.

In answering these questions, I am asking about things that [the other party] may have done during a conflict, disagreement, fight, or in anger, or to scare you or hurt you, but NOT while joking around.

MASIC-S QUESTIONS-SECTION 1		
All questions below are REQUIRED except for some follow-up questions that are marked RECOMMENDED BUT OPTIONAL FOLLOW-UP		A. Did [the other party in this case] ever (whether or not while living with you)
1.	Forbid you to go out without [him/her/them]?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
2.	Drive dangerously to scare you, or when angry at you?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
3.	Physically abuse or threaten to abuse pets to scare or hurt you, or when angry at you?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know

4.	Threaten to hurt someone you care about? RECOMMENDED BUT OPTIONAL FOLLOW-UP: A. If Yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
5.	Threaten to hurt you? RECOMMENDED BUT OPTIONAL FOLLOW-UP: A. If Yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
6.	Threaten to kill you? RECOMMENDED BUT OPTIONAL FOLLOW-UP: A. If Yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<i>Please remember that all questions concern things that [the other party] ever, whether or not while living with you, may have done during a conflict, disagreement, or fight, or in anger, or to scare or hurt you, but NOT while joking around.</i>		
7.	Hold you down, pinning you in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
8.	Scratch you, or pull your hair, or twist your arm, or bite you? RECOMMENDED BUT OPTIONAL FOLLOW-UP: A. If Yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
9.	Slap you?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
10.	Hit or punch you?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
11.	Kick or stomp on you?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
12.	Try to choke/strangle you or cut off your breathing? RECOMMENDED BUT OPTIONAL FOLLOW-UP: A. If Yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
13.	Burn you with something?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
14.	Use a weapon against you or threaten you with a weapon or something like a weapon? RECOMMENDED BUT OPTIONAL FOLLOW-UP: A. If Yes, please describe (include what kind(s) of weapons(s) or object(s)):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know

15.	Demand or insist that you engage in sexual activities against your will?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
16.	Physically force you to engage in sexual activities against your will?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
17.	Follow or spy on you, destroy your property, or try to contact you against your will or communicate in a way that made you feel frightened or harassed, for example, by unwanted phone calls, leaving you threatening notes, leaving threatening messages on your voicemail, sending you threatening text messages, or posting threatening messages on social media? RECOMMENDED BUT OPTIONAL FOLLOW-UP: A. If Yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
18.	Stand outside your home, school, workplace, or other places where [he/she/they] had no business being, and in a way that made you feel frightened or harassed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know

Now consider the questions you just answered, or similar kinds of things:

19.	As a result of [the other party]'s behaviors, did you ever feel fearful, scared or afraid of physical harm to yourself or to others? RECOMMENDED BUT OPTIONAL FOLLOW-UP: A. If Yes: Please describe (include when and fear for whom): REQUIRED FOLLOW-UP: B. If Yes: As a result of the other party's behaviors, do you currently feel fearful, scared or afraid of physical harm to yourself or to others? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
20.	As a result of [the other party]'s behaviors, have you ever received any physical injury from a scratch, small bruise, or swelling to a major wound, other severe injury, or permanent damage to you? RECOMMENDED BUT OPTIONAL FOLLOW-UP: A. If Yes: Please describe (include when and a description of serious injuries/the worst injury): REQUIRED FOLLOW UP: B. If Yes: Did you receive a severe injury such as a major wound , severe bleeding, burn, being knocked out, or a permanent injury such as blindness, loss of hearing, disfigurement, or chronic pain? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know

MASIC-S QUESTIONS-SECTION 2

**If "Yes" to any of the items in Section 1 above, then Section 2 is REQUIRED.
If "No" to all questions in Section 1, then you may skip to Section 3. However,
according to your clinical judgment, you may also complete Section 2.**

21.	<p>Have any of these behaviors happened in the past year?</p> <p>RECOMMENDED BUT OPTIONAL FOLLOW-UP: A. If Yes: Please describe (include which behaviors and when):</p> <p>REQUIRED FOLLOW-UP: B. If Yes: Has the physical violence increased in severity or frequency in the past year? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
22.	<p>Does or did [the other party] act extremely jealous, or frequently check up on where you've been or who you've been with?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
23.	<p>Is or was [the other party] successful in controlling your activities, your work, your contact with family and friends, or your access to money or financial information?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
24.	<p>Are you afraid that [the other party] will harm you during or after the mediation because of what you say or do in mediation?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
MASIC-S QUESTIONS-SECTION 3 RECOMMENDED BUT OPTIONAL		
Do you have any of the following concerns about [the other party]?		
25.	<p>Overuse of alcohol or prescription medications?</p> <p>RECOMMENDED BUT OPTIONAL FOLLOW-UP: A. If Yes: Please tell me more about your concern:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
26.	<p>Illegal drug use?</p> <p>RECOMMENDED BUT OPTIONAL FOLLOW-UP: A. If Yes: Please tell me more about your concern:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
27.	<p>Mental health problems?</p> <p>RECOMMENDED BUT OPTIONAL FOLLOW-UP: A. If Yes: Please tell me more about your concern:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
28.	<p>Child abuse and/or neglect concerns?</p> <p>RECOMMENDED BUT OPTIONAL FOLLOW-UP: A. If Yes: Please tell me more about your concerns:</p> <p>[Note to screener: We recommend that follow-up include whether there has been involvement with the Department of Child Services (DCS)]</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know

