

Partner Assault Response Program Assessment Questionnaire Sudbury Counselling Centre

A) IDENTIFICATION	
First Name	Last Name
Date of Birth	Telephone
Alternate number	Ok to leave a message
Email	
How do you identify? Male <input type="checkbox"/> Trans Male <input type="checkbox"/> Non Binary <input type="checkbox"/>	Current address
What is your housing status (own, rent, couch surfing etc.)	
Please select one or all that applies to your current situation <input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Student <input type="checkbox"/> Employment Insurance <input type="checkbox"/> Ontario Disability <input type="checkbox"/> Ontario Works <input type="checkbox"/> Other _____	
What is your approximate gross income (before taxes) <input type="checkbox"/> 0 – \$25,000.00 <input type="checkbox"/> \$26,000.00 - \$50,000.00 <input type="checkbox"/> \$51,000.00 - \$75,000.00 <input type="checkbox"/> \$75,000.00 - \$90,000.00 <input type="checkbox"/> \$90 000.00 and over	

B) HEALTH INFORMATION

Are there any health concerns we should be made aware that may require immediate emergency medical services ?

Have you been hospitalized for any Mental Health reasons

Yes No

Within the last 12 months?

Yes No

Any recent Mental Health Diagnosis :

Have you experienced any suicide thoughts or have attempted suicide

Yes When _____ No

Are you currently in any type of treatment or counselling for emotional or mental health support?

C) SUBSTANCE USE INFORMATION

Have you felt you ought to cut down on your drinking or drug use?

Yes No Not applicable

Any substances used (alcohol, cannabis, other drugs) in the past 6 months?

Yes No

If you answered **YES** please tell us the frequency of use for all substance you have used;

Name of Substance

Frequency

Last used

Name of Substance	Frequency	Last used

Are you currently in any Opioid Dependence Treatment Programs?

Methadone clinic Suboxone Program Other _____

D) SIGNIFICANT INFORMATION

Tell us about your upbringing

Have you witnessed any of the following:

Alcohol / Drug abuse Child abuse Partner assault

Are you or have you been Victim of the following:

Sexual abuse Child abuse Partner assault

Comments

INFORMATION REGARDING CHILDREN

Do you have any children?

Yes No

Name	Age	DOB	Mother	Resides with

Do you have access? Yes No

If yes, how often? _____

If not, why? _____

CAS involved at this time? Yes / workers name _____ No

If yes, please explain. _____

E) LEGAL/COURT STATUS

Prior criminal record / charge:

Yes No

If yes, brief explanation (*i.e. circumstances regarding the charge*):

Name of your Probation & Parole Officer

Prior domestic related offenses

Yes No

If yes, brief explanation (*i.e. circumstances regarding the charge*):

Name of your Probation & Parole Officer

CURRENT OFFENSE(S)

Date of offense(s):

Offenses:

- 1) _____
- 2) _____
- 3) _____

Name of Lawyer

Surety

Describe offense(s)

Have you ever completed a PAR Program before?

YES / if yes, when and where: _____ NO

INFORMATION ON RELATIONSHIPS:			
Victim's Name		Date of Birth	
Address			
Telephone #:		Gender: Female <input type="checkbox"/> Male <input type="checkbox"/> Non binary <input type="checkbox"/>	
How long was your relationship		Do you hope to reconcile with them? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW	
Separated with NO contact: <input type="checkbox"/> YES <input type="checkbox"/> NO		Contact through 3 rd party <input type="checkbox"/> YES <input type="checkbox"/> NO	
Is there a revocable consent? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Do they have any children from a previous relationship? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name	Age	Child resides with	Any contact with birth father

Please give a brief description of your relationship with the victim			
How do/did you deal with conflict in this relationship?			

CURRENT PARTNER if different from the victim			
Partner's Name		Date of Birth	
Address			
Telephone #:		Gender: Female <input type="checkbox"/> Male <input type="checkbox"/> Non binary <input type="checkbox"/>	
What is the length of your relationship			
Do they have any children from a previous relationship? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name	Age	Child resides with	Any contact with birth father

Please give a brief description of your relationship with your current partner			
How do/did you deal with conflict in this relationship?			

F) What do you think the effect/impact of your abusive behavior is?

On you?

On your partner/ex partner?

On the children?

On others?

What do you hope to gain from this program?

