

BATTERING INTERVENTION AND PREVENTION PROGRAM

INTAKE INFORMATION SHEET

CLIENT INFORMATION:

Name: _____ Driver's License or ID # _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____ County: _____

Phone: (_____) _____ Email Address: _____

Date of Birth: _____ Age: _____ Gender: _____

Race: Asian Black Hispanic Native American White Other

LGBT: N/A Lesbian Gay Transgender Bisexual Other

Marital Status: Single Married Divorced Separated Widowed

Living Situation: With Partner Alone Friends Relatives

Check all that apply: US citizen Immigrant Disabled

Emergency contact person: _____ Phone: (_____) _____

Relationship to you: _____

Referral Source Information:

Date Referred to Hopes Door New Beginnings Center: _____

Who referred you to us: ___ Court ___ Probation ___ Parole ___ CPS ___ Self ___ Other: (list) _____

Name of agency that referred you: (Probation/ Probation/CPS/ Attorney/Etc.):

Name of person that referred you: _____

Referral source phone number: _____

Referral source email: _____

Your Case/TDJC Number: _____

Have you been involved with BIPP Program before? If so when, where? _____

Do you currently have a Protective Order or Restraining Order against you? Yes No

If yes, is it a P.O. or R.O.? _____ For what are the dates is it in effect? _____

Are you under a "No Contact Order"? Yes No

Education and Employment (check one)

- o Less than High School
 - o Vocational School
 - o Some College
 - o College Graduate
 - o Post Graduate School
 - o Other (list) _____
- Employed: Full time Part time Student Disability Retired None
- Occupation: _____ Employer: _____
- Annual Income: _____ Length of Employment: ____ Household size: _____

PARTNER INFORMATION (PUT CHECK MARK NEXT TO IDENTIFIED VICTIM)

Current Partner's Name: _____ Home Phone: _____

Street Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Former Partner's Name: _____ Home Phone: _____

Street Address: _____ Email: _____

City: _____ State: _____ Zip: _____

ADDITIONAL INFORMATION:

- Did the incident bringing you here involve your current partner? Yes No
- Have the police been called to your home before for domestic violence? Yes No
- How many episodes of violence have occurred in the last year, or within the relationship? _____
- Have you previously been arrested for domestic violence? Yes No If yes, how many arrests? _____
- Have you noticed that the violence is increasing in frequency and/or severity over time? Yes No
- As an adult, have you been arrested for using violence against someone other than an intimate partner? Yes No
- As an adult, have you ever used violence against someone you weren't dating or married to? Yes No
- As an adult, have you struggled with anger issues? Yes No
- If you have a court case against you, what is the status of that case? _____
- Have you ever been in the military? Yes No If yes, what were the dates of your service? _____
- Branch of Service? _____ Active Combat: Yes No N/A

Living Arrangements

- At time of incident: Alone With Partner & Kids With Kids Roommate Family Other
- Current: Alone With Partner & Kids With Kids Roommate Family Other

Victim Information

Relationship to Victim: Current Partner Former Partner "other" relationship (if "other", please explain context)

Gender of Victim: Male Female Transman Transwoman Other **Age of Victim: _____**

Currently Living with Victim: Yes No

USE OF ALCOHOL:

Past? Yes No How much? _____ How often? _____

Current? Yes No How much? _____ How often? _____

USE OF DRUGS:

Past? Yes No How much? _____ How often? _____

If yes, what was your drug(s) of choice? _____

Current? Yes No How much? _____ How often? _____

Have you ever had a Chemical Dependency evaluation? Yes No

If yes, what were the results? _____

Have you ever been in treatment for Chemical Dependency? Yes No

If yes, where? _____ When? _____

Have you ever sustained any head trauma injuries? Yes No

If so, explain: _____

Do you have a history of episodes of blackouts? Yes No

If so, explain:

Are you currently taking any medication (including mental health)? Yes No

If yes, please list:

Mental Health History

Are you currently in counseling for any reason? If yes, please describe:

Have you received counseling or domestic violence services in the past? If yes, please indicate location: _____

If hospitalized for mental health reasons, indicate dates of admission: _____

Do you have any mental health diagnoses: If so, what are they? _____

Have you ever considered suicide? _____ If yes, did you ever attempt suicide? _____

How long ago did you attempt suicide? _____

Have you considered suicide recently? _____, If yes, do you have a plan? _____

Have you considered homicide in the past? _____, If yes, did you ever attempt homicide? _____

How long ago did you attempt homicide? _____

Have you considered homicide recently? _____ If yes, do you have a plan? _____

Childhood History

1. Who raised you?

If other than parents, why?

