

VIOLENCE INTERVENTION PROGRAM/BIPP

7911 Broadway ♦ San Antonio ♦ Texas ♦ 78209 ♦ (210)930-3669

CONTRACT FOR PARTICIPATION

Printed Name _____

(First)

(Middle)

(Last)

Please read and initial:

_____ I was referred by probation parole pre-trial other to participate in the FVPS, Inc. BIPP Program.

_____ I understand that if I enroll as a volunteer, I will not receive a completion letter or certificate at the end of the program. If **referred** at a later date, I understand I must sign a Release of Information for that referral source. If my case is closed at any time in the Program, I can continue as a self-pay and receive my certificate. I

_____ understand that a requirement for participation in the FVPS, Inc. BIPP Program includes talking about my use of violence and/or abusive behavior and accepting responsibility for it.

_____ I agree to attend a **minimum** of 24 group sessions (2 hours/week, once a week) at: 7911 Broadway, SA, TX 78209

Group sessions meet at (day/time) _____ starting _____. Your facilitator is _____ and can be reached at (210)930-3669, ext. _____.

_____ I agree to contact FVPS, Inc. BIPP Program if I will be absent and I must make up any sessions missed. **I understand I will pay for the missed session the following week upon my return.** I understand that I may not miss more than three sessions during my participation in the program. **My fourth absence may result in an Exit** and, if court ordered, referral back to the court.

_____ I understand the fee for participation in the FVPS, Inc. Violence Intervention Program/BIPP is as follows:

Registration fee \$23

Photo fee \$2

Group session fee \$25 (I will pay \$25 per session as I go.)

_____ I understand that there will be a re-enrollment fee of \$23.00 if I am exited from the program plus any unpaid balance.

_____ **I understand that there will be a \$5.00 late fee for each tardy in which I arrive 1-14 minutes late for my session.**

_____ I understand that there will be a \$5.00 notary for sworn statements, if I don't know the victim's address.

_____ I understand all fees must be paid to complete the program and to receive a completion letter or certificate. If I do not pay the remaining fees within two weeks of completing my required number of sessions, I will be exited from the program.

_____ I understand that my session **will not count (DNC)** (and I will have to make it up) **or I may be exited from program** if I create disruptions inside or outside the group room, or forget my homework.

_____ I understand that if I **do not** put my cell phone in the basket and I use my cell phone during session or anywhere in the building during session **my session will not count (DNC) or I will be Automatically be Exited from the program.**

_____ I understand that if I accumulate **3 DNC's** (Does Not Count) I will be exited from the program.

_____ I understand that I am allowed **only 1** permanent transfer during the program.

_____ I understand that if I am more than 14 minutes late, I will not be able to attend my session and will be given an absence.

_____ I understand my facilitators will report my attendance, any acts of violence, an evaluation of my progress and reported acts of new violence to my referral source monthly. FVPS, Inc. BIPP Program may also report any comments or behaviors that seriously detract from other participants' ability to learn. FVPS, Inc. Case files are subject for subpoena. **Any violations of Conditions of Probation, Program Rules, or Civil Protection Orders are grounds for additional sessions, suspension or termination from this program.**

_____ I understand that FVPS, Inc. BIPP Program will contact (victim) _____ to provide them with the name of the facilitator. They will also be informed of my registration, termination or completion of my involvement with the BIP Program. They will also be offered services from our agency.

_____ I agree to notify FVPS, Inc. BIPP Program of any changes of address and telephone number. It is my responsibility to keep that information current.

_____ I agree to notify FVPS, Inc. BIPP Program of any further police contact, service of a protection order, or any new or pending charges.

_____ I understand that FVPS, Inc. BIPP Program is required to report any suspected act of child abuse or neglect, any concern for my safety or the safety of others, or reports of further violence.

_____ I agree not to use violence with any person during my participation in the FVPS, Inc. BIPP Program nonviolence education program, and if I do it can result in additional sessions or termination from this program.

_____ I agree not to abuse alcohol or prescription drugs and I agree not to use illegal drugs while enrolled in the FVPS, Inc. BIPP Program.

_____ I understand that participation in BIPP program does not guarantee future nonviolence. Only I can prevent any future acts of violence.

_____ I understand that I must dress appropriately and avoid wearing suggestive or revealing clothing. Spaghetti strap blouses, muscle shirts, any shirt/blouse without sleeves, t-shirts with inappropriate pictures and/or phrases are not allowed. Knee length shorts, skirts and dresses are appropriate. No hats, baseball caps, beanies and or hoodies. No sunglasses. No jeans with holes, frayed or that look extremely worn. Please refrain from wearing perfumes and lotions that contain a strong odor due to the possibility of allergies that anyone you come into contact with may have.

