

2008-2009

Battering Intervention &
Prevention Program (BIPP)
Accreditation Guideline
Compliance Checklist



Over Thirty Years of Building a Safer Texas

INTRODUCTION

The Texas Council on Family Violence (TCFV) produced this checklist to assist programs and providers in assessing compliance with Texas Department of Criminal Justice-Criminal Justice Assistance Division (TDCJ-CJAD) BIPP guidelines and developing required policies, procedures and forms.

This is an optional tool and does not need to be submitted to TDCJ-CJAD.

TCFV also compiled sample forms from programs who have integrated *Best Practices* to their policies and procedures.

This tool is only to be used as a guide. Following this tool does not ensure compliance with TDCJ-CJAD BIPP Accreditation Guidelines. TDCJ-CJAD BIPP Accreditation Guidelines are posted electronically on the TDCJ-CJAD website. Programs and providers should be familiar with the TDCJ-CJAD BIPP Accreditation Guidelines and reference the guidelines directly.

It is recommended that programs and providers have an attorney review their organization's policies and procedures for compliance with all applicable federal and state laws.

THE TEXAS COUNCIL ON FAMILY VIOLENCE

The mission of the Texas Council on Family Violence (TCFV) is to promote safe and healthy relationships by supporting providers, facilitating strategic prevention efforts, and creating opportunities for freedom from domestic violence.

Since 1978, the TCFV has been a nationally recognized leader in the efforts to end family violence through partnerships, advocacy and direct services for women, children and men.

As one of the largest domestic violence coalitions in the nation, TCFV's membership is comprised of family violence service providers, supportive organizations, survivors for domestic violence, business and professional, communities of faith and other concerned citizens. As a membership-focused organization, TCFV is firmly committed to serving its members, communities in Texas and thousands of victims of domestic violence and their families.

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PACKET CONTENTS

GENERAL ACCREDITATION REQUIREMENTS	PAGE 4
SECTION ONE: CRIMINAL BACKGROUND CHECKS	PAGE 5
SECTION TWO: TRAINING REQUIREMENTS	PAGE 5
SECTION THREE: STAFF DEVELOPMENT	PAGE 6
SECTION FOUR: STAFF SUPERVISION	PAGE 7
SECTION FIVE: CASE RECORDS	PAGE 8
SECTION SIX: CONFIDENTIALITY	PAGE 9
SECTION SEVEN: CONFIDENTIALITY PERTAINING TO COMMUNITY EDUCATION AND MEDIA CONTACT	PAGE 11
SECTION EIGHT: FEE PAYMENT SCALES AND PROCEDURES	PAGE 11
SECTION NINE: PROGRAM DURATION	PAGE 11
SECTION TEN: PROGRAM FORMAT	PAGE 12
SECTION ELEVEN: PROGRAM CURRICULUM	PAGE 14
SECTION TWELVE: INTAKE PROCEDURES	PAGE 16
SECTION THIRTEEN: WRITTEN PARTICIPANT AGREEMENT	PAGE 18
SECTION FOURTEEN: VICTIM CONTACT AND NOTIFICATION	PAGE 19
SECTION FIFTEEN: EXITS	PAGE 21
SECTION SIXTEEN: PROGRAM ASSESSMENT	PAGE 22
SECTION SEVENTEEN: COMMUNITY EDUCATION	PAGE 22
SECTION EIGHTEEN: REFERRAL SYSTEM	PAGE 23
APPENDIX: SAMPLE FORMS	PAGE 24

GENERAL ACCREDITATION REQUIREMENTS

We have completed the TDCJ-CJAD Application which includes:

- _____ Application
- _____ BIPP Accreditation Statement of Understanding
- _____ Cooperative Working Agreement
- _____ Documentation of training hour requirements (per Guideline 2)
- _____ We have submitted our payment for accreditation
- _____ BIPP Accreditation Policy and Procedure Manual

We have developed a Policies and Procedure Manual: It has been prepared in the following format:

- _____ Arranged in a binder
- _____ Submitted on 8 ½ X 11 paper
- _____ Used font size: 12pt.
- _____ Numbered pages
- _____ Arranged by guideline number
- _____ Each guideline **MUST** begin at the top of a new page followed by all supporting documents (i.e. sample forms)

SUPPLEMENTAL MATERIALS REQUIREMENTS

- _____ Documentation of Staff Training
- _____ Curriculum Tracking Form

SECTION ONE: CRIMINAL BACKGROUND CHECKS

GUIDELINE 1

- _____ We have developed a policy on completing background checks on all of our staff who provide battering intervention services to family violence offenders, including both paid and unpaid positions.
- _____ We have developed a policy that must include an annual Texas Crime Information Center/National Crime Information Center (TCIC-NCIC) background check.
- _____ We have developed a policy that also includes criteria regarding the eligibility of persons with criminal backgrounds to be able to provide battering intervention services to family violence offenders.

SECTION TWO: TRAINING REQUIREMENTS

GUIDELINE 2 (Please check all applicable.)

- _____ We are a current program or provider.
- _____ We are new program or provider.
- _____ We are licensed professionals in good standing with our licensing boards.
- _____ All of our agency licensed professionals who work with batterers and/or supervise staff who work directly with batterers are in good standing with their licensing boards.
- _____ We have licensed professionals who have been licensed for four years **and** worked in the field of family violence for four or more years.
- _____ We have non-licensed professionals working with batterers and/or supervising staff who work directly with batterers.
- _____ All of our staff Incensed and non-licensed professional have received the minimum TDCJ-CJAD required training and we are prepared to provide the documentation of required training for each staff.

For best practice, we require full-time, part-time, or contract staff who work directly with **batterers** and/or **supervise staff** who work directly with **batterers**

- _____ To have at a minimum a **degree in a related discipline**.

For best practice, we require full-time, part-time, or contract staff who work directly with **batterers** and/or **supervise staff** who work directly with **batterers** to receive training that includes but is not limited to:

- _____ Observing groups and individual sessions and pairing new **staff** with experienced **staff**;
- _____ Reviewing books, videotapes, and articles on **family violence**; and
- _____ Communicating with various agencies with which the program interacts.

For best practice, we also include training from

- _____ The local **family violence shelter center**
- OR
- _____ **Family violence non-residential center,**

By observing their hotline, and viewing videos with survivors of **family violence** as the primary subject as part of our BIPP staff training

For best practice, our paid or volunteer administrative support staff has at a minimum, knowledge of

- _____ The program's mission, policies, and TDCJ-CJAD **BIPP** Guidelines.

SECTION THREE: STAFF DEVELOPMENT

GUIDELINE 3

_____ We are a current program or provider and have documentation ensuring the required staff development will be completed in two-year intervals from the date we have become accredited.

OR

_____ We are a new program or provider and have documentation ensuring the required staff development is completed in two-year intervals a year after we have become accredited.

For best practice, we include the following **Staff development** topics:

- _____ Ethics preferably related to **family violence** (at least six of the required hours);
- _____ **Violence** as a form of oppression, including racism, sexism, and homophobia;
- _____ Basic defense mechanisms of **batterers** that promote deception, distortion, and misrepresentation of the facts of the abuse and the experience of the **victim**;
- _____ Relevant legal issues;

- _____ Substance abuse, psychopathology, and family of origin issues and their relationship to **family violence**;
- _____ Victim safety;
- _____ **BIPP** skill enhancement;
- _____ **Collusion**;
- _____ **Male privilege** and the gendered nature of family violence;
- _____ Methods of **collaboration** with **family violence shelter centers**, **family violence non-residential centers** and **family violence** advocates and the program's **accountability** to them;
- _____ New trends in battering intervention programming; and
- _____ Current **family violence research** available from subscriptions and circulation of newsletters and bulletins, and information from technical assistance conferences.

For best practice, **we also offer**

- _____ **Family violence** trainings
- _____ and specialized **batterers** intervention training,
- _____ access local and state resources,
- _____ and attend other training opportunities within and outside of their community.

SECTION THREE: STAFF SUPERVISION

GUIDELINE 4

We have created a policy that requires supervision to include at minimum:

- _____ Documentation of one hour of face-to –face supervision of the direct service provider's adherence to the TDCJ-CJAD **BIPP Accreditation** Guidelines one every four weeks.
- _____ Documentation of direct supervision to be kept in a personnel or administrative file.

