State of Alaska
Department of Public Safety
Council on Domestic Violence and Sexual Assault

Guide to Reporting Forms Used By CDVSA Funded Batterers' Intervention Programs

For Use Beginning July 1, 2008
State Fiscal Year 2009

Revised
July 1, 2008

For more about topics covered, please contact
Council on Domestic Violence and Sexual Assault
P.O. Box 111200, Juneau, Alaska 99801-1200, (907) 465-4356. Fax (907) 465-362

GENERAL

This document will help you fill out the Council on Domestic Violence and Sexual Assault (CDVSA) data reporting forms prescribed for use by its funded Batterers' Community Intervention Programs (BIPs) and its funded Prison Batterers Programs (PBPs). You should use it to answer any questions you may have regarding when or how to fill out and submit a CDVSA mandated BIP or PBP reporting form. If you need information above and beyond what is in this guide, feel free to contact CDVSA.

NEW REPORTING FORMS

Two new data reporting forms will be used starting at the beginning of Alaska state fiscal year 2009. Unlike the previous forms, which were submitted monthly, submit these data reporting forms quarterly.

WHEN, HOW & WHERE TO FILE

All forms must be submitted within one month of the end of any given quarter. For example, for the quarter ending September 30, 2008, your submission must be postmarked no later than October 31, 2008.

Submit the original pink or blue top sheet of your data reporting forms. Retain the carbon for your records. All reports should be mailed to CDVSA, at P.O. Box 111200, Juneau, Alaska 99801-1200.

Note: these forms do not replace the existing quarterly narrative or goals and objectives reporting forms.

Continue to submit those as usual.

This guide is divided into two sections, reflecting the two new forms: the BIP Program Participant Incident Report Form (Incident Report); and the BIP Quarterly Activity Report (Activity Report).

INFORMATION REQUIRED

Please note that all information called for in these guidelines is mandatory. CDVSA appreciates your cooperation in providing this information. If any particular information is not available, write "unknown" or, where no space is provided, leave the data field blank.

CDVSA BATTERERS PROGRAM PARTICIPANT INCIDENT REPORT FORM

ALASKA COUNCIL ON DOMESTIC VIOLENCE AND SEXUAL ASSAULT
BATTERERS PROGRAM PARTICIPANT INCIDENT REPORT

Participant Name: _____ Program Name: _____

☐ Community Based
☐ Prison Program

Participant ID: _____

DOB:_____ ☐ Male ☐ Female Phone :_____ Community of Residence_____

PARTICIPANT ETHNICITY:
☐ American Indian
☐ Asian
☐ Black/African American
☐ Caucasian
☐ Hispanic
☐ Alaska Native
☐ Pacific islander
☐Other: _____

Date of Contact: _____ Current Crime/Charge _____

Admission Status: ☐ Initial Intake ☐ Returning on Other Charge Sentence Length (Months): _____

Sentence Status: ☐ Felon ☐ Misdemeanant ☐ No Charge Previous Violent Convictions: ☐ Yes ☐ No ☐ Unknown

Referral
- ☐ Self
- ☐ Institution
- ☐ Court
- ☐ OCS
- ☐ Other: _____

Relationship to Victim
- ☐ Spouse/Partner
- ☐ Ex-Spouse/Ex-Partner
- ☐ Acquaintance
- ☐ Friend
- ☐ Parent/Guardian
- ☐ Child
- ☐ Sibling
- ☐ Other Relative
- ☐ Co-Worker/Employee
- ☐ Stranger
- ☐ Other
- ☐ Not Disclosed

Extent of Physical Injury to Present Victim
- ☐ Bruises/Abrasions
- ☐ Broken Bones / Teeth
- ☐ Wounds/Punctures
- ☐ Chronic / Disabling
- ☐ Sprains/Back/Neck
- ☐ Burns/Bites
- ☐ Internal Injuries
- ☐ Head / Spinal Injuries
- ☐ Gunshot Injuries
- ☐ Death
- ☐ Other
- ☐ Not Disclosed
- ☐ None

