



First Step Denton County
Outreach Program, LLC

Men's Nonviolence Program

Client Information

Date: ___/___/___

Name _____ Date of Birth ___/___/___

Home Address _____ City _____ Zip Code _____ County ___ State ___

Your Driver License Number _____ or Texas Identification Number _____

Ethnicity or Race _____ Gender ___ M ___ F Are you a US military veteran? Yes No

Have you been involved with any Domestic Violence Intervention Program before? Yes Name of the agency or clinic _____ No

How did you come to FSOP?

The court sent me Probation Parole CPS Voluntary Other _____

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

Were you arrested for the most recent incident? Yes No Were you given a ticket? Yes No

Treatment/Assessments

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

Where? _____ When? _____

Have you ever had a chemical dependency assessment? Yes No

Where? _____ When? _____

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

Where? _____ When? _____

Do you think your current alcohol/drug use is excessive? Yes No Why? _____

Please describe your current alcohol/drug use? _____

Did you or the person involved in the incident use alcohol or other drugs prior to or during this incident? Yes No

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

_____.

Did you spend any time in the foster care system prior to the age of 18? Yes No

Law enforcement/Court Involvement

If you are in supervision (probation or parole), how long is your supervision? _____ (in months)

What is the name of your officer? _____

If CPS is involved, for how long? _____ (months) Who is your case worker? _____

What are your court, supervision/CPS conditions?

- BIPP
- Stay away from the victim
- Chemical Dependency/alcohol evaluation
- Abstain from alcohol/drugs
- Anger Management
- Parenting classes
- No same or similar offenses
- other _____

Is there any order of protection against you? Yes No Date of order ___/___/___

Length of order _____ Judge Name _____

What are the conditions of the order?

- Excluded from residence
- No contact
- Contact only for visitation
- Use a visitation center
- Supervised visitation
- Chemical Dependency/alcohol evaluation
- Where? _____
- Other _____

Victim Information

Name _____ Date of Birth ___/___/___

Home Address _____ City _____ Zip Code _____

County ___ State ___ Phone Number(s): () _____ - _____ Residential Cell Phone Work phone
() _____ - _____ Residential Cell Phone Work phone

Ethnicity/Race _____ Relationship to you _____

Decline to inform victim’s contact information Don’t know victim’s contact information

Have the police been called to your home because of a violent incident with the person involved in the incident? Yes No How many times? _____

How long have you been in a relationship with the person name above? _____

How many children does the person name above have? _____

How many children do you have together? _____ How many children currently live with you? _____

Ages _____

PRIOR to this incident, has the person involved in the incident ever:

- Gone to a domestic violence shelter?
- Sought legal/police assistance for a conflict?
- Filed for an Order of Protection?
- Pressed criminal charges?
- Threatened to leave you or divorce you?
- Sought counseling or other victim services?

Abuse/Violent History

1. When you were growing up, where did you hear or witness violence? (For example, home, school, boarding school, foster home, streets, correctional facility, treatment center, etc?)

2. Thinking about when you were a child, did you ever use violence against others? Yes No

- In your family
- Sports
- In your neighborhood
- Schools
- On the street
- Gangs
- Church
- Other places? _____

3. Please describe in detail the violent/abusive actions toward the person involved in the incident that brought you here today.

4. Please describe in detail the **worst** violence you have committed in your relationship.

5. Please describe in detail any violence you have used in previous relationships.

The following are some behaviors that many men **admit** to using in intimate relationships. Please take a moment to reflect on your relationship, and answer the following questions as honest as possible.

6. Have you ever used **physical abuse** in your relationship?

- | | | |
|----------------------------------|---|--|
| <input type="checkbox"/> Slapped | <input type="checkbox"/> Punched | <input type="checkbox"/> Grabbed her around the neck |
| <input type="checkbox"/> Kicked | <input type="checkbox"/> Pushed/shocked | <input type="checkbox"/> Thrown something at her |
| <input type="checkbox"/> Chocked | <input type="checkbox"/> Torn her clothes | <input type="checkbox"/> Spit at her or pulled hair |
| | | <input type="checkbox"/> Restrained her |

Please describe and include the number of times you have used that behavior

7. Have you ever use **intimidation** in your relationship?

Have she ever been **afraid** of you? Yes No

- | | | |
|---|--|--|
| <input type="checkbox"/> Smashed things | <input type="checkbox"/> screamed at her | <input type="checkbox"/> Frightened her by certain looks, gestures, or actions |
| <input type="checkbox"/> Destroy her property | <input type="checkbox"/> Displayed weapons | |

Please describe and include the number of times you have used that behavior

8. Have you ever use **emotional abuse** in your relationship?

- | | | |
|---|---|---|
| <input type="checkbox"/> Put her down | <input type="checkbox"/> Called her names | <input type="checkbox"/> Humiliating her |
| <input type="checkbox"/> Made her feel guilty | <input type="checkbox"/> Interrupted her while sleeping or eating | <input type="checkbox"/> Accused her of flirting or cheating on you |

