

S.T.O.P. – New Client Questionnaire:

| | |
|----------------------|------------------------|
| Today's date: | Group attended: |
|----------------------|------------------------|

| | |
|--------------|----------------|
| Name: | Ref No: |
|--------------|----------------|

| | |
|---------------------------|--------------------|
| Full Home Address: | |
| Post Code: | |
| Home tel: | Mobile tel: |
| Email address: | |
| Date of Birth: | Occupation: |

| |
|--|
| Referral: How did you hear about S.T.O.P. ? If GP please give surgery details |
|--|

| | |
|--|----------------------|
| Partners Details: It is our policy to contact partners of our clients to inform them of the services we offer and to involve them in the assessment of your progress: | |
| Partners Name: | |
| Address: | |
| Home tel: | Mobile tel: |
| Email address: | |
| Date of Birth: | Partners Occupation: |
| Length of time in relationship: | Marital Status: |

| | | |
|--|----------------|----------------------|
| Children: | PLEASE ANSWER: | NUMBER / YES OR NO / |
| DETAILS | | |
| How many children do you have? | | |
| Are they your own children, step children, fostered? | | |
| What are their ages and gender? | | |
| How many Children live in the same home as you ? | | |
| How many of your children live with someone else? | | |
| Who do they live with? | | |

| | |
|--|----------|
| Disabilities | |
| Do you consider yourself to be disabled? | YES / NO |

Ethnic Origin: Please indicate from the table shown below

| | | | | |
|----------|--------------------------------------|---------------------------|-------------------------|--|
| 1 | White | British | Irish | Any other White Background (please specify) |
| 2 | Black or Black British | Caribbean | African | Any other Black Background (please specify) |
| 3 | Asian or British Asian | Indian | Pakistani | Any other Asian Background (please specify) |
| 4 | Chinese or other ethnic group | Chinese | Japanese | Any other Ethnic Background (please specify) |
| 5 | Mixed | White and Black Caribbean | White and Black African | Any other Mixed Background (please specify) |

| | |
|---|-----------------------|
| Previous Convictions | |
| Have the police ever been called to your home to attend a domestic violence incident? | |
| YES / NO | If yes how many times |
| _____ | |
| Any current court case for domestic violence offences? | YES / NO |
| Any previous conviction for domestic violence offences? | YES / NO |
| Any previous convictions for other violent behaviour? | YES / NO |

| | |
|---|----------|
| Other Problems? | |
| Do you consider yourself to have an alcohol problem? | YES / NO |
| Do you consider yourself to have a drug problem? | YES / NO |
| Would you like us to put you in touch with another agency who can help you address these or any other issues? | YES / NO |

| | |
|---|--|
| Personal Goals | |
| Do you recognise that your current behaviour is unacceptable to others? | |
| What do you hope to achieve by attending S.T.O.P. group sessions ? | |

S.T.O.P. First Self Assessment

Think about why you have come to STOP for help.

To what extent and how frequently have you behaved violently or abusively towards your partner?

Please answer the following questions and indicate your answer on the bar.

For example

How frequently

| | | | | | |
|-------|------|--------|----------------|--------|-------|
| Never | Once | Couple | Monthly | Weekly | Daily |
|-------|------|--------|----------------|--------|-------|

To what extent do you feel have you used this abuse?

| | | | | | |
|---|---|----------|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 |
|---|---|----------|---|---|---|

Not at all Slightly Very bad

1. Verbal Abuse *is to ... shout, swear, name call, etc...*

How frequently have you used this type of abuse towards your partner?

| | | | | | |
|-------|------|--------|---------|--------|-------|
| Never | Once | Couple | Monthly | Weekly | Daily |
|-------|------|--------|---------|--------|-------|

To what extent do you feel have you used this abuse?

| | | | | | |
|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|

Not at all Slightly Very bad

2. Physical Abuse *is to ...Punch, Slap, Grab, Kick, Hold, etc...*

How frequently have you used this type of abuse against your partner?

| | | | | | |
|-------|------|--------|---------|--------|-------|
| Never | Once | Couple | Monthly | Weekly | Daily |
|-------|------|--------|---------|--------|-------|

To what extent have you used this abuse?

