

MJM Services

SCREENING FORM

Date ___ / ___ / ___

Full Name _____
 First Middle Last

Address _____
 Street Apt. # Zip

 City County State

Phone _____
 Home Work Cell

Employed? Yes No Employer _____

Are you a US military Veteran? Yes No

Social Security Number _____ Date Birth _____

Have you been involved with this Batterers Intervention Program Before? Yes No

How did you come to this Batterers Intervention Program?
 Probation Protection Order Voluntary Other _____

1. Have the police ever been called out to your house for a violent or abusive incident? Yes No

 How many times? _____

2. Were you arrested for the most recent incident? Yes No

3. Have you been arrested in the past for a violent crime? Yes No

Arrest Date	Reason For Arrest

4. Are you on probation? † Yes † No How long is your probation? (in months) _____

5. Who is your probation officer? _____ Phone # _____

6. What are your probation conditions? (Circle all that apply)

- Batterers Intervention Program Stay away from victim Abstain from alcohol
- Chemical dependency/alcohol evaluation No same or similar offenses Fine

Any other conditions of probation? _____

7. Is there any Order of Protection against you? † Yes † No

Date of Order _____ Length of Order _____ Judge _____

What are the conditions of the order? _____

8. Have you ever been to counseling for abusive behavior? Yes No

9. Please describe your current alcohol/drug use? _____

10. Do you think your current alcohol/drug use is excessive? Yes No

11. Have you ever had a chemical dependency or alcohol assessment? Yes No

12. Have you ever been to chemical dependency or alcohol treatment? Yes No

Did you complete this treatment? Yes No

13. Are you currently taking any medications? Yes No

If yes, please list the name and purpose of the medication:

14. Have you ever been diagnosed with a mental health condition and or treated for one? Yes No

If yes, please describe:

15. Have you ever had suicidal thoughts? Yes No
16. Have you ever attempted to commit suicide? Yes No
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17. When you were growing up, where did you hear or witness violence? (for example: home, school, boarding school, foster home, streets, correctional facility, treatment center, etc.)

18. Thinking about when you were a child, did you ever use violence against others? (Circle all that apply)

- | | | | | |
|----------------|----------------------|---------------|--------|--------|
| In your family | In your neighborhood | On the street | School | Sports |
| Gangs | Other places? _____ | | | |
-

19. Was there violence in your family when you were growing up? Yes No
20. Have any family/friends made comments about your abusive behavior? Yes No
- If yes, what kind of behavior? _____
-

21. Please describe in detail the violent/abusive actions toward your partner in the incident which brought you here?

22. Please describe in detail the worst violence you have committed:

23. Describe any violence you have used in previous relationships:

These are some behaviors that many men admit to using in relationships

Have you ever used any of the following behaviors?

24. ↑ **Physical abuse** ___ Slapped ___ Punched ___ Grabbed around the neck
 ___ Kicked ___ Pushed/Shoved ___ Thrown something at her/him
 ___ Choked ___ Torn clothes ___ Spit at her/him
 ___ Pulled Hair ___ Restrained her/him

Please describe:

25. ↑ **Intimidation** ___ Screamed at her/him ___ Displayed weapons ___ Destroyed property
 ___ Smashed things ___ Frightened her/him by certain looks, gestures or actions

Has she ever been afraid of you? † Yes † No

Please describe:

26. ↑ **Emotional Abuse** ___ Put her/him down ___ Called her/him names ___ Humiliated
 ___ Made her/him feel guilty ___ Interrupted her/his sleeping or eating
 ___ Accused partner of flirting or cheating

Please describe:

27. ↑ **Isolation:** ___ Kept her/him from going places she chooses (work, school, seeing family, friends)
 ___ Opened her/his mail ___ Listened to her/his phone conversations
 ___ Followed her/him around ___ Questioned about her/his whereabouts

Please describe:

28. ↑ **Minimizing, denying, blaming:**

- Made light of abuse Said it was her/his fault
 Said it didn't happened Blamed someone or something else

Please describe:

29. ↑ **Using children:**

- Told children she/he is not a good mother/father
 Threatened to take away the children
 Used children to deliver messages Used visitation to harass

Please describe:

30. ↑ **Male privilege:**

- Treated her like a servant Acted like the "master of the castle"
 Told her what her job/role is Not done fair share of housework Bossed her around
 Made household rules without her input Expected her to be sexual whenever you want

Please describe:

31. ↑ **Economic abuse:**

- Prevented her from working outside the home Not paid child support
 Made her/him ask for money Withheld information about the family income
 Kept the checkbook from her/him Made major financial decisions without her/his input

Please describe:

32. ↑ **Coercion and threats:**

- Threatened to harm her/him
 Made her/him do something illegal
 Threatened to hurt her/his family or friends
 Tried to get her/him to drop charges or Order of Protection

Please describe:

33. When was the last incident of any kind of abuse toward your partner? Date _____

Please describe:

34. Have you used violence against other people? Yes No

Please describe:

Did the experiences listed below ever happen in your relationship with your partner?

- 35. Has she/he ever tried to get outside help because of abuse?
(For example, Order of Protection, police, shelter, counseling) † Yes † No
- 36. Have you ever hit, pushed, or shoved her while she was pregnant? † Yes † No
- 37. Has your partner ever received medical treatment as a result of the violence? † Yes † No
- 38. Have you ever threatened to kill your partner? † Yes † No
- 39. Have you ever threatened to use a gun or other weapon against her/him? † Yes † No
- 40. Have you ever injured or killed a pet? † Yes † No
- 41. Have you ever threatened to, or tried to commit suicide? † Yes † No
- 42. Have you ever pressured your partner to have sex with you? † Yes † No
- 43. Have you ever forced your partner to have sex with you? † Yes † No

This section asks about the effects of violence on the children in your household

44. How many children currently live with you? _____ Ages _____

45. How many children does your partner have? _____

46. How many children do you have together?

47. Have the children in your household ever seen you be violent? † Yes † No

Describe their reaction: _____

48. Have you ever been violent when you believed children in your household were sleeping? † Yes † No

49. How do you think your violence might affect children in your household?

† They tried to stop your violence

† Hiding or running away

† Copying violence

† Frightened by the violence

Other behaviors: _____

These questions are to help you think about how to have a good relationship with your partner

50. Place number of the answer on the blank line next to each behavior

0- Never 1- Once 2- Sometimes 3- Often

Try to remember how often you:

___ Discuss issues relatively calmly

___ Listen to your partner

___ Ask for partner's opinion

___ Talk through a disagreement

___ Apologize to your partner

___ Support your partner's decision to do something for herself/himself

___ Leave the room to calm down when you've felt yourself getting upset

51. In the past six months has your relationship:

† Become more violent † Stayed about the same level of violence † Become less violent

52. Have you decided to stop using violence in the past? † Yes † No

53. What are some things you have done to avoid using violence?

54. What positive changes would you like to make for yourself?

Thank you. The information helps us to evaluate our program and it may help you think about your future.

BIP Staff

Print Name

Signature

Date