2. Did you ever witness violence between your parents while you were growing up? _____

If yes, please explain: _____

3. How did you feel about the physical abuse between your parents? _____

4. Did you ever physically attack one of your parents? _____ If yes, who and why? _____

5. Were you abused as a child? Yes No If yes, by whom? _____

6. Was this abuse physical verbal sexual emotional neglect religious

7. Who was the primary disciplinarian in your home? _____

8. What type of discipline was used on you as you were growing up? _____

Date: _____ Name: _____ Partner's Name: _____

Below is a list of behaviors that partners of domestic violence have reported. Within the past **Six Months** please rate your behavior in relation to your partner. If it is an ex-partner evaluate the last Six **Months** of your relationship.

		Never (1)	Rarely (2)	Occasionally (3)	Frequently (4)	Very Frequently (5)
1.	Called partner a name and/or criticized partner					
2.	Kept partner from doing what they wanted					
3.	Gave partner angry looks of intimidation					
4.	Prevented partner from accessing money for personal use					
5.	Ended a discussion with partner abruptly and absolutely					
6.	Threatened bodily injury to partner					
7.	Physically injured partner					
8.	Criticized partner's family and/or friends					
9.	Being jealous of partner's outside relationships					
10.	Put partner on allowance					
11.	Used children as leverage - "I'll take the children"					
12.	Became angry when household chores were not done					
13.	Threatened to commit suicide to manipulate partner					
14.	Slapped, hit or punched partner					
15.	Degrading, humiliating and dehumanizing partner					
16.	Harass partner by electronic means or stalking					
17.	Drove recklessly with partner in the car					
18.	Pressured partner for sex					
19.	Neglect children or performing household duties					
20.	Threatened partner with a weapon					
21.	Criticized partner's parenting skills					
22.	Prevented partner from going to work or school					
23.	Broken household items					
24.	Kicked partner					
25.	Raped partner					
26.	Threw partner					
27.	Attacked partner's sex organs					
28.	Choked partner					
29.	Used a weapon against partner					

Individual Participation Plan

Client states he/she was referred to BIPP by: _____

Probation Officer Full Name

Please answer the following questions:

1. Do you recognize your abusive behavior? _____
2. Do you have a desire to change? _____
3. What changes are you ready and willing to make? _____
4. Do you agree to talk *only* about your problems and not your partner's problems? _____

Initial Plan:

- Client will receive 36 hours of Battering Intervention and Prevention Program as recommended by the Texas Stated BIPP Guidelines.
- Client will develop and adhere to a plan of non-violence as outlined in the program curriculum.

1. What were/are your charges? _____

2. With which person were/are the charges related to? List victim name and your relationship.

3. Was there always domestic violence in the relationship? _____

4. What initiated the domestic violence in your relationship? _____

5. What did you do to him/her (for example...slapped, choked, pushed, etc.)

Be specific. _____

6. What do you hope to get out of the BIPP program? Be specific.

Beck Depression Inventory

This depression inventory can be self-scored. The scoring scale is at the end of the questionnaire.

1. 0 I do not feel sad.
 1 I feel sad.
 2 I am sad all the time and I can't snap out of it.
 3 I am so sad and unhappy that I can't stand it.

2. 0 I am not particularly discouraged about the future.
 1 I feel discouraged about the future.
 2 I feel I have nothing to look forward to.
 3 I feel the future is hopeless and that things cannot improve.

3. 0 I do not feel like a failure.
 1 I feel I have failed more than the average person.
 2 As I look back on my life, all I can see is a lot of failures.
 3 I feel I am a complete failure as a person.