Past Intervention
- ☐ Prison Batterers' Program
- ☐ Community Based Batterers Program
- ☐ Substance Abuse Treatment
- ☐ Jail Time
- ☐ Mental Health/Psychiatric Services
- ☐ Unknown
- ☐ Other: _____

Types of Violence Participant Has Committed
- ☐ Threats of Violence
- ☐ Physical Force Used
- ☐ Sexual Assault (Any Degree) Adult Victim
- ☐ Sexual Abuse (Any Degree) Minor Victim
- ☐ Use of Weapons
- ☐ Destruction of Pets/Property
- ☐ Other
- ☐ Unknown

Substance Abuse
- ☐ Used Alcohol at Time of Current Offense
- ☐ Used Other Drugs at Time of Current Offense
- ☐ Client Has Problem with Alcohol
- ☐ Client Has Problem with Other Drugs

Violence Participant Experienced As A Child
- ☐ Physically Abused As a Child
- ☐ Victim of Incest/Child Sexual Abuse
- ☐ Parents in Abuse Relationship
- ☐ Other Abuse Relationship
- ☐ No Past Abuse
- ☐ Unknown

☐ **Accepted Into Program**
☐ **Not Accepted Into Program**

Prepared By _____
Reviewed By _____
Date of Review _____

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THE PARTICIPANT INCIDENT REPORT FORM WILL PROVIDE:

1. Notification to CDVSA that a new participant has begun receiving services from the program.

2. Notification to CDVSA of a new incident of domestic violence by a past or present participant.

3. Demographic information on the participant.

4. Information about the types of violence inflicted upon victims, and the extent of injury suffered by the victim.

WHEN TO COMPLETE THIS FORM:

1. For every new participant: when a participant begins receiving services for the first time.

2. For each new incident: whenever there is a new incident by past or present participants.

"OLD PARTICIPANTS IN A NEW WORLD:"

1. There will be numerous program participants who were admitted to your program **prior** to the commencement of the new reporting system (i.e., prior to July 1, 2008).

2. On July 1, 2008, services provided to all participants will be recorded on the new CDVSA Activity Report form, which will then be submitted to CDVSA at the end of each quarter.

3. Under the criteria above (see, *"When to Complete the Participant Incident Report"),* continuing participants do not receive a new blue form. In such cases, CDVSA would receive new participant Activity Reports, but **not** new Incident Reports.

FILLING OUT THE BATTERER INCIDENT REPORT FORM

The following instructions are based on the order of the data fields as printed on the CDVSA Batterers Program Participant Incident Report Form.

(Information obtained for this form is generally self-reported. If a more objective source of information is available, such as a police report, use it as needed.)

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PARTICIPANT

A participant is a person who:

1. Is enrolled in a prison or community based program, or who

2. Is receiving follow-up services, whether participant completed the program or not.

Use the participants' full given name, not nickname, unless clearly derivative. (For example, "Spike" for "Theodore," is not acceptable. "Ted" for "Theodore," is acceptable).

PARTICIPANT ID
The participant ID is a unique designator specific to a particular participant. The same ID is utilized for the duration of the participants' involvement in the program, no matter how often that participant is in the program. Make sure each individual participant's ID remains the same every time he/she is admitted.

Assign the participant ID at intake. Please use the following system to devise the participant ID: (a) use the first initial of the first name, then the first two letters of the last name; (b) followed by two numbers for the month of birth, two numbers for the day of birth, and two numbers for the year of birth. Participant IDs should not be more than nine figures long, counting both letters and numbers.

PROGRAM NAME & TYPE
Use an acronym for the program name, generally consisting of the first letter of each word in the program name, followed by BIP for community program, or PBP for prison program. Only one program type can be selected. Be consistent in your usage in all reporting.

DATE OF BIRTH
Give participant's date of birth.

GENDER
Identify the participant as male or female.

