

**Massachusetts Department of Public Health
 Certified Batterer Intervention Programs
 ADULT INTAKE FORM**

Agency Name _____ Intake interviewer (no initials please) _____ Site Number

1. Was this client accepted into your batterer intervention program upon the completion of intake?
 1. Yes
 2. No

Please complete the following questions using information obtained from the client and the client's file during the intake interview. The client should not be completing the form by himself or herself.

SECTION 1: Client's Demographics

2. Client's Unique Identifier: (first three digits should be your site number!)

3. Place a check mark in the box if this client has previously attended your program, has been discharged, and is now re-entering:

4. Date of intake session: 5. Client's age : years old
 MM DD YYYY

6. Client's sex:
 1. Male 2. Female 3. Transgender/Intersex/Other/Client isn't sure

7. How does the client identify him/herself ethnically? (circle one answer only)

- | | | |
|----------------------|---------------------------|---|
| 1. African | 14. Haitian | 27. Native American |
| 2. African American | 15. Hmong | 28. Pakistani |
| 3. American | 16. Indian (from India) | 29. Portuguese |
| 4. Asian American | 17. Irish | 30. Puerto Rican |
| 5. Brazilian | 18. Italian | 31. Russian |
| 6. Cambodian/Khmer | 19. Jamaican | 32. South American |
| 7. Canadian | 20. Japanese | 33. Vietnamese |
| 8. Carribean | 21. Jewish | 34. West Indian |
| 9. Cape Verdean | 22. Korean | 35. Multi-ethnic (2 or more) |
| 10. Central American | 23. Laotian | |
| 11. Chinese | 24. Latino | 88. Other, specify: _____ <input type="text"/> <input type="text"/> |
| 12. Dominican | 25. Mexican/Chicano | 99. Unknown |
| 13. English | 26. Middle Eastern/Arabic | |

8. Racially, the client primarily identifies as: (circle one)

1. White/Caucasian/European-American
 2. Black /African-American/African
 3. Asian/Asian-American/South Asian
 4. Native American/Pacific Islander
 5. Interracial
 6. Middle Eastern/Arab
 7. Other: _____
 8. Unknown

9. The client considers himself/herself:

1. Heterosexual (also called "straight")
 2. Gay or lesbian
 3. Bisexual
 4. Don't know/Other

10. In which language will the client receive batterer intervention services? (circle one answer only)

- | | |
|-------------------|---|
| 1. English | 7. Chinese (any dialect) |
| 2. Spanish | 8. Vietnamese |
| 3. Portuguese | |
| 4. Haitian Creole | 9. Other: _____ <input type="text"/> <input type="text"/> |
| 5. Khmer | 99. Not applicable (not receiving services) |
| 6. Cape Verdean | |

11. The client's citizenship status is: (circle one answer only)

- 1. Born in the United States
- 2. Born in Puerto Rico, Guam, the US Virgin Islands, or US Northern Mariana Islands
- 3. Born abroad of American parents
- 4. Citizen by naturalization (a foreigner who became a US citizen, entire process completed)
- 5. Not a citizen of the US

12. Client's current employment status: (circle one answer only)

- 1. Employed for armed forces
- 2. Employed for wages (includes wages, salary, commissions, tips, self-employed, pitch in 15+ hrs at family business)
- 3. Unemployed: Out of work, but has been able to work for the past 4 weeks or longer
- 4. Not on Job Market: A home-maker, student, inmate of a penal or other institution, or retired
- 5. Not on Job Market Unable to work due to disability
- 6. Declined to answer

13. Client's annual income level for the last calendar year:

(Note: counselor should use outside information to supplement client response, circle one answer only)

- | | |
|-------------------------|---------------------------|
| 1. Less than \$5,000 | 6. \$35,000 to \$49,999 |
| 2. \$5,000 to \$9,999 | 7. \$50,000 to \$74,999 |
| 3. \$10,000 to \$14,999 | 8. \$75,000 to \$99,999 |
| 4. \$15,000 to \$24,999 | 9. \$100,000 to \$149,999 |
| 5. \$25,000 to \$34,999 | 10. \$150,000 or more |

14. The client will pay \$ per session (round to the nearest whole dollar, including zero if they will go for free)

15. Is the client a parent, adoptive parent or step-parent (married or unmarried "step") to any children younger than 18 years?

- 1. Yes
- 2. No

15B. If yes, is the client court-ordered to pay child support?