Internal face-to-face supervision of direct service providers who work directly with batterers should include but is not limited to:

- _____ Peer supervision group debriefing;

- _____ Discussion of ethical dilemmas;
- _____ **Victim safety planning;**
- _____ Batterer’s goal revisions; and
- _____ Group observation and/or feedback shall not account for more than 50% of the supervision requirement.

We have created a policy that requires supervision to include at minimum:

- _____ Supervision for individual providers and program supervisors shall include documentation of face to face supervision or phone contact once every four weeks that includes but is not limited to items 1-5 listed above and:
- _____ Debriefing with **BIPP** supervisors from other accreditation **BIPP service providers;**
- _____ Peer to peer staff debriefing; and/or
- _____ Receiving feedback from **family violence** professionals with experience working with **victims** and/or **batterers**.
- _____ We have created a form to document staff supervision.

SECTION FIVE: CASE RECORDS

GUIDELINE 5

- _____ We have documentation ensuring we will maintain a centralized case record management system on batterers receiving BIPP services and demonstrate how the organization will comply with each requirement.

We have created a case record management system which includes, but it not limited to:

- _____ **Assessments (Intake)**
- _____ Signed written agreements, including **termination** policy, program obligations and participant’s obligations, and consequences for **non-compliance;**
- _____ **Confidentiality** and limits of **confidentiality;**
- _____ Signed group rules;
- _____ **Compliance**/attendance reports to referral sources monthly after **assessment (intake)** is completed. Copies of the **compliance**/attendance reports shall be kept in **batterers’** files.

We have included a policy of reporting within five (5) working days to court mandated referral sources of any known:

- _____ law violations,
- _____ incidents of physical **violence** disclosed by **batterers**,
- _____ and/or **termination** from the **BIPP**.

The case records management system includes a policy of reporting within five (5) working days to other **referral sources** incidents of

- _____ **physical violence** disclosed by **batterers**,
- _____ and/or **termination** from the **BIPP**.

_____ The only **victim** information that can be included in **batterers'** files is the victim's/partner's name, address, and phone numbers, if provided by a **batterer**. If a **batterer** does not know the **victim** information, the **program or provider** shall have the **batterer** sign a statement that they do not know this information;

- _____ Attendance records;
- _____ Referrals to other services and agencies;
- _____ Individualized plan; and
- _____ Payment schedule.

For best practice, we have included a policy that ensures that:

- _____ Licensed professionals on **staff** that provide direct services to batterers should retain files for the number of years required by those licensing agencies.

SECTION SIX: CONFIDENTIALITY

GUIDELINE 6

- _____ We have developed a policy that ensures **victim** safety and **confidentiality**.
- _____ We have developed a policy that requires **separate files** be maintained for **batterers** and for **victims**.
- _____ We have only included **victim** information (the victim's/partner's name, address, and phone numbers) if provided by a **batterer**.

GUIDELINE 7

_____ We have developed a policy and procedures for all participating **batterers** that includes a signed written agreement of confidentiality, and keep a copy on file.

_____ We have developed an agreement of confidentiality form.

The policy informs **batterers** of the following limits to **confidentiality**:

_____ **Batterers** are required to sign a “Consent for Release of Information,” which permits information to be released to the **victim** relating to when **batterers** enter and **exit** the program and information on program length and program requirements.

_____ **Batterers** are required to sign a “Consent for Release of Information” to the referral source and/or other designated entities indicated by a batterer.

_____ **Batterers** are required to sign a statement that they have been informed that personal data and possibly additional information will be submitted to TDCJ-CJAD by the **program or provider** for the purposes of performing program assessments and other **research**.

_____ **Batterers** are required to sign a “Consent for Release of Information” that informs **batterers** that when it is determined that there is probability of imminent physical injury to oneself or to others, **staff** will take safety initiatives and may, if appropriate, notify medical or law enforcement personnel and/or the **victim** and **referral source**.

_____ Case records are subject to subpoena.

_____ If the **assessment (intake)** or subsequent contact reveals the possibility of incidents of child abuse or neglect, or abuse of the elderly or disabled, it must be reported to the Texas Department of Family and Protective Services (TDFPS). (Refer to Appendices D and E)

_____ Information disclosed by **batterers** during an **assessment (intake)**, group sessions, and **exit** is confidential and shall not be shared with **victims/partners**.

GUIDELINE 8

We have created a policy and procedures that ensures:

_____ All observers of **direct services** and those with access to **batterers’** and **victims’** records will maintain all information confidential;

_____ We have written confidentiality agreement for all observers of direct service and those with access to batterer’s and partner’s records.

_____ We have also created a **confidentiality** form and procedures on where to maintain documentation.

SECTION SEVEN: CONFIDENTIALITY PERTAINING TO COMMUNITY EDUCATION AND MEDIA CONTACT

GUIDELINE 9

_____ We have developed a policy that protects the **confidentiality** and safety of **victims** when a **batterer** is in contact with the media or participating in **community education** activities arranged by the **program or provider**.

_____ We have created a form to document this requirement.

GUIDELINE 10

_____ We have created a policy and procedure to obtain written consent from **batterers** and **victims** before **batterers** participate in any activity arranged by the **program or provider** which could result in public disclosure of the **victim's/partner's** identity.

_____ We have created a policy and procedure that ensures that a BIPP employee will be present to protect a **victim's confidentiality** and safety for any media contact arranged by our program.

_____ We have created a consent form.

SECTION EIGHT: FEE PAYMENT SCALES AND PROCEDURES

GUIDELINE 11

_____ We have created a policy that ensures the payment policy and fee schedule that establishes that payment is due at the time services are rendered and clearly communicates to **batterers** that financial consequences are one method of being held **accountable** for their behavior.

_____ For best practice, we have included a policy to establish sliding scale fee to reflect **batterers'** differing income levels. The sliding scale fee should accommodate indigent populations

SECTION NINE: PROGRAM DURATION

GUIDELINE 12

We have created a policy that ensures our program includes:

_____ **Assessment (Intake) and Orientation**

_____ A minimum of 36 hours of group sessions

- _____ A minimum of 18 weekly sessions.
- _____ A provision that **participants** are not allowed to exceed one session per week.
- _____ We have documentation that ensures session breaks, **assessment (intake)**, and **orientation** are not to be included towards the 36 hours.

SECTION TEN: PROGRAM FORMAT

GUIDELINE 13

- _____ We created a policy that will not allow women mandated by court orders to join a men's group.

For best practice, we have created a policy which states:

- _____ Female same-sex batterers should not be placed in female heterosexual **BIPP** groups
- _____ Male same-sex **batterers** should not be placed in male heterosexual **BIPP** groups
- _____ Female **victim** voluntarily requesting to receive **BIPP** intervention services from a **program or provider** should not be placed in a **female mandated group**.
- _____ We will screen **victims** voluntarily requesting to receive **BIPP** intervention services to assure that coercion is not taking place.
- _____ We will provide **victims** with appropriate referral information for **victim** services.

GUIDELINE 14

- _____ We have developed a policy to adopt our primary approach used with batterers be in a **group format** that holds **batterers accountable** for their abusive behavior.
- _____ We have included a policy that explains how the batterers are held accountable for their abusive behavior.

For best practice, we have included a policy that ensures:

- _____ Groups led by one facilitator should have no more than 15 **participants**.
- _____ Groups led by co-facilitators should have no more than 20 **participants**.
- _____ Group sessions should have a consistent facilitator, unless the facilitator is on leave, to build rapport with participating **batterers**.

GUIDELINE 15

- _____ We have a policy and procedure that ensures **BIPP** components (**Assessment, Intake Orientation**, group sessions, and curriculum) focus on ending **violence** and holding **batterers accountable** for their **violence**.
- _____ We have a policy and procedure that ensures program’s facilitators hold **batterers accountable** for instances of **victim blaming**.
- _____ We have a policy and procedure that ensures **programs or providers** hold **batterers accountable** for their abusive behaviors, avoid **colluding** with the **batterers**, and facilitate batterers in working towards positive behavioral changes.

GUIDELINE 16

- _____ We have a policy ensuring that during group sessions facilitators confront and hold **batterers accountable** for instances of denying or denial, blaming, minimizing, justifying, and rationalizing their behavior, regardless of **batterers’** relationships, current stress factors, or previous trauma.
- _____ Facilitators shall inform **batterers** that **battering** involves choices.