Print Name

Signature

INVENTORY FOR MEN	Y	N
INTIMIDATION		
I have instilled fear with my looks, actions or gestures		
I have broken or smashed things (punched the door or wall, kicked door, object, wall).		
I have destroyed her property.		
I have abused her pets/animals.		
I have displayed weapons in order to intimidate.		
I have threatened her with a knife, gun or other weapon.		
EMOTIONAL ABUSE		
I have put her down, belittled her or criticized her.		
I have made her feel bad about herself.		
I have called her names.		
I have humiliated her on purpose.		
I have made her feel guilty or have played mind games.		
I have made her feel like she is “crazy” or that she is “losing it” (gas lighting).		
I have demeaned her because of her past choices, mistakes or lived experience.		
I have humiliated her in front of others.		
ISOLATION TO CONTROL		
I have attempted to control what she does, who she sees or talks to, what she reads or where she goes.		
I have attempted to limit her outside involvement/activities.		
I have kept her from talking to or directed her to lie about the abuse or controlling behaviour to family and friends.		
CHILDREN/OTHERS TO GAIN AN ADVANTAGE		
I have made her feel guilty about the children.		
I have used children to relay messages.		
I have used visitation as a way to harass her.		
I have threatened to take the children away.		
I have used the children to gain information about my victim/partner.		
MALE PRIVILEGE AND ENTITLEMENT BELIEFS		
I have treated my partner like a servant.		
I believe I should make all the “big” decisions.		
I have acted like the “Master of the Castle.”		
I have defined and enforced men’s and women’s roles.		
I have used physical and/or sexual violence.		
ECONOMIC ABUSE		
I have prevented her from getting or keeping a job.		
I have made her ask for money.		
I have given her an allowance.		
I have taken money from her.		
I have kept information about the family finances from her.		

I have bought big ticket items without discussing it and without coming to an agreement.		
I have withheld or purposefully been late with support payments for her and /or the children.		
I have prevented her from having access to a bank card.		
COERCION AND THREATS		
I have made and/or carried out threats to hurt her.		
I have threatened to leave her or report her to a social service agency.		
I have threatened to harm or kill myself.		
I have made her lie about my abuse or kept her from going to the police or to the court.		
PHYSICAL ABUSE		
I have forcefully grabbed her.		
I have pushed or shoved her.		
I have burned her.		
I have restrained her.		
I have bitten her.		
I have slapped her (open hand).		
I have hit her with objects.		
I have thrown objects at her.		
I have punched her.		
I have choked or strangled her.		
I have twisted her arm or leg.		
I have pulled her hair.		
I have kicked her.		
I have thrown food or liquid on her.		
I have spat on her or at her.		
SEXUAL ABUSE		
I have pursued sex after she indicated NO.		
I have made her feel guilty when she does not want to have sex.		
I say or do things to make her feel bad / inadequate about herself sexually.		
I have suggested if she did not give me sex that I would get it elsewhere.		
I have flaunted my affairs.		
I have forced her to do sexual things (including non-consensual use of pornography) she did not feel comfortable with.		
Took pictures / videos of her without her consent.		
Gave/shared pictures / videos of her without her consent.		
TECHNOLOGY-RELATED ABUSE		
I have made continued contacts through text, telephone, email or social media.		
I have changed her passwords.		
I have kept track of her web-browsing or checked her history.		
I have demanded her passwords.		
I have hacked her systems to acquire information.		
I have required her to answer her phone / text immediately.		

APPROPRIATENESS FOR GROUP (INTERNAL USE ONLY)		
Level of ownership	YES	NO
Accuracy with documentation:		
Inventory for men completed:		
Acknowledges responsibility:		
Any minimizing, denying or blaming:		
COMMENTS		
<p>The client is appropriate for group</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>		
If not , why		
Comments:		

PAR Program Worker

Date of Assessment

PAR

Partner Assault Response Program

INFORMATION ON THE PAR PROGRAM

You have been accepted in group which will start on (day)
from _____ to _____
between (time) _____ pm & _____ pm

- ✔ You are expected to attend all **12 sessions**
- ✔ Your fee for the group is \$ _____
This fees is payable at the first session.
- ✔ Please arrive at group **15 minutes** in advance.

Name of Probation Officer or Crown Attorney: _____

If you have any questions about the program, please contact a member of the PAR Team

Wanda MacDonald **705-524-9629 ext 206**

Judith LaRush **705-524-9629 ext 204**

_____/_____
Client signature Date PAR Worker Signature Date

CC: Client's file
 Referral source

PAR

Partner Assault Response Program

INFORMATION ON THE PAR PROGRAM

You have been accepted in group which will start on (day)
from _____ to _____
between (time) _____ pm & _____ pm

- ✔ You are expected to attend all _____ sessions
- ✔ Your fee for the group is \$ _____
This fees is payable at the first session.
- ✔ Please arrive at group 15 minutes in advance.

Name of Probation Officer or Crown Attorney: _____

If you have any questions about the program, please contact a member of the PAR Team

Wanda MacDonald **705-524-9629 ext 206**

Judith LaRush **705-524-9629 ext 204**

_____/_____
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