DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES
DOMESTIC VIOLENCE BATTERERS PROGRAM
SCREENING / EVALUATION FORM

Name: _____ SID#: _____ DOB: _____

Interview Date: _____ Interviewer: _____

Facility: _____ Housing Location: _____ CRD: _____

This evaluation is used to assessed eligibility and priority for treatment in the department's Domestic Violence Batters Program, a program designated for incarcerated individuals who have a history of violence in intimate relationships. The program teaches skills for healthy, non-violent relationship. Certain questions have scoring items beside them. The interviewer will calculate the sum of the responses to these items, and using this score, along with other indicators, will determine whether you need this program.

A. Family History

1. Who were your caregivers when you were growing up? Describe your relationship with each of them. (Use the back of the page if more space is needed.)

_____

_____

_____

_____

2. When you were growing up, did you ever witness violence between your parents or other Caregivers? ☐ Yes = 1 ☐ No = 0

3. Do you feel you were abused as a child? ☐ Yes = 1 ☐ No = 0
   If yes, explain. (Use the back of the page if more space is needed.)
   Note: Under Maryland law, child abuse has occurred when a child, under the age of 18, sustains a non-accidental physical injury, which indicated significant harm or the risk of significant harm, and is caused by a parent or other person who has the responsibility to care for the child. Any form of sexual touching of a child by a caretaker is child sexual abuse.

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4. While you were growing up, did any member of your family suffer with alcoholism, drug addiction or mental illness? If so, explain. (Use the back of the page if more space is needed.)

B. Personal History

5. What is your marital status? ☐ Single ☐ Married ☐ Separated ☐ Divorced
6. Are you currently involved with the victim(s) of your domestic violence? ☐ Yes = 1 ☐ No = 0
7. How were you supporting yourself prior to being incarcerated?

8. Do you have a history of alcohol or drug abuse? ☐ Yes = 1 ☐ No = 0
   If yes, describe this history, including when you started using, how much you used, and if you have ever been in treatment or attended self-help groups to get help for this problem.
   (Use the back of the page if more space is needed.)

9. If you have ever been hospitalized or treated for a mental illness, suicide attempts, or a head injury describe this history. Include when you were diagnosed, what the diagnosis was, and any past or current treatment or medications. (Use the back of the page if more space is needed.)

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C. History of Violence

10. Do you believe you have a pattern of violence toward an intimate partner(s)? Explain your answer. ☐ Yes = 1 ☐ No = 0

11. Does your criminal record include charges of violence towards an intimate partner(s)? If yes, list the charge(s). ☐ Yes = 1 ☐ No =0

12. Describe the most recent episode in which you used violence toward an intimate partner: (Use the back of the page if more space is needed.)

13. Were lethal weapons present in your home or easily accessible to you? ☐ Yes = 1 ☐ No = 0

14. Did you ever use a weapon against your partner(s)? ☐ Yes = 1 ☐ No = 0

15. Did you ever threaten or seriously consider (plan) to kill:

(a) yourself? ☐ Yes = 1 ☐ No = 0

(b) your partner? ☐ Yes = 1 ☐ No = 0

(c) another family member? ☐ Yes = 1 ☐ No = 0

(d) another person? ☐ Yes = 1 ☐ No = 0

16. Did your victim(s) ever need medical treatment because of injuries you caused? ☐ Yes = 1 ☐ No = 0

17. Describe your most violent episode of abuse towards an intimate partner: (Use the back of the page if more space is needed.)

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18. Complete this chart to identify all intimate partners who were victims of your abusive behavior. Use the first name of each person.

RELATIONSHIP CHART								
Name of Victim	Length of Relationship	Status of Relationship	Number of Children	Types of Abuse	Specific Injuries	Medical Treatment Needed?	Number of Episodes	Number of Times Police Called

Page 4, Enter Total Number of Victims (up to 5) _____

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D. Need for Treatment

19. Do you believe that you need help to stop using violence in intimate relationships? Explain why or why not. ☐ Yes = 1 ☐ No = 0

20. If you answered "yes" to #19, what are a few goals that you need to work toward in order to stop using violence in intimate relationships? (Use the back of the page if more space is needed.)

21. Do you want to participate in the Domestic Violence Batterers group while incarcerated in the Maryland Department of Public Safety and Correctional Services? Explain why or why not. ☐ Yes = 1 ☐ No = 0

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E. Assessment/Summary

Scoring: Enter the page totals, and add them to obtain the total number of "Yes" indicators

Page 1 Total _____ (maximum 2)

Page 2 Total _____ (maximum 4)

Page 3 Total _____ (maximum 7)

Page 4 Total _____ (maximum 5)

Page 5 Total _____ (maximum 2)

Total Score _____ (maximum 20)

Note: The following are guidelines for interpreting the score. This instrument has not been standardized therefore, interpretation of the score and determination of eligibility is based on clinical judgement. Other factors, such as level of denial, cognitive functioning, and mental health issues may override the numerical Score in determining treatment readiness. Use the summary section to explain your decision.

0 to 8	Ineligible, if there is no indication of a pattern of domestic violence.
1 to 8	Scores in this range may indicate a lower risk of future violence or high level of denial.
9 to 20	Indicated eligibility and need. Higher scores generally indicate a higher risk of future domestic violence.

Determination: Place an X next to the appropriate category.

_____ Eligible and recommended for treatment.

_____ Ineligible – due to not being treatment ready. (Submit a special conditions form)

_____ Ineligible – no evidence of a pattern of domestic violence.

Summary/Recommendations:

_____

_____

_____

_____

_____ _____

Signature of Social Work Interviewer Date