Batterers Intervention Program

Client Name: _____ Case Number_____

Referral Source:_____

PARTICIPANT RELEASE OF INFORMATION

To: _____

_____

_____

I authorize the release of any information I share in this interview to the Batterer's Intervention Program in which I will enroll. Please be advised that this program is under a continuing obligation to disclose any conduct you willfully choose to engage in which poses a threat to the victim, his or her property, or to third persons related to the parties.
(Continuing Duty to Disclose Information, -Fl. R..CR. 3.220(j).)

_____ _____
Client's Signature Date

_____ _____
Assessor's Signature Date

Batterers Intervention Program
Assessment Form

PRESENTING AND RELATED INCIDENTS

Describe the incident for which you were referred to this program:
Were you arrested? YES NO

How long have you been in this relationship? _____ Explore. _____

Describe the first time that an incident in this relationship occurred that involved the use of violent behaviors. Explore:

Describe the worst incident in this relationship. Explore: _____

Did your partner have to go to a doctor or a hospital as a result of this incident or any other incident? YES NO
If yes explain. _____

Have there been incidents of violence in any other relationships. Explore _____

Has anyone ever taken an Injunction for Protection/Restraining Order against you? YES NO
If yes, explain. _____

Were you ever accused of violating this order? YES NO

Have you ever fought/became violent with another family member? YES NO
If yes, explain. _____

Have you ever fought/became violent with a stranger or an acquaintance? YES NO
If yes, explain. _____

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CRIMINAL HISTORY

Aside from this incident, how many times have you been arrested for anything before?

Date **Charge** **Outcome**

Comments: (Explore past probations, violations and immediate criminal family history, if any

BRIEF PSYCHOSOCIAL HISTORY

CHILDHOOD

Where were you born? Describe your parent's relationship.

With whom did you live while you were growing up*? Explore any and all out of home placements, etc*

Explore family of origin history. *(See Optional Section*)

Who made the rules and enforced discipline?

Were the rules clear, consistently applied, and did you think they were fair?

How often did you get punished? How did they usually discipline you?

Were you ever spanked or hit as a child? YES NO
IF YES: Explore

Do you feel you were abused as a child? YES NO

Physical Sexual Emotional/Verbal

If so, by whom? Frequency of abuse:

Did you tell anyone about the abuse? N/A YES NO

How much did this upset you at the time? How about now?

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Was law enforcement or other social services agencies involved in any way with your family? YES NO

Did you witness violence between your parents, step-parents, or guardians? YES NO
Comments:

Describe your school experiences.

Were you ever suspended or expelled from school? YES NO
If Yes, Explain

What was the last grade you completed?

Comments:

Significant relationships and Parenthood

Do you have many friends now? *(Any close friends, that is, someone you can really trust with secrets?) (Do you tend to keep friends for a long time?)*

Have you ever been married? YES NO
If yes, how many times? _____

How would you describe your marriage(s)/relationship? Explore multiple separations/divorces.

Do you have any children? YES NO
If yes, how many? _____

What are their ages and sexes?

Where do your children live?

If not with you, how often do you visit with them? (Explore visitation issues and child support)

How do you get along with them? _____

_____

Does your spouse/partner have any children from a prior relationship? YES NO
If yes, how many? _____

What are their ages and sexes and where do they live? _____

_____

_____

How do you think the violence has affected your children? Partner's children?

_____

_____

Where were your children while the violence was happening?

_____

_____

Have you ever been reported to DCF for child abuse/neglect? YES NO
If so, explain.

_____

_____

Comments:

_____

_____

_____

_____

Risk Assessment

An approved standardized test may be substituted for the following questions.

Almost all couples argue or fight and I'd like to know a little bit about what happens when you and your partner have disagreements? Which of these behaviors do you use?