TELEPHONE
Indicate the current telephone number for participants in community programs only.

COMMUNITY OF RESIDENCE
Indicate participant's identified community of permanent residence. Give the name of the village, town, or city, and state in which they live, or intend to return to live.

PARTICIPANT ETHNICITY
Select participant's primary racial/ethnic identification. Do not assume based upon appearances: ask the participant. Check the appropriate box.

If the person has a multi-racial/ethnic heritage, ask if the individual identifies with one most strongly, and indicate that one, otherwise check "Other."

Persons identifying with any Alaska indigenous tribes should be marked as "Alaska Native." Use the Indian (American) category for Native Americans who are not Alaska Natives.

DATE OF CONTACT
Indicate the date on which this form was completed.

CURRENT CRIME/CHARGE
Identify the crime the participant was charged with, even if not convicted of it.

ADMISSION STATUS
If the participant is receiving services *for the first time within the agency*, indicate that it is an "Initial Intake." An individual participant can only be classified as an "initial intake" one time in the same agency.

If previously in the program on a different charge, no matter how long ago, indicate that the participant is "Returning on Other Charge."

SENTENCE LENGTH
Indicate the amount of time the participant was sentenced to serve, regardless of the amount of time imposed or suspended.

SENTENCE STATUS
Indicate whether the participant was convicted of a felony or a misdemeanor, or has not been charged with a crime.

If participant was not charged with a crime, but is referred by the court on a civil protective order, indicate that there was no charge, but check the "court referral box" in the list of referral sources on the report form.

PREVIOUS VIOLENT CONVICTIONS
If there have been prior convictions for any crime involving violence committed by the participant, check "yes." The act committed is the determining factor. For example, if a participant was charged with Assault, but convicted of Disorderly Conduct, check "yes" on the form, as participant did commit a violent act.

If participant has had no previous convictions for violence, check "no."

If you do not know, check "unknown."

REFERRAL SOURCE
Indicate the source of the participant's referral to the program. If "other," write the source on the line provided.

RELATIONSHIP TO VICTIM
Indicate who the victim is in relationship to the participant. Check only one.

EXTENT OF PHYSICAL INJURY TO PRESENT VICTIM
Indicate what injuries, if any, were suffered by the victim in the incident that precipitated the participant coming to the program. Check all that apply.

PAST INTERVENTION
Indicate previous involvement in programs of any sort intended to help the participant. Indicate the appropriate service/agency/institution by checking its box. If not on the list, check "Other," and write in the exact intervention type.

TYPES OF VIOLENCE PARTICIPANT HAS COMMITTED
Indicate any forms of violence that the participant has committed. If additional information is available, such as a police report, that discloses violence that the participant did not acknowledge, then rely on that information. Check all that apply.

SUBSTANCE ABUSE
Indicate whether participant used alcohol or other drugs at the time of the precipitating incident. If participant was ordered to or has received treatment for alcohol or substance abuse in the past, then indicate by checking the appropriate box that there is a problem with alcohol and/or other drugs.

VIOLENCE PARTICIPANT EXPERIENCED AS A CHILD
Indicate which, if any, type(s) of abuse the participant experienced *or witnessed* as a child.

ACCEPTED INTO PROGRAM
Mark this box if the participant has met your requirements for program admission.

NOT ACCEPTED INTO PROGRAM
Mark this box if the participant does not meet your program requirements for receiving services.

PREPARED BY
Indicate the initials of the staff person who completed the batterer incident report.

REVIEWED BY
The form must be checked for accuracy before sending the form to CDVSA. Indicate who reviewed this form. This allows CDVSA to know who to contact if there are any questions about the form.

DATE OF REVIEW
The date the form was checked for completeness and accuracy.

