

Agency Name: _____

Year: 2016 Quarter Reporting (check one): 1st 2nd 3rd 4th

Please report aggregate numbers for the reporting quarter for each of the following questions. Only data on new clients served (during the reporting quarter) are to be reported.

1a. Number of new clients served: Victims/Survivors _____ Children As Victim Witnesses _____ Offenders _____
(does not include number of crises/hotline phone calls)

b. Number of crises/hotline phone calls handled for the quarter _____

2. Number of each Gender served:

	<u>Victims/Survivors</u>	<u>Children as Victim Witnesses</u>	<u>Offenders</u>	
Males	_____	_____	_____	Males
Females	_____	_____	_____	Females

3. Number served in each Age Group:

	<u>Victims/Survivors</u>	<u>Children/Victim Witnesses</u>	<u>Offenders</u>	
0-5	_____	_____	_____	0-5
6-11	_____	_____	_____	6-11
12	_____	_____	_____	12
13	_____	_____	_____	13
14	_____	_____	_____	14
15	_____	_____	_____	15
16	_____	_____	_____	16
17	_____	_____	_____	17
18-21	_____	_____	_____	18-21
22-40	_____	_____	_____	22-40
41-59	_____	_____	_____	41-59
60-74	_____	_____	_____	60-74
75 and older	_____	_____	_____	75 and older
Unknown	_____	_____	_____	Unknown

4. Number served in each Racial/Ethnic Group:

	<u>Victims/Survivors</u>	<u>Children/Victim Witnesses</u>	<u>Offenders</u>	
White-Non-Hispanic	_____	_____	_____	White-Non-Hispanic
Hispanic	_____	_____	_____	Hispanic
American Indian	_____	_____	_____	American Indian
Black	_____	_____	_____	Black
Asian	_____	_____	_____	Asian
Other	_____	_____	_____	Other
Unknown	_____	_____	_____	Unknown

5. Number from each Referral Source

	<u>Victims/Survivors</u>	<u>Children/Victim Witnesses</u>	<u>Offenders</u>	
CYFD Protective Services	_____	_____	_____	CYFD Protective Services
CYFD Juvenile Justice Division	_____	_____	_____	CYFD Juvenile Justice Division
Tribal Government/Agency	_____	_____	_____	Tribal Government/Agency
Family/Relative	_____	_____	_____	Family/Relative
Self	_____	_____	_____	Self
School	_____	_____	_____	School
Juvenile Court System	_____	_____	_____	Juvenile Court System
Adult Court System	_____	_____	_____	Adult Court System
Law Enforcement Agency	_____	_____	_____	Law Enforcement Agency
Friend	_____	_____	_____	Friend
Client or Former Client	_____	_____	_____	Client or Former Client
Employer	_____	_____	_____	Employer
Other	_____	_____	_____	Other
Unknown	_____	_____	_____	Unknown

6. Number of new clients receiving each service:

<u>Adults/Victims</u>	<u>Children</u>	<u>Offenders</u>
<input type="checkbox"/> Counseling (indiv/group)	<input type="checkbox"/> Counseling (indiv/group)	<input type="checkbox"/> Counseling (indiv/group)
<input type="checkbox"/> Emergency Shelter	<input type="checkbox"/> Emergency Shelter	<input type="checkbox"/> Psychoeducation Classes
<input type="checkbox"/> Transportation	<input type="checkbox"/> Daycare	<input type="checkbox"/> Case Management
<input type="checkbox"/> Financial Support	<input type="checkbox"/> School Arrangements	<input type="checkbox"/> Other
<input type="checkbox"/> Housing Assistance	<input type="checkbox"/> Case Management	
<input type="checkbox"/> Order of Protection	<input type="checkbox"/> Crisis Intervention	
<input type="checkbox"/> Legal Advocacy Other Than Order of Protection	<input type="checkbox"/> Other	
<input type="checkbox"/> Psychoeducation Classes (parenting, anger management, communication, dv education, etc.)		
<input type="checkbox"/> Case Management		
<input type="checkbox"/> Crises Intervention		
<input type="checkbox"/> Other:		

7. Number for each Survivor/Offender Relationship category as reported by adult victims:

<input type="checkbox"/> Dating	<input type="checkbox"/> Living Together	<input type="checkbox"/> Married	<input type="checkbox"/> Family Member	
<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Ex-partner	<input type="checkbox"/> Other	<input type="checkbox"/> Unknown

8. Number for each Length of Relationship category as reported by adult victims:

<input type="checkbox"/> 0 months - 11 mos.	<input type="checkbox"/> 1 year - 2 yrs.	<input type="checkbox"/> 3 - 5 yrs.	
<input type="checkbox"/> 6 - 10 yrs.	<input type="checkbox"/> 11 - 20 yrs.	<input type="checkbox"/> 21+ years	<input type="checkbox"/> Unknown

9. Number of New Clients Who Were Abused or Witnessed Abuse as a Child:

<u>Adult Victims (as reported by adult victims):</u>	<u>Offenders (as reported by offenders in treatment):</u>
Number Yes <input type="checkbox"/> Number No <input type="checkbox"/> Unknown <input type="checkbox"/>	Number Yes <input type="checkbox"/> Number No <input type="checkbox"/> Unknown <input type="checkbox"/>

10. Use of Alcohol/Drugs At The Time of the Domestic Violence Incident:

<u>Adult Victims (as reported by adult victims):</u>	<u>Offenders (as reported by adult victims):</u>
Number Yes <input type="checkbox"/> Number No <input type="checkbox"/> Unknown <input type="checkbox"/>	Number Yes <input type="checkbox"/> Number No <input type="checkbox"/> Unknown <input type="checkbox"/>
	<u>Offenders (as reported by offenders in treatment):</u>
	Number Yes <input type="checkbox"/> Number No <input type="checkbox"/> Unknown <input type="checkbox"/>

- 11. Number of adult victims/survivors who reported their incident to law enforcement.
- 12. Number of adult victims/survivors who reported that children were present at the time of the presenting incident.
- 13. Number of adult victims/survivors who reported that a weapon was involved in the presenting incident.
- 14. Number of adult victims that filed a criminal complaint.
- 15. Number of adult victims that filed a protective order.
- 16. Number of adult victims/survivors who experienced domestic violence in the past.
- 17. Number of adult victims/survivors who experienced a physical injury as a result of the presenting incident.
- 18. Number of adult victims/survivors who experienced forced or coerced sexual activity from current offender.
- 19. Number of children/victim witnesses who ever experienced physical abuse from current offender.
- 20. Number of children/victim witnesses who ever experienced sexual abuse from current offender.
- 21. Number of immigrant victims/survivors served: **adults** **children**
- 22. Number of adult/survivors served with a mental or physical disability.

Submit completed forms for each quarter as follows:

- 1st quarter (January through March) by April 15th
- 2nd quarter (April through June) by July 15th
- 3rd quarter (July through September) by October 15th
- 4th quarter (October through December) by January 15th

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 Call Betty Caponera (505) 883-8020 for questions.