

Her Safety Plan (initial after completing)

_____ Explain the limitations of batterer treatment. The fact that he is coming to BIP does not mean he will change. A number of men don't. We can refer you to shelter and support groups available for victims of domestic violence. These may be some of the best resources for women in your situation. FCADV hotline is 1-800-500-1119

Victim Safety: Encourage the safety of the victim and her children by discussing the following:

{ Safety Plan (victim) { Safety Plan (children) { No dependent children

Does she have a safe place to stay?

Has she made plans to get out of the house safely? Y N

Does she have a safety bag? Y N

Does it have all the things she would need? Y N

Attach a copy of safety plan you go over, with any comments or specific plans written on it.

I. Physical Violence

Her description of the most recent incident of violence. (Explain that we define violence as any frightening or intimidating behavior, anything that forces you to do something you don't want to do or prevents you from doing something you want to do, as well as outright violence.)

When did it occur? _____ What happened? _____

Has his violence escalated over time? Y N

Details if given. _____

A. Other Kinds of Abusive Behavior

(Explain that abusive men usually have other kinds of controlling behaviors that create fear and help them to get their way in the relationship. We seek to identify each of these behaviors since they are often just as destructive as the physical violence. Explain that we see violence as his responsibility entirely. There are no acceptable justifications or excuses for violence, no matter what he says or how he may blame you. Our program stresses the importance for each man of accepting total responsibility for his own abusive behavior.)

Criticism and Put-downs? How often? _____ What criticisms are most common? _____

Does he call you names? _____ If yes, what kinds of names are most common? _____

Has he blamed you for his violence? _____ If yes, in what ways? _____

II. Alcohol and Drug Use

Does he drink? Y N How often does he drink? _____

Does he use drugs? Y N How often does he use drugs? _____

Do you think he has a problem with alcohol or drugs? Y N

III. Child Information

Has he ever been violent toward the children? _____ If yes, when and how? _____

Has the child abuse been reported to DCF? _____ If yes, when? What was the outcome of their investigation? _____

Advocacy: Before ending contact, make sure you have given information on:

{ Certified domestic violence center phone number and admission info.

{ Legal Options

- Where and how to get a restraining order.
- How to make and follow-up on police reports?
- How to pursue charges with the state's attorney's office.
- Rights as a victim, refer to victim advocate.

Remarks or further information: _____

Staff Name _____ Date _____

Note: See counseling logs for additional information.

Is there anything staff needs to be aware of before future contact? _____

_____ Staff initial _____

Batterers' Intervention Program-Optional Partner Contact Form

Partner name: _____ BIP client name: _____ File # _____

This form can be used when you wish to ask for additional information. If you have a client you are particularly concerned about, you may wish to use this. These questions are designed to find out more information on the history of abuse in the relationship.

IV.

V. Physical Violence: Her description of the most recent incident of violence. (Explain that we define violence as any frightening or intimidating behavior, anything that forces you to do something you don't want to do or prevents you from doing something you want to do.)

When did it occur? _____ What happened?

Description of the worst incident. When? _____ What happened?

First incident. When? _____ What happened?

Any other incidents?

How frequent has the violence been?

Has his violence escalated over time?

Does he own any weapons? ____ If yes, what kind?

Have these been used to frighten or harm you? ____ If yes, when and how?

Has he threatened to kill or harm you? _____ If yes, when and how?

Has he threatened suicide? _____ If yes, when was the most recent?

Describe other incidents. _____

Other Kinds of Abusive Behavior

(Explain that abusive men usually have other kinds of controlling behaviors that create fear and help them to get their way in the relationship. We seek to identify each of these behaviors since they are often just as destructive as the physical violence. Explain that we see violence as his responsibility entirely. There are no acceptable justifications or excuses for violence, no matter what he says or how he may blame you. Our program stresses the importance for each man of accepting total responsibility for his own abusive behavior.)

Criticism and Put-downs? Y N How often? _____ What criticisms are most common?

Does he call you names? ____ If yes, what kinds of names are most common?

Has he blamed you for his violence? ____ If yes, in what ways?

Are there other ways that he makes himself out to be the victim? _____

Has he lied or been dishonest with you? ____ Describe.

Has he been jealous towards you, e.g. asks jealous questions, makes accusations? ____ If yes, describe.

Does he socially isolate you, e.g. by making it hard for you to see or talk to friends or relatives, go to school, hold a job?

Does he control the money or the car?

Has he used sexual violence or coercion? (E.g. not taking no for an answer, using force, threats or pressure?)
If yes, how?

Does he withhold positive attention? E.g. compliments, emotional support, validation? How?

Does he interrupt or not listen to you?

How much housework does he contribute to? _____ Does this bother you?

Does he fail to live up to promises?

How do you want your partner to change?

VI. Alcohol and Drug Use
How often does he drink?

Does he use drugs? ____ How often does he use drugs?

Do you think he has a problem with alcohol or drugs?

VII. Past Counseling

Have you and your partner had couples counseling? _____ If yes, when and where?

(Explain that we do not recommend couples or family counseling until the violence and threat of violence has been eliminated, and until the man has completed a batterer's treatment program. Couples counseling may put the victim at risk and weaken the abuser's commitment to taking responsibility for his own behavior)

Has your partner attended any other form of counseling? _____ If yes, when and where? Did his past counselors address his violence?

VIII. Child and Parenting Information

Has he ever been violent toward the children? _____ If yes, when and how?

Has the child abuse been reported to DCF? _____ If yes, when? What was the outcome of their investigation?

Is there a DCF service plan? _____ If yes, describe.

Have you ever suspected your partner of child sexual abuse? _____ If yes, why?

Are there any problems you see with his style of parenting the children? (E.g. being too strict, rigid, manipulative, inconsistent, not attentive enough?)

Frequency of Contact and Child Visits

How much contact, including phone calls, do you want to have with your partner? (If her partner is living with her, ask if this is what she wants)

Is he respecting this? _____ If not, how is he harassing or pressuring you?

What are your present plans about the relationship? Is there any formal child visitation agreements?

Are there any ways he is misusing the visitations or manipulating the children? (E.g. using them to gain access to you, pumping them for information about you, making them feel sorry for him, not giving you enough advance notice for his visits, not being consistent in how often he sees them.)

Was child support ordered? Any problems with this?

Has he been paying?

BATTERERS' INTERVENTION PROGRAM

VICTIM FOLLOW-UP FORM

1 Month 2 Month 3 Month 4 Month 5 Month *6 Month
*Mandatory Minimum Contacts

VICTIM NAME _____ TELEPHONE NUMBER _____

Is the perpetrator reducing his name-calling and put-downs? Please explain. _____

Is the perpetrator reducing his intimidating behaviors? Please explain. _____

Does the perpetrator allow you more contact with family and friends? In what way? _____

Does the perpetrator allow you more access to household money or the freedom to spend money as you choose? _____

Is the perpetrator making fewer threats? Please explain. _____

Has substance abuse become a problem or continued to be a problem? If so, how? _____

Has the perpetrator been physically abusive since our last contact? If so provide a brief summary.

Has the perpetrator forced you to have sex in ways that you did not want or at times you did not want? Please explain. _____

Does the perpetrator admit that he has used violence and abuse to gain power and control over you? _____

Is the perpetrator working toward a more equal relationship based on trust and respect? _____

Other information: _____