Please describe and include the number of times you have used that behavior

9. Have you ever used **isolation** in your relationship?

- | | | |
|--|---|---|
| <input type="checkbox"/> Opened her mail | <input type="checkbox"/> Listened to her phone conversations | <input type="checkbox"/> Checked her phone |
| <input type="checkbox"/> Followed her around | <input type="checkbox"/> Questioned her about her whereabouts | <input type="checkbox"/> Kept her from going places she chooses (work, school, family, friends) |

Please describe and include the number of times you have used that behavior

10. Have you ever **minimized, denied, or blame** your actions in your relationship?

- | | |
|--|---|
| <input type="checkbox"/> Made the abuse/violence light | <input type="checkbox"/> Said it did not happened |
| <input type="checkbox"/> Said it was her fault | <input type="checkbox"/> Blame someone or something |

Please describe and include the number of times you have used that behavior

11. Have you ever **used your children**?

Are your children **afraid** of you? Yes No

- | | |
|---|---|
| <input type="checkbox"/> Told children she is not a good mother | <input type="checkbox"/> Threaten to take away the children |
| <input type="checkbox"/> Used children to deliver messages | <input type="checkbox"/> Used visitation to harassed her |

Please describe and include the number of times you have used that behavior

12. Have you ever used **male privilege** in your relationship?

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Treated her like a servant | <input type="checkbox"/> Told her what her role/job is | <input type="checkbox"/> Not share child care | <input type="checkbox"/> Made household rules without her input |
| <input type="checkbox"/> Expected her to be sexual whenever you want | <input type="checkbox"/> Acted like the “master of the castle” | <input type="checkbox"/> Not done fair share of housework | <input type="checkbox"/> Bossed her around |

Please describe and include the number of times you have used that behavior

13. Have you ever used **emotional abuse** in your relationship?

- | | | |
|---|---|---|
| <input type="checkbox"/> Prevented her from working outside the home | <input type="checkbox"/> Not paid child support | <input type="checkbox"/> Kept the checkbook from her |
| <input type="checkbox"/> Withheld information about the family income | <input type="checkbox"/> Made her ask for money | <input type="checkbox"/> Made major financial decisions without her input |

Please describe and include the number of times you have used that behavior

14. Have you ever used **coercion and threats** in your relationship?

- | | |
|--|---|
| <input type="checkbox"/> Threatened to harm her | <input type="checkbox"/> Made her do something illegal |
| <input type="checkbox"/> Tried to get her to drop charges or OFP | <input type="checkbox"/> Threatened to harm her family, friends, and/ or pets |

Please describe and include the number of times you have used that behavior

15. When was the last incident involving any kind of abuse toward the person you identified as the victim?

Date ____/____/____

Please describe:

16. Have you used violence against other people, including other relationships? Yes No

Please describe:

Did the experiences listed below **ever** happened in your relationship with the person involved in the incident?

- | | | |
|--|------------------------------|-----------------------------|
| 17. Has she ever tried to get outside help because of abuse? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. Have you ever hit, push, or shoved her while she was pregnant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. Has she ever received medical treatment as a result of the violence? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20. Have you ever threatened to kill her? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 21. Have you ever threatened to use a gun or other weapon against her? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 22. Have you ever used a gun or other weapon against her? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 23. Have you ever injured or killed a pet? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 24. Have you ever threatened to, or tried to commit suicide? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 25. Have you ever pressure her to have sex with you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 26. Have you ever forced her to have sex with you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 27. Have you ever used pornography? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 28. Have you ever pressure her to watch pornography? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

The following question ask about the **effects of violence on the children** in your household

29. Were the children present at the moment you had the incident with the victim? Yes No
30. Have the children in your house ever seen you be violent? Yes No
31. Have you ever been violent when you believed children in your household were sleeping? Yes No

32. How you think your violence may **affect** the children in your household? (mark all that apply)

- | | |
|---|--|
| <input type="checkbox"/> They tried to stop your violence | <input type="checkbox"/> They are frightened by the violence |
| <input type="checkbox"/> They hide or ran away | <input type="checkbox"/> They use mimic your behaviors when playing or interacting with siblings/friends |
| <input type="checkbox"/> They have trouble sleeping or have frequent nightmares | <input type="checkbox"/> They have been hurt when tried to stop your violence |
| <input type="checkbox"/> They cried a lot or seem more sensitive | <input type="checkbox"/> They have trouble at school |
| <input type="checkbox"/> They cope with violence | <input type="checkbox"/> They wet their beds after achieving urinary control |
| <input type="checkbox"/> They are abusing substances (drugs, alcohol) | <input type="checkbox"/> They fight at school, at home, or with friends |

Other behaviors: _____

33. How do you discipline your children? _____

34. Have you ever tried to stop using violence in the past? Yes No Why?

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

36. To answer the following questions, please use the scale provided. Place the number of the answer on the blank line next to each behavior.

0- NEVER 1- ONCE 2- SOMETIMES 3- OFTEN

How often you:

_____ Discuss issues relatively calm

_____ Ask for partner's opinion

_____ Apologize to your partner

_____ Leave the room to calm down when you felt yourself getting upset

_____ Listen to your partner

_____ Talk through a disagreement

_____ Support her decisions to do something for herself

37. In the past **six months** has your relationship:

Become more violent

Stayed about the same level of violence

Become less violent

38. What do you think might happen if you do not stop using violence?

Short term? _____

Long term? _____

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

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