PROTECTIVE PARENT SURVEY

California Protective Parents Association and Our Children Our Future Charitable Foundation are collecting data for a national research project involving cases of children placed by family courts in the custody of, or unsupervised visitation with, their identified abusing parent. All identifying information will be kept confidential. Your name_____ [Case _____ v ____] Address_____ State Zip Phone () Email Thank you for completing this survey. Please answer all questions, if appropriate to your case. Mark the **0** in front of the response. 1) In what state(s) is your case?______2) In what county(ies)?_______3) Your case #___ Case 4) What year were documents first filed?______5) Is your case still in progress?..... **0** Yes **0** No 6) Approximately how much money have you paid for litigation related to your present case?..... Cost [attorney fees, court filing fees, mediation, evaluations, supervised visitation, court ordered classes, therapy, etc] 7) Have your ever had to file bankruptcy as a result of litigation costs?..... **0** Yes **0** No **Attorney** 8) Have you ever been represented by an attorney during this case? **0** Yes **0** No 9) If so, by how many? ____ 10) At any time was your ex-spouse/partner represented by an attorney when you were not?..... **0** Yes **0** No **Children**11) What were the ages of the child(ren) of this relationship at the time of separation? Girls' ages ____ Boys' ages ____ _ 12) Estimate the percentage of caretaking time by each caretaker before the separation? **0** Mother _____% **0** Father _____ **0** Relative ______ % **0** Other _____ 13) At the time of separation, did the primary caretaker maintain primary physical custody? **0** Yes **0** No **Issues** 14) Over which of the following is sues were there disputes in your court case? [Mark all that apply] **0** Property settlement **0** Spousal support **0** Child support **0** Move away **0** Child custody/visitation **0** Alcoholism **0** Drug abuse/type of drugs_______ **0** Other 15) Who initiated the litigation? **0** Mother **0** Father 16) Were you the victim of domestic violence perpetrated upon you by the other parent?..... O Yes O No 17) If so, did your children witness the violence?..... O Yes O No 18) Did the violence begin or escalate after separation? **0** Yes **0** No 19) Did your ex spouse/partner ever threaten to take the children if you left the relationship? O Yes O No 20) Were there allegations of child abuse made during your family court litigation? O Yes O No If so, what type? Who is the identified perpetrator? Who first made the allegation? 23) **0** Verbal/emotional abuse ... **0** Father **0** Mother **0** Other______ **0** Child **0** Mother **0** Father **0** Other_____ 25) **0** Other______ **0** Father **0** Mother **0** Other_____ **0** Child **0** Mother **0** Father **0** Other_____ 26) Age of 1st child when abuse first occurred ___ **0** Boy **0** Girl 27) Age of 2nd child when abuse first occurred ___ **0** Boy **0** Girl **0** Yes **0** No 29) Was there medical/physical evidence of abuse?.... 30) Was there other corroborating evidence of abuse? [What type(s)? O No 31) What symptoms? **0** Sexual acting out **0** Depression **0** Stomach/head/other pain **0** Dissociation **0** Overwhelming anger/rage **0** Nightmares/sleep disorders **0** Fears/phobias **0** Eating disorders **0** Regression (bedwetting/leak feces/suck thumb, etc.) **0** Constipation/diarrhea **0** Learning disability **0** Attention deficit **0** Suicide attempt **0** Other_____ **History** 33) Please mark all labels your ex-spouse/partner received from mental health professionals prior to separation: **0** Schizophrenia **0** Bi-polar disorder **0** Borderline personality **0** Depression **0** Anxiety **0** Post-traumatic stress disorder **0** Other 34) Does s/he have a history of alcohol/drug abuse? **0 Yes 0 No** 35) If so, is s/he clean/sober? **0 Yes 0 No** 36) How long?_____ 37) Does s/he have a criminal history? **0 Yes 0 No** 38) If so, what was s/he arrested for? 39) Convicted of? Please describe 40) Please mark all labels you received from mental health professionals prior to separation: **0** Schizophrenia **0** Bi-polar disorder **0** Borderline personality **0** Depression **0** Anxiety **0** Post-traumatic stress disorder **0** Other 41) Do you have a history of alcohol/drug abuse? **0 Yes 0 No** 42) If so, are you clean/sober? **0 Yes 0 No** 43) How long?____ 44) Do you have a criminal history? **0** Yes **0** No 45) If so, what were you arrested for? 46) Convicted of?