For best practice, we have developed a policy that ensures BIPP group sessions should include:

- _____ A “**check-in**” at the beginning of each session in which **participants** report on recent behavior, homework assignments, and problem areas;
- _____ Role-plays, groups exercises, or written work promoting the participation of **batterers** and the application of program guidelines;
- _____ A wrap-up concluding each session to provide closure and to de-escalate heightened emotions and affirm the focal points and/or program guidelines; and
- _____ Assigned homework extending the application and practice of the session’s focal points.

For best practice, we have included a policy that ensures **BIPP** group sessions are:

- _____ Co-facilitated.

For best practice, we have created a policy that ensures that:

- _____ Follow-up programs promoting **violence** prevention, self-help and social support should be encouraged beyond the **BIPP** duration.
- _____ Our program encourages **batterers** that are ready for change to engage in elements of community service or community restitution designed to expand **batterers’**

understanding of **family violence** and involvement in its prevention beyond the content of their weekly sessions

SECTION ELEVEN: PROGRAM CURRICULUM

GUIDELINE 17

We have adopted a curriculum for our group sessions that meets that following criteria:

_____ We will use a written curriculum that has been approved by TDCJ-CJAD and is designed to end **violence** and abuse.

_____ The program curriculum is based on an intervention model that recognizes **family violence** as the result of one person in an intimate relationship systematically using tactics of emotional and physical abuse in order to maintain power and control over the other.

_____ An approach that assigns responsibility for **violence** solely to **batterers**, clarifies that **family violence** is not provoked, and provides a strategy for assisting **batterers** in taking responsibility for the **violence** and abuse;

_____ Content that encourages the **batterers** to develop critical thinking skills that will allow them to rethink their behavior and identify behavior choices other than **violence**.

_____ Content that supports the belief that **family violence** and abuse is primarily a learned and/or chosen behavior and that **non-violence** can be chosen instead.

_____ Content that includes information on the relationship between substance abuse and **family violence** and explains that **family violence** is not the result of substance abuse.

_____ Content that teaches **non-violent** discipline of children.

_____ Content that promotes **batterers'** empathy for **victims'** experience and the negative effects their abuse has caused the **victims** and their families.

_____ Content that identifies sexual abuse as a form of **violence**.

_____ Content that includes the effects of **family violence** on children, including discussions and exercises designed to make **batterers** aware of the impact of their **violence** towards their **partners** or children.

_____ Content designed to identify feelings that increase the **batterers'** ability to use personal choice so they can stop using **violence** and abuse towards others.

_____ Content that teaches effective communication skills and listening with empathy.

_____ Content designed to explain negotiation and conflict resolution skills.

- _____ Content that challenges stereotypical gender role expectations and supports an egalitarian relationship.
- _____ Development of a **non-violence plan**, including for example, strategies for helping **batterers** develop a **non-violent** support system.
- _____ Content that identifies the effects of distorted thinking on emotions and abusive behaviors.
- _____ Content that includes sexual respect.
- _____ We have also completed the form included in the TDCJ-CJAD Supplemental Curriculum Tracking Form.

For best practice, the program curriculum and/or group sessions **DO NOT** include the following:

- _____ Anger management techniques that identify anger as the cause of **family violence**;
- _____ Theories or techniques that identify poor impulse control as the primary cause of **family violence** or identify psychopathology on the part of the either party as the primary cause of **family violence**;
- _____ Marriage or couples counseling.

For best practice, we have included a policy that ensures that:

- _____ Referrals to parenting classes and other resources that demonstrate knowledge, understanding, and sensitivity to **family violence** issues are available to batterers.

For best practice, our program curriculum and/or group sessions pertaining to the effect of **family violence** on children include the following:

- _____ Discussion and exercises designed to help **batterers** develop empathy for children affected by their **violence**.
- _____ Basic information on child development and realistic and unrealistic expectations of children at various ages.

For best practice, we have created a policy that ensures that:

- _____ **if we do** not possess the expertise to present this information ourselves we shall seek partnerships with local experts in parent education, child abuse, and child development.

_____ **We will** coordinate thoroughly or co-present on the above topics with local experts so that deficits in our knowledge about **family violence** will not leave **batterers** with an inaccurate impression about the effects of **family violence** on children.

SECTION TWELVE: INTAKE PROCEDURES

GUIDELINE 18

_____ We have created a procedure about intake and assessment sessions and information gathered from participants.

We have created intake and assessment forms and use other tools that obtain information from the batterers about:

- _____ Their current and past use of **violence** towards **victims/partners**,
- _____ Abuse and/or neglect towards children,
- _____ Substance abuse,
- _____ and other abusive behaviors.

For best practice, we have included questions and a form for the intake and assessment that will collect the following information about the participant:

- _____ History of threats, assaults, ideation of homicide or suicide, homicidal or suicidal attempts;
- _____ Possession of, access to, or a history of using weapons;
- _____ Degree of persistent focus on partner actions, whereabouts, friends;
- _____ History of head trauma injuries;
- _____ History of episodes of blackouts;
- _____ History of mental health conditions, and current mental health status;
- _____ History of drug or alcohol abuse, and/or other substance;
- _____ History of sexual abuse of the **victim** and others;
- _____ Nature of current relationship with the **victim**;
- _____ Accurate and detailed description of the most recent **violent** incident; and

_____ History of abuse and/or trauma as a child.

GUIDELINE 19

_____ We have created a policy that established criteria for satisfactory completion.

We have created a program completion that includes, but is not limited to:

_____ **Completion of orientation and intake/assessment**

_____ **Completion** of the required number of sessions as directed by the program. Service providers must comply with the requirements in Guideline # 12

_____ Full payment of fees; and

_____ **Compliance** with program rules.

GUIDELINE 20

_____ We have created a policy that shall notify the **referral source** when a **batterer** is deemed inappropriate for our program.

For best practice, we have created a policy that will take the following inappropriate characteristics into consideration for referral back to the referral source:

_____ Severe mental health problems (chronic depression, personality disorders, or suicidal or homicidal ideation),

_____ Disruptive behavior,

_____ Substance abuse problems

_____ And/or generalized **violence**

GUIDELINE 21

_____ We have created a policy and procedure to conduct and document an **individualized plan** for **batterers** accepted into the program should be completed within four (4) weeks of **assessment (intake)**.

_____ We have created a form for **individualized plan**.

For best practice, our **individualized** plan includes:

_____ Recommendations to the *referral source* for additional interventions in response to *assessment (intake)* information or observed participation in groups.

GUIDELINE 22

_____ We have created a policy that prohibits our program to make a fee-based, self-referral.

For best practice, our policy includes:

_____ We have developed and offer services to *batterers* who attend on voluntary basis in addition to completing the program requirements.

SECTION THIRTEEN: WRITTEN PARTICIPANT AGREEMENTS

GUIDELINE 23

_____ We have created a policy and a form that clearly delineates *participants'* obligations to the program and consequences for *non-compliance* with the agreement;

_____ We have created a procedure to review the written agreement signed by the *participants* that clearly delineates participants' obligations to the program and consequences for *non-compliance* with the agreement.

We have included the following obligations to the written agreement:

_____ Cooperation with group rules;

_____ **Compliance** with the written attendance policy;

_____ Cessation of violent, abusive, threatening, and controlling behaviors, including stalking and violation of a protective order;

_____ Non-abusive, non-controlling, and non-intimidating behavior toward other group participants and group facilitators;

_____ Agreement to be drug and alcohol free while participating in intervention services; and

_____ **Compliance** with financial agreements made with the program.

GUIDELINE 24

_____ We have created a policy that establishes a written agreement that clearly delineates the obligations of the program to *batterers*.