EMOTIONAL ABUSE:
____Name calling ____Put downs ____Humiliation

INTIMIDATION:
____Throwing or breaking things ____Screaming and yelling ____Pounding fists ____Hurt pets
____Punching walls/doors ____Blocking partner's path ____Pulling phone from wall

THREATS:
____To harm/kill your partner ____Their family ____Their friends ____Their children
____To use a weapon ____To destroy property ____To take the children away ____To kill yourself
____To report partner to DCF, IRS, INS or other authority

PHYSICAL ABUSE:
____Pushed ____Slapped ____Punched ____Strangled ____Restrained ____Kicked ____Pulled Hair
____Bite ____Extreme form of humiliation ____Hit with any object ____ Other _____

Have you ever attempted to kill your partner? YES NO
Have you ever fantasized about killing your partner? YES NO
Comments: _____

_____

_____

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ISOLATION/STALKING BEHAVIOR

Does your partner have access to a car? YES NO

Explore areas of isolation such as who has access to the phone, how many keys are there to your house, etc. _____

How do you express jealousy? _____

Have you ever felt that you need to monitor who your spouse/partner goes out with, where they go, what they do, or follow them around? YES NO

Have you ever listened to her phone calls, open her mail, or read her e-mail? YES NO

If Yes, explore recording or telephone conversations, destroying mail, and/or copying, deleting or monitoring e-mail. Further assess ability to his harass and abuse over the internet. _____

Comments_____

SEXUAL VIOLENCE:

____Pressured partner to have sex ____Forced sex / pornography on partner ____Attacked breasts or genitals
____Violent Sex ____Used Drugs/Alcohol/Pornography to coerce sex ____Unfaithful

GENERAL:

How often do you and your partner argue? _____

Are the fights/disagreements happening more often? YES NO

Are the fights/disagreements becoming more serious? Explore YES NO

Do you own or have access to any weapons? YES NO
If yes, what type of weapons? Where are they kept? _____

Have you ever threatened your partner with a weapon? N/A YES NO

Have you ever clean a weapon while engaged in a disagreement? N/A YES NO

Do you have any martial arts, military or law enforcement training? YES NO
If yes, explore. _____

FINANCIAL ABUSE

Is your spouse/partner currently employed or attending school? YES NO

Has your partner ever worked or attended school since you have been living together? YES NO

How do you feel about your spouse/partner's activities outside of the home?

If your spouse/partner does not work or attend school, how do they spend their time? Is this something you agree with?

Who is responsible for the finances in the house? Who handles the money? Do you have a joint bank account? Who pays the bills?

How does your partner get access to money if they are not working outside of the home?

Do you ever argue/fight over money? YES NO

LIVING SITUATION/ HOUSEHOLD WORK

What are you current living arrangements? Where and with who?

What responsibilities do/did you have in your household? Do you do any cleaning? Cooking? House repairs or yard work? Laundry? Take care of the kids?

OCCUPATION/ MILITARY/EMPLOYMENT

Are you currently employed? YES NO

How long have you worked there? _____ Explore other employment/military/discharge history.

IF CLIENT IS NOT CURRENTLY EMPLOYED:

When was the last time you worked?

What kind of job was it?

What other jobs have you had?

What's the longest job you've ever had?

What are your income sources?

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MEDICAL HISTORY

Do you have any health problems? YES NO

If yes: Are you taking medication? YES NO

Have you ever had a head injury? YES NO

Have you ever been knocked out or in a coma? YES NO
If so, how long? _____ (More than 24 hours would indicate TBI)
If yes, explore possible Traumatic Brain Injury: (If you suspect TBI consider referral to a neurologist)

Are you currently under a doctor's care? YES NO
If yes, who and for how long_____

PSYCHIATRIC HISTORY/MENTAL STATUS

Have you ever been in counseling before? YES NO

Have you ever been diagnosed with a mental disorder or hospitalized/crisis stabilization unit? YES NO
If yes, explain. _____

Are you now or have you been depressed? YES NO
Explore_____

Have you ever been prescribed medication for depression, anxiety, a sleep disorder, etc? YES NO
If yes, explain. _____

Have you ever taken other substances such as herbals or vitamins for relief? YES NO
If yes, explain. _____

Explore suicidal/homicidal ideations. _____

Do any of your immediate family members have a history of mental illness? YES NO

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Mental Status Observations (Check √ all that apply):

