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**Assessment toolkit from Respect Toolkit for Work with Male Victims of Domestic Abuse 2019**

**Longer assessment tools and forms for work with men presenting as victims of domestic violence**

The assessment tools and forms that follow are designed for agencies offering a face-to-face service to male victims of domestic violence, ideally in a multi-agency setting.

Respect does not recommend the use of separate assessment processes for male and female service users to organisations supporting both client groups. Before using this assessment tool with male service users, the organisation should consider what assessment is carried out with female service users and ensure that neither client group is disadvantaged by processes that may be disproportionately onerous.

There are four parts:

* Part One: Confidentiality Agreement
* Part Two: Introducing the assessment process  
  Part Three: Gathering information about the history of abuse

in the relationship and any interventions

* Part Four: Client self-completion questionnaire

Your organisation/project/service can adapt the forms if needed. We think it is unlikely you will be able to complete all four parts in one session. It’s best to plan to offer at least two sessions to your client and this will help with staffing resources.

**Part One: Confidentiality Agreement**

In order to help and support you I will need to ask you some very direct questions about subjects that you might find distressing – is that okay? I also want to tell you that we ask all our clients the same questions, so this isn’t aimed at you. We need to get a good picture of what is happening in your relationship, so we can determine how best to support you and your family with safety at the centre of all we do.

**Agreeing limits to confidentiality:**

With that in mind we should agree the limits of your confidentiality with the service.

Everything you say is confidential with two exceptions:

1. We will share information with other services in order to gain a broader understanding of your case and of the systems responses already underway and in order to advocate with other professionals for the safety and wellbeing of you and your family.
2. We might share information with other services if we have good reason to believe that this will help decrease the risk to others, including your children.

If we do not think that sharing information will decrease the risk – first to any children involved and secondly to the adults – then we will not do so.

**I understand that to ensure the safety of all parties concerned, enquiries have to be conducted by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_project/organisation.**

**I hereby consent to such enquiries being made.**

**Signed………………………………………………. Date……………………..**

**Part Two: Introducing the assessment process**

|  |  |  |  |
| --- | --- | --- | --- |
| Do not disclose  these categories | Healthy Relationship | Unhealthy Relationship | Abusive Relationship |
| Disclose these sections below |
| Sharing Feelings | You feel safe and strong enough to tell your partner how you really feel | You feel awkward telling your partner how you really feel | You are afraid to tell your partner how you feel because you fear getting put down, ridiculed or threatened |
| Communicating | You respect and listen to each other even when you have differing opinions on the same subject. | Your partner ignores you and does not respect your opinions when there is a difference of opinion. | Your partner treats you with disrespect and ignores or makes fun of your ideas and feelings. |
| Disagreements | You can have disagreements and still talk respectfully to each other.  You resolve your disagreements. | Your disagreements turn into fights. | You are afraid to disagree because you don’t want to unleash your  partner’s anger and violence. The disagreement is an excuse for abuse. |
| Intimacy and sex | Both of you can be honest about physical affection and sex. Neither of you feels pressured to do anything you do not want to do. | Your disagreements turn into fights | You are afraid to disagree because you don’t want to unleash your  partner’s anger and violence. The disagreement is an excuse for abuse. |
| Trust | You trust each other. You are comfortable with your partner spending  time with another man/woman. | Your partner feels jealous every time you talk to another woman. You  feel jealous every time your partner talks to another woman or man. | Your partner accuses you of flirting or having an affair, and orders you  not to talk to another woman. |
| Time Alone | You can each spend time alone and consider this a healthy part of your  relationship. | You think that there may be something wrong if you want to do things  without your partner. Your partner tries to keep you to herself. | Your partner does not allow you to spend time doing things on your own.  Your partner sees this as a challenge or threat to your relationship |
| Violence | You and your partner take care not to speak harsh words or make mean comments. There is absolutely no physical violence in your relationship. | There have been a few incidents of emotional abuse or controlling behaviour in your relationship. There is no pattern of abuse or violence. | There is a pattern of increasing ongoing abuse in your relationship; emotional, physical, sexual and/or intimidation. |

**Part Three: Gathering information about the history of abuse in the relationship and any interventions**

This form should be completed from information from the client and where relevant, from other agencies. If you obtain information from other agencies, this should be clearly indicated on the form (e.g. police record, social service assessment).