- 1. Yes
- 2. No
- 3. Don't know/not applicable

16. What is the highest grade or year of school the client completed? (circle one answer only)

- 1. Grades 1-8, Elementary School
- 2. Grades 9-11 (some high school, but no graduation or GED)
- 3. Grade 12 or GED (high school graduate)
- 4. College 1-3 years (some college, associate's degree, or vocational school)
- 5. College 4 or more years (or college graduate)
- 6. Other: _____

SECTION 2: Current Referral

17. Primary source of referral to the certified batterers program: (circle one answer only)

- | | |
|---|---|
| 1. District court | 6. Parole |
| 2. Probate court (also called Family Court) | 7. Self referral (includes "was told to attend by partner") |
| 3. Juvenile court | 8. Other (specify): _____ <input type="text"/> <input type="text"/> |
| 4. Superior court | |
| 5. Department of Social Services (DSS) | |

1. Is this client on pre-trial probation?

(Note: Counselor must use court information to verify this item, if applicable)

- 1. Yes
- 2. No
- 3. Not applicable

2. Did the "referral incident" result in the client being convicted of any of the following?

(CHECK those that apply, otherwise leave blank)

(Note: Counselor must use court records to verify this item, if applicable)

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- Violation of a 209A Restraining Order
- Violation of Probation
- Assault and Battery with a dangerous weapon
- Assault and Battery on a police officer
- Assault and Battery (including ALL OTHER "assault and battery" convictions not listed in 3 & 4)
- Aggravated Assault
- Breaking and Entering (any type)
- Destruction of Property
- Driving under the influence, drunk and disorderly, under the influence
- Mayhem
- Intimidation of witness
- Stalking
- Criminal threats
- Larceny
- Kidnapping
- Resisting arrest
- Disturbing the peace
- Other: _____
- Not applicable

20. If the referral was a criminal case, what was the disposition of the criminal case?

(Note: Counselor must use court information to verify this item, if applicable. Circle one answer only.)

1. No disposition, continuance or continued without a finding
2. Jail term followed by probation
3. Suspended sentence with probation
4. Straight probation
5. Pending
6. Other (specify) : _____
7. Not applicable--it was not a criminal case

SECTION 3: Incident that resulted in referral

Note: Counselor should complete this section using court information to supplement/verify client information.

21. Was the client referred to your program due to a particular act of abuse (a specific event or incident)?

1. Yes, one particular incident lead to this referral at this time
2. No, there was no "one event" that lead to the referral

22. Did the incident(s) involve a current or ex-intimate partner?

1. Yes
2. No [Skip to Question 27]

23. The status of that intimate relationship is now: (circle one answer only)

1. Divorced or legally separated
2. "Broken up" (they are no longer unmarried intimate partners)
3. Still married or still "together" as intimate partners
4. The client doesn't know or other: _____

24. Did the victim have a restraining order against the client in effect at the time of the incident?

1. Yes
2. No
3. Don't know

25. Does the victim have a restraining order in effect now?

1. Yes
2. No
3. Don't know

26. Did the victim receive medical attention from any healthcare professional as a result of the incident?

(note: pertains to physical healthcare only, not mental healthcare).

1. Yes
2. No
3. Don't know

27. If there was not one specific incident that resulted in the referral, why was the client referred to the program at this time?
1. Not applicable—there was one specific incident
 2. Self-referred
 3. Generally violent individual (road rage, bar fights)
 4. Client referred by DSS
 - a. for intimate partner violence
 - b. for child abuse
 - c. Other: _____

SECTION 4: Receipt of Services

28. Has client previously attended any group sessions at any Massachusetts **certified** batterer intervention program?
(Note: Certified programs appear on the DPH list of certified programs. Jail programs are not certified.)
1. Yes
 2. No [Skip to Question 30]

29. IF YES, please write the program name: _____

30. Is the client receiving any of the following services, concurrent to the certified batterer intervention program?
(Circle all that apply.)

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1. None
2. Mental health services: individual counseling
3. Substance Abuse treatment (not AA or NA)
4. Couples' counseling
5. Parenting classes/Fatherhood classes
6. Job training program
7. Other (specify) _____ (Don't write in name of the program, just type of service)
8. Unknown

SECTION 5: Addictions

31. According to the client, does the client have a history of alcohol or other drug abuse? (Has substance use kept the client from working or going to school, contributed to depression or anxiety, caused the client to lose friends, caused liver complications or disturbed sleep patterns?) *(Circle all that apply, use client response only)*

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1. None
2. Alcohol abuse history
3. Drug abuse history
4. Declines to answer
5. Unknown

32. According to the client, did the client use any amount of drugs or alcohol within four hours prior to the incident for which s/he was referred?

1. Not applicable—there was no "incident"
2. Yes
3. No
4. Declines to answer/doesn't know

33. According to the client, does the client smoke cigarettes every day, some days, or not at all?

1. Every day
2. Some days
3. Not at all
4. Declines to answer

SECTION 6: Criminal History

NOTE: Questions 34-38 refer to prior criminal behavior other than the incident for which the client was referred to your intervention program. Counselors must use court documents to supplement client responses.