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describe Advice	47) Did anyone ever advise/insist that you not mention domestic violence or child abuse in family court?	O Yes	0 No
	49) Did your attorney ever tell you that pursuing court action against your ex could negatively affect your case?	0 Yes	0 No
Custody	50) Was custody changed to the other parent over your objection or due to an emergency court order?	0 Yes 0 Yes	0 No
	52) Was unsupervised contact given to the identified alcoholic/drug abuser, without drug testing?	O Yes onduct, O Yes	
	54) Were judicial findings made that you were a danger to your children or that you were an unfit parent? 55) Were you ever placed on supervised visitation?		0 No
	59) Do you believe the other parent attempted to gain increased custody to avoid paying child support?	O Yes O Yes	
Court	Mediation 62) Did you participate in court-connected mediation regarding custody?	0 Yes	0 No
	64) Were you required to meet face-to-face with an ex-spouse/partner who perpetrated violence/threats of harm? 65) Did you lose any custody rights/contact with your children as a result of recommendations by a mediator? Evaluation 66) Did you participate in court-connected evaluations regarding custody?	0 Yes0 Yes0 Yes	0 No 0 No
	68) Who selected the evaluator? 0 Mother 0 Father 0 Court 0 Other		
	71) Did you lose any custody rights/contact with your children as a result of recommendations by the evaluator? Attorney 72) Did your child(ren) have an attorney/guardian? O Yes O No 73) Was s/he court appointed? O Yes O Who selected the attorney? O Mother O Father O Court O Other		
	75) Who paid for the attorney? 0 Mother 0 Father 0 Court 0 Other 76) How much total? \$		
	77) Did this attorney aggressively advocate for the safety of your child?		
	83) Did any court-related professional label you with any of the following: 0 Parental Alienation Syndrome 0 Alien 0 Folie a deux 0 Munchhausen's Syndrome by Proxy 0 Delusional 0 Schizophrenia 0 Bi-polar disorder 0 personality 0 Depression 0 Anxiety 0 Post-traumatic stress disorder 0 Other rare/unscientific label		ne
Process	85) Do you believe you were discriminated against for your attempts to protect yourself and/or your child(ren)? 86) If so, do you believe this is occurred due to 0 Unethical communication or relationships among court-related pro 0 Unethical communication or relationship between your ex-spouse/partner and court-related professionals 0 Financial/social status of your ex-spouse/partner 0 Gender bias 0 Other	0 Yes	
	87) Were evaluator/mediator recommendations ever provided to the court less than 10 days before a hearing? 88) Were you prevented from seeing evaluations/reports that resulted in custody decisions?	O Yes	0 No0 No0 No
	90) Were hearings resulting in custody decisions held without your knowledge or ability to be present (ex parte)? 91) Were hearings regarding custody/visitation ever conducted without a court reporter present?	0 Yes0 Yes0 Yes	0 No
	93) Were court transcripts complete/accurate? O Yes O No 94) Were transcripts denied/delayed?. O Yes O No 95) 196) Have you ever been incarcerated in a jail or mental health facility due to the family law case?		g? O N o
Current	t Custody Arrangement 97) 0 Primary custody with me and supervised visitation with other parent 0 Primary custod and unsupervised visitation with other parent 0 Joint custody 0 Full custody to the other parent 0 I am on supervisitation 0 I have no contact with my child(ren) 0 Other	-	ie
	98) Are you able to protect your children? 0 Yes 0 No 99) Do you believe your child(ren) are still being abused? 1 00) Have your child(ren) continued to report abuse after custody was changed to the identified abuser?	O Yes O Yes O Yes	0 No
Do we h	ave permission to contact you for further information? O Ves O No. Your signature		