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** |  | **Number of**  **years in this**  **relationship** |  |
| **Name** |  | **Partner’s Name** |  |
| **Address** |  | **Address** |  |
| **Age** |  | **Living**  **arrangements** |  |
| **Ethnicity** |  | **Ethnicity** |  |
| **Contact**  **Number** |  | **Partner’s**  **Contact Number** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Children** | **Male/**  **Female** | **Age** | **Is parental contact an issue of conflict?** | **Is there a Contact Order in place?** | |
|  |  |  |  | Yes | No |
|  |  |  |  | Yes | No |
|  |  |  |  | Yes | No |

|  |  |
| --- | --- |
| **Have either you or your partner applied for:** | |
| Divorce |  |
| Residence |  |
| Child Contact? |  |
| If YES, please give details |  |

|  |  |
| --- | --- |
| **Have Social Services ever been involved with your family? If so, please give details?** |  |
| **Have any of the children ever been placed on the Child Protection Register? If so, please give details** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Legal Orders** | **Yes** | **No** | **Applies to** | | **Date Issued/Details** |
| **Non-Molestation** | Yes | No | Self | Partner |  |
| **Injunction** | Yes | No | Self | Partner |  |
| **Bail or Conviction for domestic**  **violence-related offence** | Yes | No | Self | Partner |  |
| **Any police involvement** | Yes | No | Self | Partner | **Most recent date:** |
|  |

|  |
| --- |
| **Do either of you or your partner have a history of early trauma – e.g. being in care or suffering physical or sexual abuse in your childhood or teens? IF SO, PLEASE GIVE DETAILS** |
|  |

|  |
| --- |
| **Did either you or your partner grow up at home with domestic violence? If so who, you or your partner and who was the perpetrator in the family? IF SO, PLEASE GIVE DETAILS** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Have you ever**   * been to counselling or therapy? * experienced any mental health  problems? * received treatment? | Yes | No | When? |
|
|  |
| Yes | No | When? |
|
|  |
| Yes | No | When? |
|  |
| **Has your partner**   * experienced any mental health  problems? * received any treatment? | Yes | No | When? |
|
|  |
| Yes | No | When? |
|  |
| **Have you ever**   * had an evaluation for alcohol or drug  dependency? * Did you complete treatment? | Yes | No | Where? |
|  |
| Yes | No | Where? |
|  |
| **Has your partner**   * ever had an evaluation for alcohol or  drug dependency? | Yes | No | Where? |
|  |
| **Did your partner complete treatment?** | Yes | No |  |

**History of violence/abuse**

|  |
| --- |
| **Can you tell me about the latest incident?** |
|  |

|  |
| --- |
| **When was the first violent incident that you can remember in this relationship?** |
|  |

|  |
| --- |
| **Are the incidents of violence/abuse getting more frequent or more severe?** |
|  |

|  |
| --- |
| **What is the worst incident that happened?** |
|  |

|  |
| --- |
| **Are you scared/in fear about what your partner may do to you?** |
|  |

|  |
| --- |
| **How do you think you will react?** |
|  |

|  |
| --- |
| **Are you scared/in fear of your partner?** |
|  |

|  |
| --- |
| **Is your partner scared/afraid of you?** |
|  |

|  |
| --- |
| **Have your children ever seen or heard your violence to your partner?** |
|  |

|  |
| --- |
| **Have your children ever seen or heard your partner’s violence to you?** |
|  |

|  |
| --- |
| **Have you or your partner ever physically harmed your children?** |
|  |

|  |
| --- |
| **What is the worst that has happened to your children?** |
|  |

|  |
| --- |
| **Have any of the children ever intervened to stop the violence?** |
|  |

|  |
| --- |
| **Do you feel like it is always your fault?** |
|  |

|  |
| --- |
| **Do you feel like it is always your partner’s fault?** |
|  |

|  |
| --- |
| **Are you planning on separating from your partner or have you recently separated?** |
|  |

|  |
| --- |
| **Do either you or your partner have access to weapons, such as guns? Please tell me who has access and if they/you have ever used a weapon against the other or the children:** |
|  |

|  |
| --- |
| **Are you afraid of anything in particular at the moment - has there been a specific threat?** |
|  |

|  |
| --- |
| **Is there anything else you think I should know, particularly anything about your safety or anyone else’s safety?** |
|  |

**Part Four: Client Self-Completion Questionnaire**

Our primary focus is safety. In order to ensure we provide appropriate intervention and support strategies to both you and your partner we need to go through them. It may be that you feel some of these questions do not apply to you. **If there is anything that you are unsure about or don’t understand, please feel free to ask. Please answer giving as much detail as possible**.

