

The Moving Forward Program
Batterers' Intervention Groups and Anger Management since 1989

PARTNER CONTACT FORM

Partner's name: _____ Client's name: _____
Partner's telephone: _____(h) _____(w)
Instructions for leaving messages: _____
How long have you been together? _____
Any separations in relationship? _____
Children's names and ages: _____
Date: _____

Mention the following:

Telephone contact with partners helps MOVE leaders:

- work better with the people we counsel
- be more aware of his/her level of violence and other intimidating behaviors.
- know how honest (s)he is being with us.
- know which issues to address with him/her and better hold him/her accountable.

All information is confidential. The only exceptions to confidentiality are if you inform us of any child abuse or neglect because we are mandated reporters, or if our records are subpoenaed.

This interview is completely voluntary. Is it safe for you to talk right now?

Did your partner discuss the partner contact with you? _____
Did he/she threaten or pressure you in any way about talking to us? _____

Physical and Other Acts of Violence

Most recent incident of violence (when did it occur, what happened):

Description of the worst incident (when, what happened) _____

Has (s)he been abusive toward pets? _____

Other Kinds of Abusive Behaviors

Criticism and put downs? What and how often? _____

Does (s)he call you names? _____ What names are most common? _____

Has (s)he threatened you in non-physical ways, e.g. taking away the kids, means of support, ending the relationship? _____

Has (s)he ever harassed you by making uninvited calls or visits, following you, checking up on you, embarrassing you in public or refusing to leave when asked? _____

Has (s)he been jealous towards you, e.g. asks jealous questions, makes accusations? _____

Does (s)he try to isolate you, e.g. prevent you talking to or seeing friends or relatives, going to school or holding a job, monitor your phone calls, tell you where you can and cannot go? _____

Has (s)he lied, withheld information or cheated on you? _____

Does (s)he control the money or the car? _____

Sexual violence or coercion? Describe _____

Does (s)he look at pornographic magazine or videos? _____

Does this bother you? _____

Does (s)he pressure you to participate? _____

Does any of the pornography depict children? _____

Is (s)he emotionally withholding (not expressing feelings, not giving support, attention, or compliments, not respecting your feelings or opinions)? _____

When you're having an argument, does (s)he interrupt, yell over you or not listen to you, twist your words? _____

Does he act in a chauvanistic or entitled way (king of the castle) always claiming to be right, telling you what to do, making the "big" decisions _____

How much housework does (s)he contribute? _____

Are you bothered by this? _____

Does (s)he fail to live up to his promises & agreements? _____

How do you want your partner to change? _____

Explain that there is no guarantee of change. Share our program statistics and how we will help her evaluate his (her) progress in our follow up phone calls.

Child and Parenting Information

Has (s)he ever been violent toward the children? ____ If yes, when & how? _____

Has child abuse ever been reported to D.S.S.? ____ If yes, when? _____

What was the outcome of their investigation? _____

Is there a DSS service plan? _____ If yes, describe _____

Have you ever suspected your partner of child sex abuse? _____

Are there any problems you see with his (her) style of parenting the children? (e.g. being too strict, rigid, manipulative, inconsistent, not attentive enough)_____

Are there any child visitation agreements through the court?_____ (through a probate court order, a restraining order, which court?)_____

Are there any ways (s)he is misusing visitations or manipulating the children? (e.g. using them to gain access to you, pumping them for information about you, making them feel sorry for him (her), not giving you advance notice for his (her) visits, not being consistent in how often (s)he sees them?)_____

Was child support ordered?_ _____ How much is (s)he required to pay?_____

Has (s)he been paying?_____

Alcohol and Drug Use (Current & Past)

How often does/did (s)he drink?_____

How often does/did (s)he use drugs?_____

Does (s)he become more abusive under the influence or drugs or alcohol? How?_____

Do you think he has a problem with alcohol or drugs?_____

Past Counseling

Any previous or current couple's counseling? _____ When and where?_____

(We do not recommend couples or family counseling until the violence and threat of violence has been eliminated for nine months, and the man has sustained his commitment to a batterer treatment program. Couples counseling tends to put the victim at risk and to weaken the abuser's commitment to taking responsibility for his own behavior)

Frequency of Contact (for partners who are separated and/or divorced or have a 209A)

We support whatever decisions you make.

How much contact, including phone calls, do you want to have with your (ex) partner?

Is (s) he respecting your wishes about contact? If not, is (s)he harassing or pressuring you?_____

What are your present plans about the relationship?_____

Her Safety Plan

Have you called the police? (Which town?)_____

What kind of response have you gotten from the police?_____

Has (s)he ever been arrested as a result of his (her) abuse of you?_____

Were criminal charges ever filed?_____What were the charges? (e.g. assault & battery, breaking & entering, malicious destruction of property, violating a 209A)

What was the outcome?_____ (e.g. guilty, not guilty, dismissed, continued without a finding)

What was the punishment for this crime?_____ (e.g. jail time, probation, batterer's or other counseling)

Taken out a restraining order?_____ In effect until_____

What type of order?_____

Have you had problems with your partner respecting this order? If so, what kind of problems?

Called a battered women's program? _____ If yes, when? _____ Did you find them helpful and in what way?_____

Told neighbors, friends, relatives about the abuse?_____

Strengthened your support system? e.g. joined a support group, gotten counseling, etc.

Sometimes, women in abusive relationships end up using violence or abuse themselves as a way of responding to the violence (eg. verbal abuse, breaking things, threatening suicide or physical violence.) Have you ever responded in these or other ways? _____

Any other important information that we should know about?

Confidentiality Review

How do you feel about the things we talked about/ Do you want the entire conversation to remain confidential or are you feeling safe and comfortable with us discussing any of it with him (her)? _____

Follow up Recommendations: _____