- 34. Does the client have a **prior** criminal record for any type of offense (beginning when the client was age 17 through present)?
 - 1. Yes
 - 2. No
 - 3. Unknown
- 35. In the client's past, has anyone ever had a domestic violence restraining order out on him/her (beginning when the client was age 17)?
 - 1. Yes
 - 2. No [Skip to Question 37]
 - 3. Unknown [Skip to Question 37]

35a. **If YES**, how many domestic violence restraining orders have been taken out on him/her in his/her life, altogether?

of restraining orders=

- 36. Does the client have a **prior** record for violating a 209A Restraining Order?
(prior to any violations that might have resulted in the referral to your program now)
 - 1. Yes
 - 2. No
 - 3. Unknown
- 37. Was the client ever arrested for an assault and battery offense against someone other than a dating partner or spouse?
(prior to any arrest that might have resulted in referral to your program now)
 - 1. Yes
 - 2. No
 - 3. Unknown
- 38. Has the client **ever** served a jail or prison sentence for domestic violence, at any time in his/her life?
 - 1. Yes
 - 2. No
 - 3. Unknown

SECTION 7: Health Status

- 39. A disability can be physical, mental, emotional or communication-related. Does the client describe him/herself as having a disability of any kind?
 - 1. Yes
 - 2. No
 - 3. Don't know/not sure/Declines to answer
- 40. Has the client ever been diagnosed with a mental health disorder or mental illness during his/her lifetime?
 - 1. Yes
 - 2. No [Skip to Question 42]
 - 3. Don't know/declines to answer [Skip to Question 42]
- 41. **IF YES**, which mental health disorder or illnesses was the client diagnosed with: (circle all that apply)
 - 1. Anxiety disorder (panic disorder or obsessive compulsive disorder)
 - 2. Mood disorder (depression, manic disorder, bi-polar disorder or manic depression)
 - 3. Personality disorder (paranoid, schizoid, antisocial, borderline, narcissistic, obsessive compulsive)
 - 4. Psychotic disorder (schizophrenia, delusional, brief psychotic, schizo-affective, shared psychotic)
 - 5. Eating disorder (anorexia nervosa, bulimia)
 - 6. Cognitive disorder (learning disability, mental retardation, dyslexia, autism, ADD)
 - 7. Behavior Disorder (ADHD/hyperactivity)
 - 8. Substance related (alcohol, cocaine, inhalant, nicotine, cannabis, sedative)
 - 9. PTSD
 - 10. Other: _____
 - 99. Don't know/Declines to answer

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- 42. Has the client ever attempted to kill him/herself?
 - 1. Yes
 - 2. No
 - 3. Don't know/not sure/declines to answer

SECTION 8: Firearms

43. Has the client ever owned a firearm?
1. Yes
 2. No
44. Are any firearms now kept in or around the client's home? Include those kept in garage, outdoor storage area, car, truck, or other motor vehicle.
1. Yes
 2. No
 3. Don't know
 4. Declined to answer
45. Has the client ever handled, cleaned, loaded or displayed a firearm during an argument with a partner or ex-partner?
1. Yes
 2. No
 3. Don't know/Declines to answer

SECTION 9: Intimate Partnership Behavior

Please check off the behaviors the client *admits* to have done to a partner during the past twelve months.

To an intimate partner	While a child was "witnessing"	
46. <input type="checkbox"/>	46a. <input type="checkbox"/>	Making partner afraid by using looks, actions, gestures; smashing things; destroying property; abusing pets; displaying weapons; punching walls; banging the table; knocking things around; driving recklessly
47. <input type="checkbox"/>	47a. <input type="checkbox"/>	Putting partner down, making partner feel bad about him/her/herself; calling him/her/her names; making partner think s/he's crazy; playing mind games; humiliating partner; making partner feel guilty; being unfaithful
48. <input type="checkbox"/>	48a. <input type="checkbox"/>	Controlling what partner does, who partner sees and talks to, what partner reads, where partner goes; limiting partner's outside involvement; using jealousy to justify actions
49. <input type="checkbox"/>	49a. <input type="checkbox"/>	Making light of the abuse and not taking partner's concerns about it seriously; saying the abuse didn't happen; shifting responsibility for abusive behavior; saying s/he caused it
50. <input type="checkbox"/>	50a. <input type="checkbox"/>	Making partner feel guilty about the children; using the children to relay messages; using visitation to harass her/him/her; threatening to take the children away; threatening the custody of the children
51. <input type="checkbox"/>	51a. <input type="checkbox"/>	Preventing partner from getting or keeping a job; making partner ask for money; giving partner an allowance; taking partner's money; not letting partner know about or have access to family income
52. <input type="checkbox"/>	52a. <input type="checkbox"/>	Treating partner like a servant; making all the big decisions; acting like "the master of the castle"; being the one to define men's and women's roles
53. <input type="checkbox"/>	53a. <input type="checkbox"/>	Making and/or carrying out threats to do something to hurt partner; threatening to kill partner; threatening to leave partner, to commit suicide, to report partner to welfare; making partner drop criminal charges or not testify; making partner do illegal things
54. <input type="checkbox"/>	54a. <input type="checkbox"/>	Slapped, punched, grabbed, kicked, choked, pushed, pinched, or bit partner; twisted partner's arm; pulled partner's hair; used a weapon against partner
55. <input type="checkbox"/>	55a. <input type="checkbox"/>	Forcing sex, including vaginal, oral, or anal penetration; constant pressure to have sex; physical abuse during sex (e.g., choking, hitting); making degrading sexual statements; threats to have sex outside of relationships or leave partner if she/he doesn't consent; inserting objects against her will; exposing her to HIV or other STD's

•END•