CDVSA BATTERERS INTERVENTION PROGRAM QUARTERLY ACTIVITY REPORT FORM

Alaska Council on Domestic Violence & Sexual Assault BIP Quarterly Activity Report

PROGRAM: _____ ☐ Community Program ☐ Prison Program

PROGRAM PARTICIPANT ID: _____ ☐ Court Ordered ☐ OCS ☐ Other: _____

PROGRAM PARTICIPANT NAME: _____

Quarter Reported (Check One)
- ☐ Jul 1 – Sep 30, 20 ____
- ☐ Oct 1 – Dec 31, 20 ____
- ☐ Jan 1 – Mar 31, 20 ____
- ☐ Apr 1 – Jun 30, 20 ____

	Month: Year:	Month: Year:	Month: Year:
1. Intake Assessment			
2. Individual Meeting			
3. Referral / Service Coordination			
4. Session Attended			
5. Unexcused Absence from Session			
6. Safety Check			
7. "Duty to Warn" Report Filed			
8. Post Completion Follow Up			
9. Affidavit of Non-Compliance Filed			
10. Follow Up Non-Completing Participant			
11. Other--			

COMMENTS: *(Information Compromising Victim Safety Should Not be Recorded Here)*

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REPORTING PROGRAM SERVICES

You must report quarterly on all services received by each program participant

FILLING OUT THE QUARTERLY ACTIVITY REPORT FORM

1. The instructions regarding program name and type, participant ID, and participant name are identical to that used for the Incident Report form (see page 5, above, for information about such items).

2. The quarter for which this activity report is submitted must be indicated by checking the appropriate date-range box, on the top right side of the form.

3. The listed services should be reported on this form at the time they are completed. Enter the date of the month for each service, activity or event on the designated line. Proceed chronologically within each month, from left to right. If a service was offered that is not on this list, indicate what it was in the "other" category.

REGARDING THE SPECIFIC SERVICES

The following comments are based on the order of the data fields as printed on the CDVSA Batterers Intervention Program Quarterly Activity Report Form. The numbers correspond to the numbers on your form.

1. INTAKE ASSESSMENT
The intake assessment is the initial meeting with the participant to determine suitability for the program.

Consider whether each individual needs your services, and whether the individual would benefit from your services.

2. INDIVIDUAL MEETING
Any one-on-one meeting with the participant following the initial intake assessment, outside of the class/group sessions.

3. REFERRAL/SERVICE COORDINATION
Any contact made with other service providers regarding other programs or services for the participant, either instead of or in addition to the batterers' program.

4. SESSION ATTENDED

Any class or group session attended. No distinction need be made for orientation or different phases of a program.

5. UNEXCUSED ABSENCE FROM SESSION
A session that is missed without prior arrangements made to allow the absence.

6. SAFETY CHECK
Verified contact made with the program participant's victim and/or partner regarding safety issues. Such contact may be via telephone or in person; it may be done by the BIP personnel or by the local victim services shelter. *Regardless of who makes the contact, indicate when contact was made.*

7. "DUTY TO WARN" REPORT FILED
Documented contacts made by program personnel to inform the requisite persons or organizations (victim/partner, police/troopers, sentencing court, victim shelter, prosecuting attorney) of any threats or acts of violation or violence by the participant.

8. POST COMPLETION FOLLOW UP *(Recidivism Check)*
Contact by program personnel up to twelve months or more following the participant's completion of the program with the victim/partner, local shelter, law enforcement agencies and/or court, to determine if the former participant has committed more acts of violence.

9. AFFIDAVIT OF NON-COMPLIANCE FILED
When the prosecuting attorneys or court personnel are informed that an individual has not complied with the program.

10. FOLLOW-UP NON-COMPLETING PARTICIPANTS *(Recidivism Check)*
The same as number 8, except done with participants who did not complete the program.

11. OTHER
Any services rendered that are not accounted for above. Manually indicate what specific service was provided.

COMMENTS SECTION

Unstructured space is provided for any comments you may have. ***Please be aware that what you write in the comments section may compromise victim safety; therefore, take all necessary precautions to not include confidential information regarding victims and/or parnters.***