Manner of Dress:
☐ Appropriate ☐ Casual ☐ Disheveled ☐ Meticulously Neat ☐ Eccentric ☐ Seductive ☐ Other

Hygiene:
☐ Good ☐ Fair ☐ Poor ☐ Neglected

Speech Quality:
☐ Normal ☐ Monotonous ☐ Slow ☐ Emotional ☐ Rapid ☐ Slurred ☐ Pressured ☐ Other

Motor Behavior:
☐ Normal ☐ Restlessness ☐ Physical Agitation ☐ Presence of tics ☐ Unusual/Inappropriate ☐ Slow

Posture:
☐ Normal ☐ Rigid ☐ Tense ☐ Inappropriate

Responsiveness:
☐ Alert ☐ Normal ☐ Talkative ☐ Vigilant ☐ Minimally responsive ☐ Other

Memory Functions:
☐ Intact ☐ Immediate deficit ☐ Recent deficit ☐ Remote deficit

Mood:
☐ Normal ☐ Euthymic ☐ Depressed ☐ Pessimistic ☐ Elated ☐ Expansive ☐ Calm ☐ Neutral ☐ Irritable
☐ Cheerful ☐ Anger ☐ Mood Swings ☐ Anxious ☐ Elevated ☐ Fearful ☐ Euphoria ☐ Tearful ☐ Other

Affect:
☐ Appropriate ☐ Shallow ☐ Inappropriate ☐ Blunted ☐ Depressive ☐ Ambivalent ☐ Restricted ☐ Angry
☐ Contradictory ☐ Anxious ☐ Labile ☐ Euphoric ☐ Dramatized ☐ Guilty ☐ Flat ☐ Expansive ☐ Other

Thought Content:
☐ Appropriate ☐ Preoccupations ☐ Delusions ☐ Obsessions ☐ Grandiose ☐ Antisocial

Thought Processes:
☐ Logical ☐ Coherent ☐ Evasive ☐ Circumstantial ☐ Blocking ☐ Distracted ☐ Tangential ☐ Loose Association
☐ Bizarre ☐ Incoherent ☐ Obsessive/Possessive ☐ Somatic ☐ Confused ☐ Other

Judgment:
☐ Good ☐ Fair ☐ Poor ☐ Impaired

Insight:
☐ Good ☐ Fair ☐ Poor ☐ Limited

Eye Contact:
☐ Focused ☐ Poor eye contact

Orientation:
☐ All spheres ☐ Person only ☐ Place only ☐ Time only

Suicide Risk:
☐ Severe ☐ Moderate ☐ Mild ☐ None noted

Homicidal Risk:
☐ Severe ☐ Moderate ☐ Mild ☐ None noted

Intellect:
☐ Above Average ☐ Average ☐ Below Average ☐ Poor Abstraction ☐ Other

Comments: _____

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Substance Abuse (Check √ all that apply):

Use/Drinking Pattern ☐ Never ☐ Uses/Drinks alone ☐ Daily ☐ 3 - 5 Times Weekly ☐ 1 - 2 Times Weekly ☐ Binges ☐ Other
Reported Symptoms ☐ None ☐ Chills ☐ Blackouts ☐ Sleep Problems ☐ Tremors ☐ Nausea ☐ Hallucinations ☐ Weight Loss ☐ Seizures ☐ Depression ☐ D.T.s ☐ Hangovers ☐ Other
Substance Related Arrests ☐ None ☐ DUI How many?_____ ☐ Disorderly Conduct ☐ Fighting ☐ Illegal Possession ☐ Sale/Distribution
Previous Treatment ☐ None ☐ Detoxification ☐ Residential ☐ Intensive Outpatient ☐ Half-way House ☐ Outpatient
Related Medical Problems ☐ None ☐ Pancreatitis ☐ Hepatitis ☐ Esophagitis ☐ Cirrhosis ☐ Other
Tolerance ☐ Increased ☐ Decreased ☐ No Change
Adverse Effects To ☐ None ☐ Social Activity ☐ Occupational Skills ☐ Recreational Activity ☐ Other