_____ We have created a procedure that will include providing a copy of the written agreement to **batterers**.

We have created a written agreement that includes the program's obligation to:

_____ Provide services in a manner that **batterers** can understand;

_____ Provide a copy of all written agreements;

_____ Notify **batterers** of changes in group time and schedules;

_____ Comply with anti-discrimination laws and all applicable state and federal laws;

_____ Report every four (4) weeks after **assessment (intake)** is completed to the **Community Supervision and Corrections Department (CSCD)** or other **referral source** regarding the **batterers' compliance** or lack of **compliance**;

_____ Report immediately (within 5 working days) to the **CSCD** or other **referral source** any known law violation, incidents of physical **violence**, and/or **termination** from the **BIPP**;

_____ Report to **batterers** regarding their status and participation; and

_____ Provide fair and humane treatment.

For best practice, we will have an obligation to :

_____ Make a reasonable attempt to provide services in the **participant's** primary language.

SECTION FOURTEEN: VICTIM CONTACT AND NOTIFICATION

GUIDELINE 25

_____ We have developed and implemented written procedures for **victim contact** if we initiate **victim contact**.

_____ We have developed and implemented written procedures for cases when the **victim** initiates the contact.

The written procedures should address the following:

_____ Not disclosing to **batterers** any information reported by **victims/partners**, including **victims** verifying **batterers'** compliance or continued abuse;

_____ Access to information regarding a **safety plan**;

- _____ Safety issues and potential consequences for the **victim** that may arise from program contact or continued communication with the program;
- _____ Options available to the **victim**, such as protective orders, referrals to a **family violence shelter center, family violence non-residential center**, legal advocacy, and other services;
- _____ The **victim's/partner's** choice to initiate or terminate contact with the **program or provider** at will; and
- _____ Disclosure that **batterers'** completion of the program is not a guarantee of the absence of future **violence**.

GUIDELINE 26

- _____ We have developed a policy that establishes that the program shall neither persuade nor coerce **victims** to waive **confidentiality**. **Victims** shall be informed of the limits to **confidentiality** (in accordance with Guideline # 7). **We** shall keep **victim** safety in mind at all times.

GUIDELINE 27

- _____ We have developed a policy and procedures for written notification to be mailed to **victims** within five (5) working days of **batterers** entering and exiting (completion or exit for any reason) from the program. Both the entrance and **exit report** shall include notification that participation in or **completion** of the program does not guarantee the absence of future **violence**.
- _____ We have created a print notification letter, flyer or the correspondence to be mailed to the **victims/partners**.
- _____ We have created a method to document that notification letter (s) were sent.

GUIDELINE 28

- _____ We have created a policy and procedure to ensure that **Victims** seeking services shall be referred to appropriate family violence resources.
- _____ We have created a policy that shall not require **victims** to participate in any **BIPP** intervention services (individual, couples, and/or group counseling) provided to **batterers**.

For best practice, we have created a policy and procedure that ensures that:

_____ If a **victim** reports a new violent incident, the **we** should advise the **victim** of resources available from the appropriate law enforcement agency and the local **family violence shelter center** or **family violence non-residential center**.

_____ We will not recommend to victims to participate in marriage and couples counseling during the time their **batterer** is receiving battering intervention services.

SECTION FIFTEEN: EXITS

GUIDELINE 29

_____ We have created a policy and procedure that documents and implements a policy that outlines the circumstances under which **batterers** may be **terminated** before completing the program. This ensures that **termination** decisions are **consistent** and **objective**. **We** shall provide **batterers** at the time of **assessment (intake)** with a copy of the program's circumstances under which they can be **terminated** before completion.

_____ We have created a form that outlines the program's circumstances under which participants can be terminated before completion

_____ We have created a method of documenting that the participant received notification of the circumstances under which participants can be **terminated** before completing.

This can include but is not limited to:

_____ Continued abuse, particularly physical **violence**;

_____ Non-attendance;

_____ **Non-compliance** with other intervention conditions (in accordance with Guideline # 23) or provisions that are part of the **batterers'** written agreement;

_____ **Non-compliance** with fee payment;

_____ Violation of program and/or group rules, and

_____ Frequent and/or continued use of manipulation or disruptive behavior during group sessions.

GUIDELINE 30

_____ We have created a policy and procedures that ensure an **exit report** shall be provided to the **referral source** within five (5) working days.

_____ We have created an exit report that only includes factual information that can be verified, and shall state that the participation in or **completion** of the program does not

guarantee the absence of future **violence**. An evaluation of the success of a **batterer's** participation in the program should be made.

SECTION SIXTEEN: PROGRAM ASSESSMENT

GUIDELINE 31

_____ We have created a policy and procedures that ensure that **monthly activity reports (MAR)** are submitted to TDCJ-CJAD by the 10th of each month with data from the prior month and we shall submit **actual program output (APO) reports** to TDCJ-CJAD annually.

_____ We have created a policy and procedure to ensure that **Monthly activity reports (MAR)** and **actual program output (APO) reports** submitted to TDCJ-CJAD shall be kept on file for a period of seven (7) years after they are submitted.

For the best practice, we have developed a policy that will ensure:

_____ That the **program** should conduct and document annual external **program assessments** regarding our services from all **referral sources**.

SECTION SEVENTEEN: COMMUNITY EDUCATION

GUIDELINE 32

_____ We have developed a policy and procedure that includes a provision to offer training to law enforcement, prosecutors, judges, probation officers, and others on the dynamics of **family violence**, program options, and program activities.

_____ We have developed a method to document trainings provided and efforts to provide training on an annual basis.

For best practice, we will ensure that the following topics are covered within the training offered:

_____ **family violence,**

_____ **battering,**

_____ its effects on victims,

_____ and appropriate intervention strategies to eliminate violence against women and children.

_____ Information regarding program length, fees, client eligibility, program employees' role in the hearings, how the justice agencies can access services, and **BIPP** program discharge criteria; and

- _____ Written information and reporting procedures regarding **BIPP** processes, including:
- _____ The **BIPP** program’s right to accept, reject, or discharge batterers mandated or referred to the program;
- _____ The reporting of violations of protective orders, bail bond conditions, and community supervision and parole conditions to the supervising agency or court;
- _____ Procedures for reporting any known violations of any provision of a court order mandating battering intervention services to the appropriate agency or court;
- _____ Procedures for reporting of further incidents of violence, including dates, brief descriptions, and outcomes; and
- _____ Procedure for submitting participant reports to the court.

SECTION EIGHTEEN: REFERRAL SYSTEM

GUIDELINE 33

- _____ **We** have developed and keep a documented system for receiving referrals from the courts and for reporting to the court regarding **batterers’ compliance** with the program.

APPENDIX: SAMPLE FORMS

PARTICIPANT AGREEMENT
INTAKE AND ASSESSMENT TOOLS
RELEASE OF INFORMATION
VICTIM NOTIFICATION LETTER
DISMISSAL NOTICE
COMPLETION NOTICE
PROGRESS REPORT
ATTENDANCE LOG
PERSONNEL TRAINING LOG
STAFF DEVELOPMENT LOG

NOTE:

Please feel free to recreate the forms for your program's use. Your program may want to modify these forms to reflect specific conditions affecting your community or for consistency within your files.

All of the following forms are samples of forms that BIP Programs may use to document services provided. You may also use these forms as a starting point for creating your own customized tools reflecting your own needs.

While these forms were chosen because they are the most accurate reflection of the 1999 BIPP Guidelines standards, they DO NOT reflect the new 2009 BIPP Accreditation Guidelines. Revisions may be necessary. Programs have voluntarily, as courtesy, allowed TCFV to distribute their forms for use.

LifeWorks/Resolution Counseling
2001 Chicon Street, Austin, TX 78722 (512) 735-2100 Fax (512) 735-2185

Working Agreement for Group Members

The purpose of the **Resolution Counseling** program is to build healthy relationships by ending abuse and violence. The program consists of a minimum of 21- or 30 weekly, 2-hour group sessions, as determined by the referral source and/or by LifeWorks. If the client is court-ordered or on probation, he or she understands that completion of this program is a part of his or her sentence.

A. FEES

- ◆ The fee for Orientation and Intake is \$30. To reschedule an intake appointment, client must call 24 hours in advance or pay a \$20 no-show fee.
- ◆ The fee per group session is \$75 until proof of income is provided. Upon proof of income, we may reduce the session fee. If applicable, the adjusted fee will be \$ _____ or TBD.
- ◆ For security reasons, remit all fees by MONEY ORDER or CREDIT CARD payable to **LifeWorks**.
- ◆ Group session fees are due at the start of each session. LifeWorks may refuse admittance without payment, which could result in client being counted absent. Fees will not be refunded when the service is delivered.