4. 0 I get as much satisfaction out of things as I used to.
 1 I don't enjoy things the way I used to
 2 I don't get real satisfaction out of anything anymore.
 3 I am dissatisfied or bored with everything.

5. 0 I don't feel particularly guilty.
 1 I feel guilty a good part of the time.
 2 I feel quite guilty most of the time.
 3 I feel guilty all the time.

6. 0 I don't feel I am being punished.
 1 I feel I may be punished.
 2 I expect to be punished.
 3 I feel I am being punished.

7. 0 I don't feel disappointed in myself.
 1 I am disappointed in myself.
 2 I am disgusted with myself.
 3 I hate myself.

8. 0 I don't feel I am any worse than anybody else.
1 I am critical of myself for my weaknesses or mistakes.
2 I blame myself all the time for my faults.
3 I blame myself for everything bad that happens.
9. 0 I don't have any thoughts of killing myself.
1 I have thoughts of killing myself.
2 I would like to kill myself.
3 I would kill myself if I had the chance.
10. 0 I don't cry any more than usual.
1 I cry more now than I used to.
2 I cry all the time now.
3 I used to be able to cry, but now I can't cry even though I want to.
11. 0 I am no more irritated by things than I ever was.
1 I am slightly more irritated now than usual.
2 I am quite annoyed or irritated a good deal of the time.
3 I feel irritated all the time.
12. 0 I have not lost interest in other people.
1 I am less interested in other people than I used to be.
2 I have lost most of my interest in other people.
3 I have lost all my interest in other people.
13. 0 I make decisions about as well as I ever could.
1 I put off making decisions more than I used to.
2 I have greater difficulty in making decisions, more than I used to.
3 I can't make decisions at all anymore.
14. 0 I don't feel that I look any worse than I used to.
1 I am worried that I am looking old or unattractive.
2 I feel there are permanent changes in my appearance that make me look unattractive.
3 I believe that I look ugly.
15. 0 I can work about as well as before.
1 It takes an extra effort to get started at doing anything.
2 I have to push myself very hard to do anything.
3 I can't do any work at all.

16. 0 I can sleep as well as usual.
1 I don't sleep as well as I used to.
2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
3 I wake up several hours earlier than I used to and cannot get back to sleep.
17. 0 I don't get more tired than usual.
1 I get tired more easily than I used to.
2 I get tired from doing almost anything.
3 I am too tired to do anything.
18. 0 My appetite is no worse than usual.
1 My appetite is not as good as it used to be.
2 My appetite is much worse now.
3 I have no appetite at all anymore.
19. 0 I haven't lost much weight, if any, lately.
1 I have lost more than five pounds.
2 I have lost more than ten pounds.
3 I have lost more than fifteen ppunds.
20. 0 I am no more worried about my health than usual.
1 I am worried about physical problems like aches, pains, upset stomach, or constipation.
2 I am very worried about physical problems and it's hard to think of much else.
3 I am so worried about my physical problems that I cannot think of anything else.
21. 0 I have not noticed any recent change in my interest in sex.
1 I am less interested in sex than I used to be.
2 I have almost no interest in sex.
3 I have lost interest in sex completely.
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Battering Intervention and Prevention Program

Locus of Control (Intake)

Instructions: Mark the statement that best describes your beliefs.

1. Many of the unhappy things in people's lives are partly due to bad luck.
 People's misfortunes result from the mistakes they make.

2. One of the major reasons why we have wars is because people don't take enough interest in politics.
 There will always be wars, no matter how hard people try to prevent them.

3. In the long run, people get the respect they deserve in the world.
 Unfortunately, an individual's worth often passes unrecognized no matter how hard he or she tries.

4. The idea that teachers are unfair to students is nonsense.
 Most students don't realize the extent to which their grades are influenced by accidental happenings.

5. Without the right breaks, one cannot to be an effective leader.
 Capable people who fail to become leaders have not taken advantage of their opportunities.

6. No matter how hard you try, some people just don't like you.
 People who can't get others to like them don't understand how to get along with others.