Substance Use History	**Age of First Use**	**Frequency**	**Amount Used**	**Date of last Use**
__ Marijuana	_____	_____	_____	_____
__ Cocaine	_____	_____	_____	_____
__ Crack	_____	_____	_____	_____
__ Benzodiazepines	_____	_____	_____	_____
__ Amphetamines	_____	_____	_____	_____
__ Hallucinogens	_____	_____	_____	_____
__ Barbiturates	_____	_____	_____	_____
__ Phencyclidine	_____	_____	_____	_____
__ Alcohol	_____	_____	_____	_____
__ Inhalants	_____	_____	_____	_____
__ Opiates	_____	_____	_____	_____
__Over the counter drugs	_____	_____	_____	_____
__Designer's drugs	_____	_____	_____	_____
__Prescription drugs	_____	_____	_____	_____

List Specific drugs abused if one of the last three categories is checked. _____

_____

_____

Do any of your immediate family members have an alcohol/substance abuse problem? YES NO

RELATIONSHIP	**ALCOHOL**	**DRUGS**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Comments: _____

_____

_____

Assessment Summary Instruction:

The assessment summary it is a part of the assessment form, and should be completed after the assessment is done. It represents information obtained during the assessment from both the batterer and other sources. All reports of violence indicated on the assessment summary should be appropriately documented in the body of the assessment form. References from other documents i.e. police reports, case plans, are also acceptable. Alternate recommendations should be included as part of the summary for any person who is deemed inappropriate for the BIP. All correspondence to referring agencies should be done via separate correspondence.

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ASSESSMENT SUMMARY

Risk to Partner	Self Reported	Reported by Others	Not Reported
Referring Incident: Violence to partner	☐	☐	☐
History of violence with partner	☐	☐	☐
Violence in other relationships	☐	☐	☐
Criminal history	☐	☐	☐
Has abused children	☐	☐	☐
Childhood abuse reported	☐	☐	☐
Witnessed violence as a child	☐	☐	☐
Types of abuse:			
Emotional violence	☐	☐	☐
Intimidation	☐	☐	☐
Threats	☐	☐	☐
Physical abuse	☐	☐	☐
Physical which required medical care	☐	☐	☐
Attempts/Fantasies to kill partner	☐	☐	☐
Stalking/Isolation	☐	☐	☐
Sexual abuse	☐	☐	☐
Availability of weapons	☐	☐	☐
Financial abuse	☐	☐	☐
Alcohol dependency/abuse	☐	☐	☐
Substance dependency/abuse	☐	☐	☐
Prior BIP enrollment	☐	☐	☐

Accelerated Partner Contact Recommended	**Yes**	**No**
Weapons in the Home	**Yes**	**No**

Risk Assessment/Impression: _____

Appropriate for Class/Group Participation: **Yes** **No**

If no, why not _____

_____

Other services recommended: _____**Chemical Dependency** _____**Mental Health**

_____**Other services** _____

ADDITIONAL COMMENTS

_____

_____

_____

_____ _____

Assessor's Signature **Date**

Batterers Intervention Program

OPTIONAL SECTION

This section will be completed if additional information is needed or dependent on the referral source

CHILDHOOD EXPERIENCES

What was your personality like as a child? Did you have many friends or were you a loner? Were you more of a leader or a follower?

Did you have to attend special classes? Explore.

What did you do after-school?

What was the best experience of your childhood? The worst?

Do you have any brothers and sisters? YES NO
IF YES, How many and where do you rank in the birth order?

How did you get along with the people who raised you?

Who did you feel closest to?
Who in the family was affectionate to you?

ADDITIONAL HOUSEHOLD INFORMATION

How long have you been living there?
Where did you previously live?
Why did you move?
Have you ever not had a place to stay?
With whom do you live?

IMMIGRATION ISSUES Explore, if not US citizen.

JOB EXPERIENCE

What kind of work do you do?
How many hours per week do you work?
How long have your worked there? Do you like it? YES NO
Have you missed any time from work since this incident happened? YES NO
How much time did you missed? What were the reasons?
Have you had any problems on the job since this incident happened? YES NO
Comments:

Have you ever been fired from a job before? YES NO