B. ATTENDANCE

- ◆ Client agrees to attend and complete _____ sessions to receive a Certificate of Completion.
- ◆ We expect clients to arrive on time. Tardiness may mean the client is not admitted and is counted absent.
- ◆ We will charge \$20 for absences that are not excused by the counselor (e.g., no-show/no-call).
- ◆ Two (2) absences in a row, client will be dismissed from the program.
- ◆ Three (3) absences in a 30-day period result in dismissal from the program.
- ◆ Four (4) absences result in dismissal from the program. At dismissal, LifeWorks notifies the referring agency.
- ◆ Restarting the program means no credit for sessions attended; the count starts from zero.
- ◆ Call 735-2123 to restart. Client will be required to pay a \$30 restart fee, plus any balance due.

C. PARTICIPATION - GROUP

- ◆ Clients are responsible for their participation. LifeWorks expects clients to discuss their attitudes, feelings, beliefs and behavior in their relationships. We expect clients to take part in discussions and exercises.
- ◆ LifeWorks expects clients to refer to all persons, present or not, in respectful terms.
- ◆ We expect written assignments to show thought and effort.
- ◆ Counselors sometimes assign homework. It is due at the start of the next session. Failure to turn in homework may result in no credit for the session.
- ◆ Program staff determines completion from the program. Successful completion criteria include, but are not limited to, cooperation with the group leader, compliance with Working Agreement and all LifeWork's policies, active involvement in discussions, and personal progress toward accountability and nonviolence.
- ◆ Noncompliance may result in dismissal from the program or additional requirements to graduate, as determined by LifeWorks **Resolution Counseling** staff.

D. PROGRAM EVALUATION

- ◆ For purposes of program evaluation we may contact partners and/or ex-partners three (3) and twelve (12) months following client's completion of the program. We will ask clients to sign a consent form for this.

E. CONFIDENTIALITY

- ◆ In order to provide the best conditions for therapeutic work, clients are entitled to confidentiality about their identity and other information shared in group. Any information LifeWorks releases to a third party will be limited to that which is required by referral and funding sources. Each client is also required to keep the identity and personal information shared by other group members confidential.

- ◆ There are **limits to confidentiality**, which include:

- When a client is believed to be in imminent danger to him/herself or others;
- When a client reveals information that suggests child or elder abuse or abuse of a person with a handicap, staff are obligated by law to inform the Texas Department of Family and Protective Services;
- When a judge through a court-ordered subpoena requires records and/or testimony;
- When a client provides written consent.

F. OBSERVERS

- ◆ Observers may occasionally sit in on a group. LifeWorks requires them to sign a confidentiality statement.
- ◆ Observers may include student interns, trainees, other professionals, or community members.

G. COMMUNICATION

- ◆ Clients are responsible for providing their group leader any changes in address or phone number(s).
- ◆ Call your counselor if you have to miss group for a *legitimate* reason; you may need to provide documentation.
- ◆ In emergency situations, call 911, the 24-hour MHMR Hotline **(472-4357 or 472-HELP)**, or **Psychiatric Emergency Services, PES, (454-3521)**.
- ◆ For a family violence crisis, call 911. Clients may call a **Resolution Counselor** (9-6, Mon-Fri).
- ◆ If you are a battered person in need of help, call the 24-hour confidential hotline, **1-800-799-SAFE (7233)**.

H. PARTICIPATION - PERSONAL

- ◆ I agree to the program goals of safety, ending all violence, healthy relationships based on equality and accountability.
- ◆ I agree to be non-violent and non-abusive while participating in the **Resolution Counseling** program.
- ◆ I will comply with all conditions of my court order, probation, personal bond or other referral source.
- ◆ I will not bring weapons on the premises.
- ◆ If I demonstrate threatening, disruptive, or inappropriate behavior, or come to group under the influence of alcohol or drugs, I understand I will be asked to leave and counted absent. If I do not leave the premises when asked by *any* LifeWorks staff, I will be subject to termination from

the program.

- ◆ I agree to inform my group leader of any violent incident or police call to my home resulting from a family disturbance and to discuss this in group or individually.

Resolution Counseling reserves the right to change program policies and procedures at any time, for those changes to become effective immediately upon adoption, and for them to apply to all current and future participants.

I understand that LifeWorks makes no guarantee as to the results of their efforts.

By my signature I understand and agree to the conditions of the Resolution Counseling program as outlined above, and acknowledge that I have received a copy of this agreement. Failure to comply with these agreements and rules may result in my suspension or dismissal from the program and, if court ordered, legal consequences.

Client signature

Date

Resolution Counselor

Date

VIOLENCE INTERVENTION PROGRAM

Registration Information

Tell us about yourself

☞ *Please print and complete all items* ☜

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Alternate Phone: _____ Date of Birth: _____

How old are you? _____ Social Security Number: _____

Are you still in a relationship with the person you assaulted? Yes No

Have you ever thought of hurting or killing yourself? Yes No

If so, when? _____

Have you ever thought of hurting or killing someone else? Yes No

If so, when? _____

How do you describe your ethnic background? White (not Hispanic) Black Hispanic

Please mark only one. American Indian, Alaskan Native

Asian, Pacific Islander

Other: _____

What was the last grade of school you completed? (In USA)

Less than high school (0 – 8 years)

Some high school (9 – 12, but did not complete 12th grade)

High school graduate or GED

Attended a vocational, trade, or business school after high school

College less than 2 years

College Associates degree

College two years or more, no degree

College Bachelor degree

College post graduate classes with no degree

Graduate or professional school: MA, MS, PhD, EdD, PsyD, MD, JD

What is your annual household income?

This question is for statistical purposes and your response will **not** change the price you pay for the program.

- \$5,000 or less
- \$5,001 - \$9,999
- \$10,000 - \$14,999
- \$15,000 - \$24,999
- \$25,000 - \$34,999
- \$35,000 - \$44,999
- \$50,000 +

How long have you been married or in an intimate relationship? _____

Do you have children? Yes No If yes, tell us about them:

Child's Name	Age	Does this child live with you?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you taking any medication? Yes No If yes, what are you taking? _____

For what medical condition(s) are you taking the medication? _____

Do you have any significant health, drug, alcohol, or psychiatric concerns **about yourself**? Yes No
If yes, please explain:

Was there alcohol and/or drug abuse in the home while you were growing up? Yes No

What is the word that best describes you? _____

Personal Violence History

Part 1: The following questions are about your life as an adult

Have you ever been to counseling or psychotherapy before now? No Yes

If yes, please answer the following:

When? _____

Where? _____

How long? _____

Reason? _____

Voluntary Court Mandated

What is the relationship between you and the person involved in the incident? Check only one.

- | | |
|---|---|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Live-in partner |
| <input type="checkbox"/> Ex-spouse | <input type="checkbox"/> Common-law partner |
| <input type="checkbox"/> Girlfriend (not live in) | <input type="checkbox"/> Mother |
| <input type="checkbox"/> Father | <input type="checkbox"/> Child |
| <input type="checkbox"/> Other relative | |

How soon after you met did the physical violence begin? _____

How do you define violence?

Have you ever been arrested in the past for assaults? No Yes

If yes, when and what kind of assault?

Have you ever been found guilty in a court of law? No Yes

If yes, what were the convictions for and what happened to you?

Part 2: The following questions refer to all of your relationships.

When was the first time you used physical force (for example, push, punch, kick, slap, restrain, pull hair, and so on) against a woman? _____

Who was she? _____

How did you feel afterwards?

When was the worst incidence of violence (physical, sexual, and/or verbal) you used against a woman? _____

Who was she? _____

What did you do?

How did you feel afterwards?

Have you ever tried to control your violence in the past? No Yes

If yes, please explain:

What do you think you can do to stop being violent towards your partner or the children?

Have any of your partners sustained any of the following as a result of your acts of violence?