I have read this contract in full and I understand my requirements with the FVPS, Inc. BIPP Program.

Participant's Signature _____ Facilitator's Signature _____

Date _____ Facilitator's Printed Name _____

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PARTICIPANT INFORMATION

First Name	MI	Last Name	Suffix:	Date / /
Address			Referral Date	/ /
City	State		Zip Code	
Home Phone ()	Cell Phone ()			
Email:	Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Social Security #	Date of Birth / /	How old are you?		
SID #	State ID Card # or Driver's License #		State	

Gender Male Female Transgender Male Transgender Female Intersex Other _____

Sexual Orientation Heterosexual (Straight) Homosexual (Gay) Bisexual Other

How do you describe your ethnic background? Caucasian African-American Hispanic Other _____

Preferred Language English Spanish Deaf Signing Required Other _____

Have you served in the US Military? Yes No

If yes, what type of Military Service? Active Reserve Inactive Reserve National Guard Veteran
 Dishonorable Discharge Retired Military Military Dependent

Do you have possession of, access to, or a history of using weapons? 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? _____

Have you ever tried to kill yourself? Yes No If so, when? _____

Are you currently taken any prescribed medications? Yes No

If so, please list.

What are the medications for? _____

Have you been involved with Family Violence Prevention Services (FVPS), Inc. before? Yes No

If yes, how many times? _____ If yes, when? _____

Are you receiving any other services from FVPS, Inc.? Yes No If yes, what? _____

Household Income: \$0-\$9,999 \$10,000-\$19,999 \$20,000-\$29,999 \$30,000-\$39,000 \$40,000-\$49,999
 \$50,000-\$59,999 \$60,000-\$69,999 \$70,000-\$79,999 \$80,000-\$89,999 \$90,000-\$99,999 \$100,000 +
Household Composition: 2 Parent Household Single Parent Household Individual (no children) Couple (no children)
 Other (describe) _____

How many dependents do you have? _____ How many people are currently living in your household? _____

- Highest education level completed: Less than high school (grade 0-8) Some high school (grade 9-12)
 High school graduate or GED Attended Vocational, trade or business school after high school
 College- less than 2 years College- 2 + years, no degree College Bachelor degree
 College post graduate classes, no degree Graduate or Professional degree- MA, MS, PhD, EdD, PsyD, MD, JD

Name of person with whom you were violent _____ Age _____
 Address _____
 City _____ State _____ Zip Code _____

- Gender of the person whom you were violent Male Female Transgender Male Transgender Female
 Intersex Unknown/Other _____

- Do you currently reside with the person you assaulted? Yes No
 Are you still in a relationship with the person you assaulted? Yes No
 How long were you or have you been in a relationship with the person named above? _____

What is /was the victim's relationship to you?

- Spouse Ex-spouse/ Ex Partner
 Partner, not live in Partner, live in
 Father Mother
 Other Relative _____ Child

Are children living in the household currently? Yes No If yes, tell us about them:

Child's Name	Age	Relationship to you

LAW ENFORCEMENT/COURT INVOLVEMENT

Have the police been called to your home because of a violent incident with the above named victim?

- Yes No

If so, how many times? _____

Were you arrested for the most recent incident?

- Yes No

Have you been arrested in the past for a violent crime?

- Yes No

Have you ever been convicted of a sex offense?

- Yes No

Have you ever been to counseling for abusive behavior?

- Yes No

Please describe your current alcohol/drug use _____

Do you think your current alcohol/drug use is excessive?

- Yes No

Have you ever had a chemical dependency or alcohol assessment?

- Yes No

Have you ever been to chemical dependency or alcohol treatment?

- Yes No

Did you complete that treatment?

- Yes No N/A

When you were growing up, where did you hear or witness violence?

- Home School Foster Home Other
 Streets Correctional Facility Treatment Center N/A

Describe the violence _____

When you were growing up, did you ever use violence against others? Yes No If yes, describe below:

- In your family In your neighborhood School Other
 On the street Sports Gangs

Describe the act _____

Please describe in detail the violent/abusive actions toward your partner or family member in the incident that you were referred to FVPS, Inc. for: _____

Please describe in detail the worst violence you have committed: _____

Describe any violence you have used in previous relationships: _____

Have you **EVER** used any of the following behaviors?