7. I have often found that what is going to happen will happen.
 Trusting to fate has never turned out as well for me as making a decision to take a definite course of action.

8. ___ In the case of the well-prepared student, there is rarely, if ever, such a thing as an unfair test.
___ Many times, exam questions tend to be so unrelated to the course work that studying is really useless.
9. ___ Becoming a success is a matter of hard work; luck has little or nothing to do with it.
___ Getting a good job depends mainly on being in the right place at the right time.
10. ___ The average citizen can have an influence in government decisions.
___ This world is run by the few people in power, and there is not much the little can do about it.
11. ___ When I make plans, I am most certain that I can make them work.
___ It is not always wise to plan too far ahead because many things turn out to be a matter of luck anyways.
12. ___ In my case, getting what I want has little or nothing to do with luck.
___ Many times, we might just as well decide what to do by flipping a coin.
13. ___ What happens to me is my own doing.
___ Sometimes I feel that I don't have enough control over the direction my life is taking.

PCL-5

Instructions: Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

In the past month, how much were you bothered by:	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
2. Repeated, disturbing dreams of the stressful experience?	0	1	2	3	4
3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	0	1	2	3	4
4. Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	0	1	2	3	4
6. Avoiding memories, thoughts, or feelings related to the stressful experience?	0	1	2	3	4
7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	0	1	2	3	4
8. Trouble remembering important parts of the stressful experience?	0	1	2	3	4
9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	0	1	2	3	4
10. Blaming yourself or someone else for the stressful experience or what happened after it?	0	1	2	3	4
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4
12. Loss of interest in activities that you used to enjoy?	0	1	2	3	4
13. Feeling distant or cut off from other people?	0	1	2	3	4
14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?	0	1	2	3	4
15. Irritable behavior, angry outbursts, or acting aggressively?	0	1	2	3	4
16. Taking too many risks or doing things that could cause you harm?	0	1	2	3	4
17. Being “superalert” or watchful or on guard?	0	1	2	3	4
18. Feeling jumpy or easily startled?	0	1	2	3	4
19. Having difficulty concentrating?	0	1	2	3	4
20. Trouble falling or staying asleep?	0	1	2	3	4

BIPP Group Schedules

Garland Office

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
CPS - Women 12-2pm Christina	Women's Spanish 3:30-5pm Isaac	Men's Group 10am Cliff	Women's Group 5:30pm Nubia	CPS - Men 11:30-1:30pm Isaac	Men's Group 9:30-11am Verna
	Men's Bilingual 5:30- 7pm Isaac		Men's Group 6:30-8pm Cliff		Men's Group 9:30am-11am Cliff
Parole - Men 5:30pm Verna	Parole - Men 10am Cliff	Parole - Men 5:30pm Verna	Parole -Men 5:30pm Isaac	Parole - Men 10am Isaac	Men's Spanish 10-11:30am Nubia

Plano/McKinney Offices

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Women's 5-6:30pm Christina	Men's Group 10-11:30am Jeff	Men's Spanish 6-7:30pm Nubia	Mixed Orientation 3-4:30pm WEEKLY by appointment	Women's 10-11:30am Christina	Men's Group 10-11:30 am Pete (no CPS)
Men's Group 6-7:30pm Jeff		Men's Group McKinney 6-7:30pm Cliff	Men's Group 7-8:30pm Pete (no CPS)	CPS - Women 12- 2pm Christina	Men's Group 12-1:30pm Pete (no CPS)
	CPS – Men 6- 8:00pm Jeff*	Men's Group 6:30-8pm Jeff			

If you **cannot** attend your class, it is your responsibility to attend a make-up class prior to Saturday.

***CPS clients can only attend Monday, Tuesday or Wednesday classes.**

Case Notes

Client Name: (First) _____ (Last) _____

Counselor Name: (First) _____ (Last) _____

Date: _____.

S: Client is _____ year's old (Ethnicity) _____. ____ Male / ____ Female.