	Yes	No		Yes	No
Knocked out	<input type="checkbox"/>	<input type="checkbox"/>	Scratches	<input type="checkbox"/>	<input type="checkbox"/>
Choked unconscious	<input type="checkbox"/>	<input type="checkbox"/>	Bruises	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding	<input type="checkbox"/>	<input type="checkbox"/>	Swelling	<input type="checkbox"/>	<input type="checkbox"/>
Wounds from firearms	<input type="checkbox"/>	<input type="checkbox"/>	Black eye	<input type="checkbox"/>	<input type="checkbox"/>
Broken nose	<input type="checkbox"/>	<input type="checkbox"/>	Needed medical attention	<input type="checkbox"/>	<input type="checkbox"/>
Broken bones	<input type="checkbox"/>	<input type="checkbox"/>	Needed surgery	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>			

Have you ever done any of the following in your relationships? (check one for each item)

	Threatened to do it	Did it at least once	Neither
Slap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pull hair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twist arm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pin to ground or wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hold against her will	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hit with an object	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beat up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Use gun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use knife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use other weapon, which? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Break things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throw things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Break down door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throw food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harm or neglect pet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be verbally abusive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexually abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Show intense jealousy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Force to have sexual intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Force to have sex with other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hurt her children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harm or neglect pet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control what she does	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Were any of the women pregnant when you did any of the above acts? No Yes

Part 3: To the best of your ability, we want you to recall the incident (when any abusive or violent acts took place) that resulted in your coming to see us.

What was happening that lead up to the situation? (describe the situation)

When did this occur (how long ago)? _____

Why do you think your anger escalated?

Were there any weapons involved? (household objects would apply) No Yes

If yes, please explain:

Were there any injuries? No Yes

If yes, please explain:

Did you or your partner use alcohol or other drugs prior to or during this incident?

No Yes

If yes, who was using, what was used, how much was used, and how long was it used?

Was there any outside intervention during this episode? Did someone try to stop it (children, friends, neighbors, and so on)? No Yes

If yes, please explain:

Were there children involved or did they observe this incident? No Yes

Where were they and what did they do?

Were the police called? No Yes

If yes, what happened when they arrived?

The Attitudes Toward Males in Society Scale

The statements below describe attitudes toward the role of men in society which different people have. There are no right or wrong answers, only opinions. You are to express your feelings about each statement, circling your response.

Men are naturally better drivers than women.

1 - agree strongly 2 - agree mildly 3 - disagree mildly 4 - disagree strongly

Men are naturally better able to control their feelings than women.

1 - agree strongly 2 - agree mildly 3 - disagree mildly 4 - disagree strongly

Men are naturally more mechanical than women.

1 - agree strongly 2 - agree mildly 3 - disagree mildly 4 - disagree strongly

Men generally are more knowledgeable about current events and therefore have "more important things to say" at social gatherings than women.

1 - agree strongly 2 - agree mildly 3 - disagree mildly 4 - disagree strongly

Because men are strong and women are weak, it is only right that this is a man's world.

1 - agree strongly 2 - agree mildly 3 - disagree mildly 4 - disagree strongly

Men can handle pressure situations better than women.

1 - agree strongly 2 - agree mildly 3 - disagree mildly 4 - disagree strongly

It's common sense that men are naturally more worldly wise than women.

1 - agree strongly 2 - agree mildly 3 - disagree mildly 4 - disagree strongly

Men are more likely than women to be skilled in occupations that call for competitive and logical abilities.

1 - agree strongly 2 - agree mildly 3 - disagree mildly 4 - disagree strongly

It's a fact that most men are more interesting to listen to than most women.

1 - agree strongly 2 - agree mildly 3 - disagree mildly 4 - disagree strongly

Men are naturally more skillful in athletics than women.

1 - agree strongly 2 - agree mildly 3 - disagree mildly 4 - disagree strongly

On the average men should be considered as more capable of contributing to the country's economic stability than women.

1 - agree strongly 2 - agree mildly 3 - disagree mildly 4 - disagree strongly

Men are inclined by nature to be more truthful and direct than women.

1 - agree strongly 2 - agree mildly 3 - disagree mildly 4 - disagree strongly

It's only natural that men are more interested in sports than women.

1 - agree strongly 2 - agree mildly 3 - disagree mildly 4 - disagree strongly

Men are more decisive in crisis situations than women.

1 - agree strongly 2 - agree mildly 3 - disagree mildly 4 - disagree strongly

The Family Place Battering Intervention and Prevention Program

Conflict Skills Survey

Please use the following scale to rate how you functioned during conflicts before you started BIPP and how you function now that you have completed the program:

1= Never

2=Rarely

3=Sometimes

4=Often

DURING A CONFLICT, how often did/do you...	<u>Before BIPP</u>	<u>Now</u>
1. Discuss the issue calmly?	1 2 3 4	1 2 3 4
2. Talk through a disagreement?	1 2 3 4	1 2 3 4
3. Identify and express your feelings in a constructive manner?	1 2 3 4	1 2 3 4
4. Pay attention to your self-talk?	1 2 3 4	1 2 3 4
5. Think about the consequences of your actions?	1 2 3 4	1 2 3 4
6. Think about the impact of your behavior on your partner?	1 2 3 4	1 2 3 4
7. Think before you speak or act?	1 2 3 4	1 2 3 4
8. Make non-abusive choices?	1 2 3 4	1 2 3 4

Using the same scale, please rate how you function in general before you started the program and how you function now that you have completed the program:

IN GENERAL, how often did/do you...	<u>Before BIPP</u>	<u>Now</u>
9. Feel safe, secure and emotionally stable?	1 2 3 4	1 2 3 4
10. Feel able to take care of your own needs?	1 2 3 4	1 2 3 4
11. Feel good about yourself?	1 2 3 4	1 2 3 4
12. Think that you have options and resources?	1 2 3 4	1 2 3 4

Additional comments about the program and/or how we could improve:

INTAKE ABI

Name: _____

Date: _____

Here is a list of behaviors that many women report have been used by their partners or former partners. We would like you to estimate how often these behaviors occurred during the 6 months before you began this program.

Circle a letter from the list below for each item to show your closest estimate of how often the behavior happened in your relationship with your partner or former partner during the 6 months before you began the program.

Partner's Name: _____	Never	Rarely	Occasionally	Frequently	Very Frequently
1. Called her a name and/or criticized her.	N	R	O	F	V
2. Tried to keep her from doing something she wanted to do (example: going out with friends, going to meetings).	N	R	O	F	V
3. Gave her angry stares or looks.	N	R	O	F	V
4. Prevented her from having money for her own use.	N	R	O	F	V
5. Ended a discussion with her and made the decision yourself.	N	R	O	F	V
6. Threatened to hit or throw something at her.	N	R	O	F	V
7. Pushed, grabbed or shoved her.	N	R	O	F	V
8. Put down her family and friends.	N	R	O	F	V
9. Accused her of paying too much attention to someone or something else.	N	R	O	F	V
10. Put her on an allowance.	N	R	O	F	V
11. Used the children to threaten her (example: told her that she would lose custody or said you would leave town with the children).	N	R	O	F	V
12. Became very upset with her because dinner, housework, or laundry was not ready when you wanted it or done the way you thought it should be.	N	R	O	F	V
13. Said things to scare her (example: told her something 'bad' would happen or threatened to commit suicide).	N	R	O	F	V
14. Slapped, hit, or punched her.	N	R	O	F	V
15. Made her do something humiliating or degrading (example: made her beg for forgiveness or ask your permission to use the car or do something).	N	R	O	F	V
16. Checked up on her (example: listened to her phone calls, checked the mileage on her car, called her repeatedly at work).	N	R	O	F	V
17. Drove recklessly when she was in the car.	N	R	O	F	V
18. Pressured her to have sex in a way that she didn't like or want.	N	R	O	F	V
19. Refused to housework or child care.	N	R	O	F	V
20. Threatened her with a knife, gun, or other weapon.	N	R	O	F	V
21. Told her she was a bad parent.	N	R	O	F	V
22. Stopped her, or tried to stop her from going to work or school.	N	R	O	F	V
23. Threw, hit, kicked, or smashed something.	N	R	O	F	V
24. Kicked her.	N	R	O	F	V
25. Physically forced her to have sex.	N	R	O	F	V
26. Threw her around.	N	R	O	F	V
27. Physically attacked the sexual parts of her body.	N	R	O	F	V
28. Choked or strangled her.	N	R	O	F	V
29. Used a knife, gun, or other weapon against her.	N	R	O	F	V

For Office Use Only

Phys	
Psyc	

Have you ever done any of the following in your relationships? (check one for each item)

	Threatened to do it	Did it at least once	Neither
Slap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pull hair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twist arm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pin to ground or wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hold against her will	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hit with an object	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beat up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use gun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use knife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use other weapon, which? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Break things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throw things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Break down door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throw food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harm or neglect pet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be verbally abusive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexually abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Show intense jealousy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Force to have sexual intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Force to have sex with other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hurt her children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harm or neglect pet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control what she does	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Were any of the women pregnant when you did any of the above acts? No Yes

VIP Registration Checklist

Date: _____ Client #: _____ Name: _____

SUBSTANCE ABUSE SCREENING:

CAGE: If two positive responses are made use RAPS, below.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever felt you should cut down on your drinking?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have people annoyed you by criticizing your drinking?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever felt bad or guilty about your drinking?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (i.e., as an eye-opener)?
RAPS	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you sometimes take a drink in the morning when you first get up?
<input type="checkbox"/> Yes <input type="checkbox"/> No	During the past year, has a friend or family member ever told you about things you said or did while you were drinking that you could not remember?
<input type="checkbox"/> Yes <input type="checkbox"/> No	During the past year, have you had a feeling of guilt or remorse after drinking?
<input type="checkbox"/> Yes <input type="checkbox"/> No	During the past year, have you failed to do what was normally expected of you because of drinking?
<input type="checkbox"/> Yes <input type="checkbox"/> No	During the past year, have you lost friends or girlfriends or boyfriends because of drinking?