**1. Injuries you have sustained from your partner**

Thinking about all the incidents that have occurred over the last twelve months, please complete the following indicating how many times **your partner has done any of the following to you.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Violence assessment index** | **Never** | **Only**  **once** | **2 to 4**  **times** | **5 or**  **more**  **times** |
|
|
|
|
| Restrained me from moving or leaving the  room |  |  |  |  |
|
| Choked me or held their hand over my mouth |  |  |  |  |
| Slapped me on the face, body, legs or arms |  |  |  |  |
| Pushed or shoved me |  |  |  |  |
| Used an object or weapon to hurt me |  |  |  |  |
| Threw things at me or about the room |  |  |  |  |
| Punched or kicked the walls or furniture |  |  |  |  |
| Tried to strangle, burn or drown me |  |  |  |  |
| Kicked me on the body, legs or arms |  |  |  |  |
| Threatened me with an object or weapon |  |  |  |  |
| Kicked me in the face |  |  |  |  |
| Threatened to kill me |  |  |  |  |
| Twisted my arm(s) |  |  |  |  |
| Dragged or pulled me by my hair |  |  |  |  |
| Other violent behaviours | | | | |
|  | | | | |

**2. Controlling behaviour your partner has used against you**

Thinking about all the incidents that have occurred over the last twelve months, please complete the following indicating how many times **your partner has done any of the following to you.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Controlling behaviours index (Client)** | **Never** | **Only**  **once** | **2 to 4**  **times** | **5 or**  **more**  **times** |
|
|
|
|
| Threatened me |  |  |  |  |
|
| Shouted at me |  |  |  |  |
| Sworn at me |  |  |  |  |
| Called me names |  |  |  |  |
| Questioned me about my activities |  |  |  |  |
| Had a certain look/mood |  |  |  |  |
| Tried to provoke an argument |  |  |  |  |
| Criticised me |  |  |  |  |
| Criticised my friends/family |  |  |  |  |
| Put me down in front of others |  |  |  |  |
| Made me feel sexually inadequate |  |  |  |  |
| Pointed at me (threateningly) |  |  |  |  |
| Made to hit me without doing so |  |  |  |  |
| Restricted my social life |  |  |  |  |
| Used kids in an argument against you |  |  |  |  |
| Other controlling behaviours | | | | |
|  | | | | |

**3. Violence you have used against your partner**

Thinking of all the incidents that may have happened over the past twelve months, please complete the following indicating how many times **you have done each of the following to your current or former partner.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Violence assessment index (Partner)** | **Never** | **Only**  **once** | **2 to 4**  **times** | **5 or**  **more**  **times** |
|
|
|
|
| Restrained them from moving or leaving the room |  |  |  |  |
|
| Choked them or held your hand over their mouth |  |  |  |  |
| Slapped them on the face, body, legs or arms |  |  |  |  |
| Pushed or shoved them |  |  |  |  |
| Used an object or weapon to hurt them |  |  |  |  |
| Thrown things at them or about the room |  |  |  |  |
| Punched or kicked the walls or furniture |  |  |  |  |
| Tried to strangle, burn or drown them |  |  |  |  |
| Kicked them on the body, legs or arms |  |  |  |  |
| Threatened them with an object or weapon |  |  |  |  |
| Kicked them in the face |  |  |  |  |
| Threatened to kill them |  |  |  |  |
| Twisted their arm(s) |  |  |  |  |
| Dragged or pulled them by their hair |  |  |  |  |
| Other violent behaviours | | | | |
|  | | | | |

**4. Controlling behaviour you have used against your partner**

Thinking about all the incidents that have occurred over the last twelve months, please complete the following indicating how many times **you have done each of the following to your current or former partner.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Controlling behaviours index (Client)** | **Never** | **Only**  **once** | **2 to 4**  **times** | **5 or**  **more**  **times** |
|
|
|
|
| Threatened them |  |  |  |  |
| Shouted at them |  |  |  |  |
| Sworn at them |  |  |  |  |
| Called them names |  |  |  |  |
| Questioned them about their activities |  |  |  |  |
| Had a certain look/mood |  |  |  |  |
| Tried to provoke an argument |  |  |  |  |
| Criticised them |  |  |  |  |
| Criticised their friends/family |  |  |  |  |
| Put them down in front of others |  |  |  |  |
| Made them feel sexually inadequate |  |  |  |  |
| Pointed at them (threateningly) |  |  |  |  |
| Made to hit them without doing so |  |  |  |  |
| Restricted their social life |  |  |  |  |
| Used kids in an argument against them |  |  |  |  |
|
| Other controlling behaviours | | | | |
|
|  | | | | |

Thank you for completing these. When you have finished please hand them to the project worker. If there is anything you are unsure of, please feel free to ask. The more details we have the greater the chance of ensuring your safety and that of your partner and children.