PHYSICAL ABUSE

- Slapped Pushed/shoved Spit or pulled hair
 Kicked Torn clothes Restrained
 Strangle / Grab around neck Punched Thrown something
 Used weapon on Other Physical Abuse

Please describe (include how many times): _____

INTIMIDATION

- Frightened partner by certain looks, gestures Screamed Other Intimidation
 Smashed things Destroyed property Displayed weapons

Have they ever been afraid of you? Yes No

Describe: _____

EMOTIONAL ABUSE

- Accused partner of flirting or cheating on you Put partner down Called partner names
 Interrupted partner sleeping or eating Made partner feel guilty Humiliated partner
 Other Emotional Abuse

Describe: _____

ISOLATION

- Kept partner from going places they choose; work, school, seeing family, friends
- Questioned partner's whereabouts
- Other Isolation
- Listened to partner's phone conversations
- Opened partner's mail
- Followed partner around

Describe:

MINIMIZING, DENYING, BLAMING

- Made light of abuse
- Said it didn't happen
- Said it was partner's fault
- Blamed someone or something else
- Other Minimizing, Denying etc.

Describe:

USING CHILDREN

- Told children they aren't a good parent
- Used children to deliver messages
- Threatened to take away the children
- Used visitation to harass partner
- Other use of Children

Describe:

PRIVILEGE

- Treated partner like a servant
- Bossed partner around
- Not shared child care
- Not done fair share of housework
- Made household rules without partner's input
- Expected partner to be sexual whenever you want
- Acted like the head of the household
- Told partner what their role/job is
- Other use of Privilege

Describe:

ECONOMIC ABUSE

- Prevented partner from working outside the home
- Withheld information about the family income
- Made major financial decisions without partner's input
- Made partner ask for money
- Not paid child support
- Kept the checkbook/debit card/money from partner
- Other Economic Abuse

Describe:

COERCION AND THREATS

- Tried to get partner to drop charges
- Threatened to harm partner's family or friends
- Threatened to harm partner
- Made partner do something illegal
- Other Coercion or Threats

Describe:

When was the last incident of any kind of abuse toward your partner and/or family member?

Describe:

DID THE EXPERIENCES LISTED BELOW EVER HAPPEN IN YOUR RELATIONSHIP WITH YOUR PARTNER?

Has your partner ever tried to get outside help because of abuse? Yes No

Have you ever hit, pushed, or shoved partner while she was pregnant? Yes No N/A

Has your partner ever received medical treatment as a result of the violence? Yes No

Type of Treatment:

Have you ever had a Protective order put in place against you? Yes No If yes, when? _____

Have you ever threatened to kill your partner? Yes No

Have you ever threatened or used a gun or other weapon against your partner? Yes No

Have you ever injured or killed a pet? Yes No

Have you ever pressured your partner or forced your partner to have sex with you? Yes No

Have you ever used pornography? Yes No

Have you ever pressured your partner to watch pornography? Yes No

THIS SECTION ASKS ABOUT THE EFFECTS OF VIOLENCE ON THE CHILDREN IN YOUR HOUSEHOLD

Have the children in your household ever seen you be violent? Yes No N/A

Describe how they reacted: _____

Have you ever been alleged or convicted of abuse or neglect toward a child? Yes No If yes, When? _____

Describe: _____

Have you ever been violent when you believed children in your household were sleeping? Yes No N/A

How do you think your violence impacted children in your household? Examples include:

They tried to stop your violence

Hiding or running away

Copying violence

They are frightened by the violence

Other behaviors _____

Describe: _____

Have you ever been/ are you currently involved with Child Protective Services? Yes No If yes, When? _____

THESE QUESTIONS ARE TO HELP YOU THINK ABOUT HOW TO HAVE A GOOD RELATIONSHIP WITH YOUR PARTNER

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

0-Never

1-Once

2-Sometimes

3-Often

Try to remember how often you:

___ Discuss issues relatively calmly

___ Listen to your partner

___ Ask for partner's opinion

___ Talk through a disagreement

___ Apologize to your partner

___ Support partner's decision to do something for themselves

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

In the past six months, has your relationship:

Become more violent

Stayed about the same level of violence

Become less violent

Have you ever decided to stop using violence in the past? Yes No

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

What might happen if you continue using violence in your relationships?

Short term effects?

Long term effects?

What positive changes would you like to make for yourself? Write 3 changes you would like to implement.

1.

2.

3.

Do you think this program will help you understand the impact of your use of violence on children? Yes No

Participant's Signature: _____ Date: _____

Printed Name: _____

Registration Facilitator's Signature: _____ Date: _____

Printed Name: _____

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CONSENT FOR RELEASE OF INFORMATION

FVPS, Inc. BIPP Program staff will contact my referral source (including, but not limited to a court/judge, probation office, parole office, pre-trial office, Child Protective Services [CPS], Crisis Response Team [CRT], district or county or municipal attorney, bonding agency, or other referring source) and share with my referring source information about my compliance with the terms of participation in BIPP. If a BIPP program staff is subpoenaed, they will have to report to court and communicate programmatic information to the judge. My case file with FVPS, Inc. is subject to subpoena.