| | | | | | |
|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|

Not at all with a bit of force with all of your energy

3. Emotional & Psychological Abuse *is to ...threaten self harm, play mind games, emotional blackmail etc ...*

How frequently have you used this type of abuse against your partner?

| | | | | | |
|-------|------|--------|---------|--------|-------|
| Never | Once | Couple | Monthly | Weekly | Daily |
|-------|------|--------|---------|--------|-------|

To what extent have you used this abuse?

| | | | | | |
|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|

Not at all slightly very bad

4. Sexual Abuse *is to ...force involuntary sexual acts, rape, etc...*

How frequently have you used this type of abuse against your partner?

| | | | | | |
|-------|------|--------|---------|--------|-------|
| Never | Once | Couple | Monthly | Weekly | Daily |
|-------|------|--------|---------|--------|-------|

To what extent have you used this abuse?

| | | | | | |
|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|

Not at all

with a bit of force

with all of your energy

5. Financial Abuse *is to ...withhold housekeeping, create debts etc ...*

How frequently have you used this type of abuse against your partner?

| | | | | | |
|-------|------|--------|---------|--------|-------|
| Never | Once | Couple | Monthly | Weekly | Daily |
|-------|------|--------|---------|--------|-------|

To what extent have you used this abuse?

| | | | | | |
|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|

Not at all

slightly

very bad

6. Spiritual Abuse *is to ...force or stop the practice of religion, etc*

How frequently have you used this type of abuse against your partner?

| | | | | | |
|-------|------|--------|---------|--------|-------|
| Never | Once | Couple | Monthly | Weekly | Daily |
|-------|------|--------|---------|--------|-------|

To what extent have you used this abuse?

| | | | | | |
|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|

Not at all

slightly

very bad

Please feel to add your own comments or suggestions.



S.T.O.P.
Members Contract – Office Copy

Your Responsibilities

1. STOP Members are encouraged to attend the group for twelve months.
2. You must attend all sessions on time.
3. You must undertake all work given including "homework" in order to complete the Programme.
4. You must keep themes and any personal information of all group members confidential.
5. You must not use any violence or abuse in the group.
6. You must be sober. If you are under the influence of alcohol or other drugs you will not be allowed to take part in the session that week.
7. Any disruptive or uncooperative behaviour will not be tolerated and you may be suspended from the Programme.
8. Any racist, sexist or homophobic comments whilst in the group will be challenged and you may be suspended from the Programme.
9. You are asked not to swear during the group sessions as it is unacceptable and disrespectful to other group members.
10. You must refer to your partner / ex-partner by their first name.
11. Mobile telephones must be switched off during the group.
12. The safety of partners and children is paramount. If we feel that their safety is endangered, protection of their rights overrides confidentiality at all times.

I agree to abide by the rules as set out above and not be violent or abusive with any person during my participation on the programme.

Signed:

Print Name:



S.T.O.P.
Members Contract – Client Copy

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Signed:

Print Name:

PLEASE DETACH THIS COPY FOR YOU TO KEEP AS A RECORD OF THE CONTRACT YOU HAVE SIGNED WITH S.T.O.P.



S.T.O.P.

Assessment Process for clients

- We ask you to complete two self assessments, one when you first join the group to establish your own opinion of your behaviour and three months later to establish improvements.
- We will write to your partner / ex partner, at the same intervals, and ask them to complete an assessment of your behaviour in their opinion. Their answers are completely confidential.
- The facilitators record brief notes after each group session.

We use all of the above methods to assess positive changes in behaviour.

Limits to confidentiality for clients

- We will contact your (ex) partners to include them in the assessment process. We will also allow them to inquire as to your attendance and progress at S.T.O.P.
- **Only with your prior consent** contact and discussion can take place with other agencies (for instance; Probation Services, Social Services and the Family Courts).
- Minimising future risk;

What you say about the past is confidential.

The two exceptions are cases of disclosure of murder or child abuse.

If we have reason to fear a future harm may occur for instance, if you make a direct specific threat we will break your confidentiality in order to minimise the risk to others

Complaints procedure:

Should you have a complaint about any member of staff, sessional worker, trainee or volunteer please address this in writing to the Director.

A response will be given within 7 working days.

If your complaint is not satisfied by the response, you have the right to ask S.T.O.P.'s Management Committee to deal with the complaint.