29.	Any criminal history? RECOMMENDED BUT OPTIONAL FOLLOW-UP: A. If Yes: Please tell me more about your concern:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
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MASIC-S QUESTIONS-SECTION 4 (REQUIRED FOR ALL PARTIES)

Ask all parties the following question (regardless of whether Sections 2 and/or 3 were completed)

Required Script: As a reminder, mediation is a confidential settlement process that takes place outside of court. Mediation may happen with the parties communicating directly with each other in the presence of the mediator, or with each party meeting privately with the mediator and communicating with the other party or parties through the mediator. *[At this point the screener should explain how mediation is done in their program.]*

Not all cases, however, go through the mediation process. I [or the mediation program] will determine whether mediation will take place in your case, and if mediation will take place, how it will be conducted. I have a few more questions to help make these decisions.

30.	Do you think there is any reason why you should not participate in this mediation? REQUIRED FOLLOW-UP: A. If Yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
31.	Are there any current or past protective orders, restraining orders, or orders of protection issues against [the other party]? REQUIRED FOLLOW-UP: A. If Yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
32.	As a result of the questions you have been asked, do you have concerns that you would like to share about mediating or the mediation process? REQUIRED FOLLOW-UP: A. If Yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know

Before submitting this MASIC-S Party Evaluation Form, you must certify the following:

I understand that Mediate.com/ODR.com will provide me with a link to a downloadable PDF version of the information I have inputted into this MASIC-S form once I have submitted this form to Mediate.com/ODR.com and made the required certification.

I certify that no identifiable information has been inputted into this confidential MASIC-S form. I further certify that I have not inputted any actual case numbers into this form, and I have not included any case or personal identifying information about the case or the parties in the case, including names, birth dates, social security numbers, locations, and the like.

I understand that my ONLY opportunity to download the PDF version of this completed form will be after I click submit below and receive the link, and I will NOT be able to download the PDF after I leave the website. I also understand that once I download the PDF version of this form and leave the website, I will have the only copy of the information on this MASIC-S form.

Submit (click on this) [all three boxes must be checked before interviewer can submit]

After pressing Submit, the following shows up:

REMINDER: THIS IS YOUR ONLY OPPORTUNITY TO DOWNLOAD A PDF OF THIS PARTY'S MASIC-S RESPONSES.

[Download your survey results here.](#)

We suggest saving your PDF with this party MASIC-S responses and including the following information in the name of the document: MASIC-S Responses, the internal case number, and which party (1st or 2nd, or Mo or Fa, etc.)

This party's responses and total MASIC-S score will be displayed below the links for the five MASIC-S Scoring Forms below.

**MASIC-S SCORE: Intimate Partner Violence and Abuse ("IPV/A")
Score Based on Behaviorally-Specific Items + Recent/Increasing
IPV/A + Fear and Injury**

Total number of "Yes" responses: Questions 1- 24:

___ of 24 total possible points

- Higher MASIC-S scores indicate greater levels of and more concerning IPV/A, though even lower scores may be concerning, depending on the party's report (Information on

IPV/A subtype scores are available in the Comprehensive Guidance [link provided].

- **Check responses to questions 19B and 24 for presence of current fear.**
- **Check response to question 20B for report of severe or permanent injury.**

Instructions for next steps in the screening process.

Below are links to MASIC-S Scoring Forms; select the applicable link based on this party's responses. Suggested guidelines in the MASIC-S Scoring Forms are based on the current, up to date information mediation programs using the shortened MASIC, as interpreted by the current research team (Amy G. Applegate, Fernanda S. Rossi, Amy Holtzworth-Munroe, Lily J. Jiang, & Holly Huber). These suggested guidelines are subject to adjustment as more research on MASIC scoring is conducted in the future.

Select one of the five options below based on the party's report.

- **Click here if results indicate a MASIC-S score of 10 or higher AND a report of severe or permanent injury and/or current fear.**
- **Click here if results indicate a MASIC-S score of 1 to 9 AND a report of severe or permanent injury and/or current fear.**
- **Click here if results indicate a MASIC-S score of 3 or higher and NO report of severe or permanent injury and/or current fear.**
- **Click here if results indicate a MASIC-S score of 1 or 2 and NO report of severe or permanent injury and/or current fear.**
- **Click here if results indicate a MASIC-S score of 0.**