Client is referred by: (First) _____ (Last) _____

(Phone Number) _____ (E-mail) _____

O: Client is of average build. Client was dressed appropriately. Client had good eye contact, clear in speech and thought process. Client had a casual tone of voice. Client was oriented on time, place and situation.

A: Client's ABI and personal interview indicated client admits to violence.

P: Client is/or has attended orientation on (Date) _____.

Client will begin group on (Date) _____.

Facilitator is: (Name) _____.

I: Used open-ended questions and confronted client on behavior. Explained philosophy of BIPP and group expectations, goals and rules. Gave handouts, including, cooldowns and time outs, self-talk, arguing with respect, and what is abuse.

T: Client will review handouts before coming to class.

Comments: Client admits to abusive behaviors. Client shows a willingness and openness to accept responsibility for actions.

(Intake Facilitator Signature)

Battering Intervention and Prevention Program (BIPP)

Date: _____

Client Name: _____

Case/TDCJ No.: _____

Dear: _____,

This letter is to remind you that you are scheduled to attend Hope's Door New Beginning Center Battering Intervention Program (BIPP). Your referral source will be notified that you attended this orientation. The following is your group date and time:

Time/date following:

Start Date: _____

Day: _____

Time: _____

Facilitator: _____

Check One:

_____ 860 F. Avenue, Ste. 102, Plano, TX 75074

_____ 808 W. Avenue A, Garland, TX 75040

_____ 1010 N. Cadiz Street, Dallas, TX 75215 (Parole Building)

_____ 130 S. Central Expressway, McKinney, Texas 75070 (Medical City Behavioral Health)

Please call with any questions at **972-276-0151**. Thank you.

Sincerely,

Agency Representative



BIPP CLIENT QUESTIONNAIRE (HAMBY, 1996)

CHILD PROTECTIVE SERVICES (CPS) - PURCHASED CLIENT SERVICES

Instructions: People have many different ways of relating to each other. The following statements are all different ways of relating to or thinking about your partner. Please read each statement and decide how much you agree with it.

CLIENT INFORMATION				
Name:	Date of Birth:			
BIPP Provider:	Date of Survey Completion:			
How much do you agree with each of the following statements?				
1. My partner often has good ideas.	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4
2. I try to keep my partner from spending time with opposite sex friends.	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4
3. If my partner and I can't agree, I usually have the final say.	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4
4. It bothers me when my partner makes plans without talking to me first.	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4
5. My partner doesn't have enough sense to make important decisions.	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4
6. I hate losing arguments with my partner.	Strongly Agree 1	Strongly Agree 2	Agree 3	Disagree 4
7. My partner should not keep any secrets from me.	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4
8. I insist on knowing where my partner is at all times.	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4
9. When my partner and I watch TV, I hold the remote control.	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4
10. My partner and I generally have equal say about decisions.	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4
11. It would bother me if my partner made more money than I did.	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4
12. I generally consider my partner's interests as much as mine.	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4
13. I tend to be jealous.	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4
14. Things are easier in my relationship if I am in charge.	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4

15. Sometimes I have to remind my partner of who's boss.	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4
16. I have a right to know everything my partner does.	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4
17. It would make me mad if my partner did something I had said not to do.	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4
18. Both partners in a relationship should have equal say about decisions.	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4
19. If my partner and I can't agree, I should have the final say.	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4
20. I understand there are some things my partner may not want to talk about with me.	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4
21. My partner needs to remember that I am in charge.	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4
22. My partner is a talented person.	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4
23. It's hard for my partner to learn new things.	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4
24. People usually like my partner.	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4
25. My partner makes a lot of mistakes.	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4
26. My partner can handle most things that happen.	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4
27. I sometimes think my partner is unattractive.	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4
28. My partner is basically a good person.	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4
29. My partner doesn't know how to act in public.	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4
30. I often tell my partner how to do something.	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4
31. I dominate my partner.	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4
32. I have a right to be involved with anything my partner does.	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4

SOURCE: Hamby, S. L., (1996). The dominance scale: Preliminary Psychometric Properties. *Violence and Victims*, 11, 199-212. [Link to paper online](#). Please note that the copyright for this document lies with Sherry Hamby.