INDIVIDUALIZED PLAN:

- Attend 20 week VIP
- Alcohol/drug referral: If at least two positive responses are made to the CAGE and at least one positive response is made to the RAPS make referral to SAIP and send letter to referral source. Place a copy of the referral letter in the participant's file. Inform the participant that his participation in SAIP is encouraged but is **not** required to continue in VIP.
- Mental health referral. If a mental health referral is needed please make a referral to at least three different providers. List the names of the referrals here and place copies of the referral form in the participant's file.
 - 1.
 - 2.
 - 3.
- Individual meetings prior to starting group meetings?
- Other: _____

HILL COUNTRY CARES
Battering Intervention & Prevention Program (BIPP)

PARENT/CHILD RELATINSHIP ASSESSMENT

Client Name: _____ **Date:** _____

1. Are your children living in your home with you? Yes No
2. If yes, what is the age and your relationship to each child?
Age: _____ Relationship: _____
Age: _____ Relationship: _____
Age: _____ Relationship: _____
Age: _____ Relationship: _____
3. Describe your relationship with the child(ren).
4. How do you discipline your child(ren)?
5. Has anyone ever told you that you discipline the child(ren) too harshly?
 Yes No If yes, explain:

6. Have you ever lost control of yourself while discipling or punishing your child(ren) even if you didn't mean to? Yes No If yes, explain:

7. Have you ever been reported to CPS (Child Protective Services) for child abuse? Yes No If yes, describe the circumstance surrounding the report of abuse:

8. Were you ever abused or punished severely by your parents or other family members? Yes No If yes, explain:

Anger Styles Quiz

Name: _____

Date: _____

Circle One

- | | | |
|---|-----|----|
| 1. I try never to get angry. | Yes | No |
| 2. I get really nervous when others are angry. | Yes | No |
| 3. I feel I'm doing something bad when I get angry. | Yes | No |
| 4. I tell people I'll do what they want, but then I often forget. | Yes | No |
| 5. I say things like, "Yeah, but..." and "I'll do it later." | Yes | No |
| 6. People tell me I must be angry but I'm not sure why. | Yes | No |
| 7. I get jealous a lot, even when there is no reason. | Yes | No |
| 8. I don't trust people very much. | Yes | No |
| 9. Sometimes it feels like people are out to get me. | Yes | No |
| 10. My anger comes on really fast. | Yes | No |
| 11. I act before I think when I get angry | Yes | No |
| 12. My anger goes away very quickly after I explode. | Yes | No |
| 13. I get very angry when people criticize me. | Yes | No |
| 14. People say I am easily hurt and oversensitive. | Yes | No |
| 15. I get angry when I feel bad about myself. | Yes | No |
| 16. I get mad in order to get what I want. | Yes | No |
| 17. I try to scare others with my anger. | Yes | No |
| 18. I can pretend to be very mad when I'm really okay. | Yes | No |
| 19. Sometimes I get angry just for the excitement or action. | Yes | No |
| 20. I like the strong feelings that come with my anger. | Yes | No |
| 21. My anger takes over and I go out of control. | Yes | No |
| 22. I seem to get angry all the time. | Yes | No |
| 23. I just can't break the habit of getting angry a lot. | Yes | No |
| 24. I get mad without thinking - it just happens. | Yes | No |
| 25. I become very angry when I defend my beliefs and opinions. | Yes | No |
| 26. I feel outraged about what others try to get away with. | Yes | No |
| 27. I always know I'm right in an argument. | Yes | No |
| 28. I hang onto my anger for a long time. | Yes | No |
| 29. I have a hard time forgiving people. | Yes | No |
| 30. I hate people for what they've done to me. | Yes | No |

Ways You May Have Hurt Your Partner

Name: _____ Date: _____

Partner's Name: _____ Years Together: _____

Have you ever:	Yes	No
Called her a name or made fun of her	_____	_____
Ignored her	_____	_____
Lied to her	_____	_____
Told her that she was a bad parent	_____	_____
Refused to do housework or child care	_____	_____
Made her ask permission to use personal property	_____	_____
Accused her of paying too much attention to someone or something else	_____	_____
Made her beg for forgiveness	_____	_____
Demanded to be waited upon by her	_____	_____
Intimidated her through your tone of voice, looks, or stares	_____	_____
Put down her family or friends	_____	_____
Put down her physical appearance or tried to change her appearance	_____	_____
Discounted and devalued her strengths, accomplishments, or goals	_____	_____
Told her that no one else would want her	_____	_____
Threatened often to leave her or divorce her	_____	_____
Harassed her about past relationships or accused her of cheating	_____	_____
Told her to shut up	_____	_____
Put down or yelled at her in front of children	_____	_____
Punished her children when you were angry at her	_____	_____
Threatened to take her children or that she would lose custody	_____	_____
Said abuse did not happen or said she deserved it	_____	_____
Became very upset because dinner, housework, or laundry was not done when you wanted it done or to your satisfaction	_____	_____
Humiliated her	_____	_____
Prevented her from leaving a room or her home	_____	_____
Discouraged her from going to school, work, or other places	_____	_____
Prevented her from seeing family and/or friends	_____	_____
Listened to her phone calls, disabled her phone, or opened her mail	_____	_____
Followed her or had her followed	_____	_____
Checked mileage on her car or prevented her from driving	_____	_____
Phoned her repeatedly at work	_____	_____
Put her on a monetary allowance or made her ask or beg for money	_____	_____
Made her explain her whereabouts at all times	_____	_____
Insisted on final say (ignoring her opinion) in all decisions	_____	_____

	Yes	No
Threatened to hit her	_____	_____
Threatened to throw objects at her	_____	_____
Threatened to kill her	_____	_____
Destroyed things (including personal property) in her presence or abused family pets	_____	_____
Hit walls or pounded your fist when angry at her	_____	_____
Driven recklessly with her in the car	_____	_____
Threatened to harm or kill her family or friends	_____	_____
Threatened to harm or kill yourself	_____	_____
Hurt or mutilated yourself to scare her	_____	_____
Bodily restrained or held her against her will	_____	_____
Pushed, shoved, or thrown her around (into walls, furniture, floor, etc)	_____	_____
Slapped her or hit her with an open hand	_____	_____
Hit her with a fist	_____	_____
Scratched her	_____	_____
Pinched her	_____	_____
Pulled her hair	_____	_____
Grabbed her or injured her by holding or squeezing too tightly	_____	_____
Spit on her	_____	_____
Bit her	_____	_____
Kicked her	_____	_____
Burned her	_____	_____
Choked or tried to strangle her	_____	_____
Hit her with an object or used a weapon against her	_____	_____
Chased her with a car or tried to run her off the road, or hit her with a car	_____	_____
Tried to poison her	_____	_____
Physically hurt her while she was pregnant	_____	_____
Made her use drugs or alcohol against her will	_____	_____
Denied her the right to receive health care or take medication	_____	_____
Controlled her food intake	_____	_____
Told her about your sexual affairs with others	_____	_____
Expected her to view pornography with you	_____	_____
Called her negative sexual names (“frigid,” “whore,” etc.)	_____	_____
Forced or pressured her to participate in sex against her will	_____	_____
Made her feel guilty or pouted when she did not want to have sex	_____	_____
Pressured her into sexual activity that hurt her or made her feel ashamed	_____	_____
Forced her to have sex in the presence of others	_____	_____
Used threatening objects or weapons during sex	_____	_____
Prevented her from using birth control or lied about your use of birth control	_____	_____
Withheld information about being exposed to a sexually transmitted disease	_____	_____
Physically attacked sexual parts of her body (breasts or genitals)	_____	_____
Is she afraid of you?	_____	_____

REQUEST FOR A RELEASE OF INFORMATION

I understand that information may be exchanged with the counseling/education/crisis/legal teams working with the Batterer’s Intervention and Prevention Program at Family Support Services:

1. Attendance, progress, and completion of program.
2. Any past or present use of violence or threats.
3. Reasons for termination of services.
4. Recommendations regarding mental health counseling or chemical dependency treatment and/or referrals.