Per State guidelines for batterer intervention and prevention programs, I hereby authorize information to be released to my referral source, the assault victim, and my past and/or current partner.

I hereby authorize FVPS and its staff to release information to any person or entity appearing to be a referral source as contemplated by BIPP Guidelines to include all of the following persons:

Assault Victim's Name:

Current mailing Address:

House/Apt. Number

Street

City

Zip Code

Phone Number – include area code:

I do not know and am unable to obtain the victim's contact information (INITIAL HERE) _____

Current Partner's Name:

Current Mailing Address:

House/Apt. Number

Street

City

Zip Code

Phone Number – include area code:

Referral Source's Name:

Phone Number – include area code:

Email:

Referral sources change from time-to-time and as such this includes a general release for any person or entity appearing to be a referral source as contemplated by BIPP Guidelines.

CPS caseworker, attorney, relatives, and so on: Because CPS caseworkers change from time-to-time, this includes a general release for any CPS caseworker/employee.

I understand that the information discussed with the person(s) listed above will include: past or on-going violence, my capacity for further violence, program information, compliance or non-compliance with my responsibilities as a participant in the program, and evaluations that result in referrals for services. My consent for release of information will be effective for six months from the date of the last meeting.

MEDICAL RELEASE:

In the event that I require medical treatment while on the premises of FVPS, and FVPS is unable to reach me or communicate with me at the time the medical treatment is required, I hereby authorize FVPS, to take or arrange for transportation for myself and/or my children to such hospital or emergency medical facilities as FVPS may deem appropriate. I am solely responsible for all fees and charges for emergency services (such as transportation by ambulance) and/or hospital/doctor/medical provider charges.

EMERGENCY CONTACT:

I authorize FVPS to contact the following person(s) in the event of an emergency:

Name: _____

Phone: _____

Relationship: _____

For and in consideration of the services provided to me (participant) by the Family Violence Prevention Services, Inc., (FVPS), **I hereby release, acquit and forever discharge the FVPS**, its directors, officers, agents, servants, volunteers, and/or employees, from any and all claims or causes of action of any kind whatsoever, at common law, statutory or otherwise which I, my heirs, successors, or assigns, or my child/children, have or might have, known or unknown, now existing or that might arise hereafter, directly or indirectly attributable to any act and/or omission of the FVPS, its directors, officers, agents, servants, volunteers, and/or employees form any kind and character of claim or cause of action, past, present or future, or in other loss or demand of any kind whatsoever resulting from any act and/or omission of the FVPS, its directors, officers, agents, servants, volunteers, and/or employees.

I acknowledge that I have read and understood the conditions of the Violence Intervention Program/BIPP agreement, and I agree to comply with the rules of the Violence Intervention Program/BIPP agreement as a condition to complete this program.

This document was read verbatim to the participant.

Participant's Signature

Facilitator's Signature: LPC Intern

Date

Date

Supervised by:

Violence Intervention Program/BIPP Registration Checklist

TO BE COMPLETED BY STAFF ONLY

Date: _____ Participant #: _____ 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 24 week BIPP
- 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 a referral letter will be sent to the referral source. Place a copy of the referral letter in the participant's file. Inform the participant that his participation in an alcohol/drug program is encouraged but is **not** required to continue in Violence Intervention Program/BIPP.
- Mental health referral. If needed, send to referral source.
- Individual meetings required prior to starting group meetings? Yes No
- Other: _____

LANGUAGE INFORMATION:

Which language is spoken at home? English Spanish

Spanish group meetings more appropriate? Yes No

ADDITIONAL INFORMATION:

- Other court orders: Protective Order Child Support Visitation Other: _____
- In one word, what was the most abusive thing they ever did to their partner? _____
- Reviewed agreement with participant (to include Program Rules)
- Talked about expectations in BIPP
- Partner name, address, and telephone number in file and on release?
- Are they still in relationship with the person they assaulted? Yes No
- Needs accommodation due to disabilities? Yes No If yes, describe _____

PAPERWORK REVIEW:

- All agreement and social assessment blanks filled in properly
- Condition sheets copied (court judgments, lawyer referrals, pre-trial diversion, parole information, and so on)
- Facilitator and participant signature on agreement
- Participant signature on program rules
- Gave participant copy of agreement and program rules

COMMENTS:

Facilitator's Signature

Date

Facilitator's Printed Name



BIPP CLIENT QUESTIONNAIRE (HAMBY, 1996)

CHILD PROTECTIVE SERVICES (CPS) - PURCHASED CLIENT SERVICES

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

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

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

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