And, hereby, give written consent for the request for and release of information concerning the above to the following individuals and agencies:

Potter/Randall County Probation Department
Amarillo Police Department
Potter County Attorney’s Office
47th District Attorney’s Office
Randall County Criminal District Attorney’s Office
Police Department and Referring Legal Entity in City and County of Arrest

Victim (current or former Wife/Partner)	Agency/Individual (other than listed above)
_____	_____
Name	Name
_____	_____
Address	Address
_____	_____
City, State ZIP Code	City, State ZIP Code
_____	_____
Phones: work/home	Phone
Partner contact is for the purpose of providing her information on services available to her and her children.	

Further, I give permission to Family Support Services to obtain information concerning new assault charges from any law enforcement or legal entity for a period of three years after completion or termination from this program. I understand this information will be used only for compiling statistics for measuring success of the program.

Executed this _____ day of _____, _____

Participant (PRINT)

Participant (SIGNATURE)

BIPP Facilitator (SIGNATURE)

Adult Violence Intervention Program
P.O. Box 736, 431 Old Austin Hwy
Bastrop, Texas 78602



Local Office Number
(512) 321-7760 Extension 217
Toll-free hotline (888) 311-7755
Call during regular business hours

July 7, 2009

This is to inform you that _____ has enrolled in the Adult Violence Intervention Program (AVIP) at the Family Crisis Center. This group is a state approved battering intervention and prevention program. On his intake, he has listed your name as his partner and/or victim at the time of his domestic violence incident. We are required as part of the guidelines of the program to let you know that he has started this program. His group meets every **Saturday@11:30am** for 1½ hours. The goals of this program are for him to stop physical violence, to end all verbal and emotional abuse, and to gain information and skills to improve the quality of his relationships. Other guidelines for him to follow are listed below:

- 1) *No physical violence during the duration of the program. Report any emotional violence.*
- 2) *Take responsibility for past actions; participate fully in the program and complete any assigned homework.*
- 3) *Participate in-group in a respectful, non-hostile manner.*
- 4) *Not be under the influence of drugs or alcohol when attending group.*
- 5) *Be in class on time and bring the workbook issued to them.*
- 6) *Attend 24 classes and he may not have more than 5 absences.*
- 7) *Submit payment of fees each week.*
- 8) *No couples or individual counseling until 24 weeks are completed.*

Enrollment in these classes does not signify change in attitude or behavior. Change can only occur when he decides to take responsibility for his own thoughts, feelings, and behavior. Knowing that he is now getting intervention may bring up a lot of mixed feelings for you. Some of these feelings may include the hope that he will change, anger about past violence, or anger that he didn't do this earlier. Attendance in or completion of these classes does not guarantee future non-violence.

He has been informed that you will be contacted that he has enrolled in the program and periodically while he is in the program. You also have the option to contact the AVIP program to give a history of his abuse as well assist in monitoring his progress. Our staff can be reached at the Bastrop office (512) 321-7760 at extension 217 or toll free at 888-311-7755 during business hours. Any information you disclose will not be shared with him for safety reasons.

The Family Crisis Center offers a wide variety of services. Most of these services are free to you. Please feel free to call the office number, toll free at 888-311-7755 or come by any of our offices if we can provide support or other assistance. You have the right to either arrange for services or not to contact us at all. This is completely up to you. **OUR MAIN PRIORITY IS YOUR SAFETY.**

Sincerely,



**Friends
of the Family**

To: _____

When a participant enters the Violence Intervention and Prevention Program at Friends of the Family, he/she must give consent for us to contact his/her partner/spouse. I am contacting you to offer information about the program as well as other services and support available for you at Friends of the Family.

(Name of participant) _____ recently came into our office for an intake session.

He/she has been referred to:
_____ Individual sessions beginning (date) _____

_____ the 27 week group program with one exit session beginning (date) _____:
meetings are held on _____ from _____ to _____.
_____ other: _____

The agency phone is (940)387-5131 or Metro (972)219-2829. We may also be reached at P.O. Box 640, Denton, Texas 76202.

I am enclosing a brochure describing the services available for you at this agency and would be willing to discuss these with you at any time. Feel free to call the agency if you have any questions about these services.

Sincerely,

Representative, Violence Intervention and Prevention Program Date:

Adult Violence Intervention Program
Local Bastrop Number
(512) 321-7760 Extension 217



P.O. Box 736, Bastrop, Texas 78602
toll-free hotline (888) 311-7755
local hotline (512) 303-7755

Tuesday, July 07, 2009

RE: Adult Violence Intervention Program

Dear,

This is to notify you that _____ has decided not to attend the 24-week Adult Violence Intervention Program for men. He has missed the 1st class, which is a violation of the group agreement. Please let us know if we can be of support to you or if you have any questions for us. Please call our office in Bastrop at 512-321-7760 or 888-311-7755 if we can be of help to you or your family.

Sincerely,

AVIP Counselor

BATTERING INTERVENTION AND PREVENTION PROGRAM

"RELATIONSHIPS OF PROMISE"

PROGRESS REPORT

DATE: October 3, 2008

TO: Victoria CSCD

Client's Name:

Date registered: 1/4/2007 Date of first session: 4/5/2007
Group Day: Tues Wed Thurs Time: 6pm
BIPP Coordinator and group facilitator:

Attendance:

Has missed__ times. Dates absent:___
Has been late _____times.

Participation in Group:

Turns in completed homework: Yes___ No_ sometimes ___
Refuses to follow homework instruction: Yes___ No__
Attentive in group: Most of the time___ Sometimes___ Never_____
Speaks significantly in group: Most of the time_____ Sometimes___ Never_____
Shows respect toward group members: Yes___ No _____
Takes responsibility for his/her past behaviors: Yes___ No_____
Disruptive and Argumentative: Yes ___ No ___
Uses humor inappropriately in group: Yes ___ No__
Blames partner for his/her past and current behaviors: Yes ___ No ___
Minimizes his/her abusive behavior: Yes ___ No ___
Angry affect/body posture: Yes___ No___

Significant Concerns:

Reports of continuous use/abuse of alcohol/drugs ___
Appeared to be under the influence of alcohol/drugs while in the program ___
Inappropriate behavior toward staff ___
Other concerns:

Fees:

Fee arrangements made with MCFS._____
Amount paid: _____
Amount due: _____

BIPP Coordinator Signature: _____



BIPP Staff Development

Employee Name: _____ Date of Hire: ____/____/____

License: _____ Expiration Date: ____/____/____ Today's Date: ____/____/____

Topics	Date Due	Date Done	Documentation/Verification # of Hours/etc.
Violence as a form of oppression, including racism, sexism, and homophobia	Within 1 year of hire		
Basic defense mechanisms of batterers that promote deception, distortion, and misrepresentation of the facts of the abuse and the experience of the victim	Within 1 year of hire		
Relevant Legal Issues	Within 1 year of hire		
Substance abuse, psychopathology, and family of origin issues and their relationship to domestic violence	Within 1 year of hire		
Women's Safety	Within 1 year of hire		
BIPP Program Skill Enhancement	Within 1 year of hire		
Male Privilege	Within 1 year of hire		
Method of collaboration with shelters and battered women's advocates and the BIPP program's accountability to them	Within 1 year of hire		
New trends in battering intervention programming	Within 1 year of hire		
Current domestic violence research available from subscriptions and circulation of newsletters and bulletins, and information from technical assistance conferences.	Within 1 year of hire		
Other: (20 hours required per calendar year)			

