

**Domestic Violence Service Agencies**  
 Quarterly Report To The **NM Interpersonal Violence Data Central Repository**

**Y18**

Agency Name: \_\_\_\_\_

Year: 2018 Quarter Reporting (check one): 1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>

**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	_____	_____	_____
Females	_____	_____	_____

3. Number served in each Age Group:

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

4. Number served in each Racial/Ethnic Group:

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

5. Number from each Referral Source

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

Dating       Living Together       Married       Family Member  
 Separated       Divorced       Ex-partner       Other       Unknown

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

0 months - 11 mos.       1 year - 2 yrs.       3 - 5 yrs.  
 6 - 10 yrs.       11 - 20 yrs.       21+ years       Unknown

9. *Number of new clients who were Abused or Witnessed Abuse as a child:*

<u>Adult Victims (as reported by <b>adult</b> victims):</u>	<u>Offenders (as reported by <b>offenders</b> in treatment):</u>
Number Yes <input type="checkbox"/> # No <input type="checkbox"/> # Unknown <input type="checkbox"/>	Number Yes <input type="checkbox"/> # 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 <b>adult</b> victims):</u>	<u>Offenders (as reported by <b>adult</b> victims):</u>
Number Yes <input type="checkbox"/> # No <input type="checkbox"/> # Unknown <input type="checkbox"/>	Number Yes <input type="checkbox"/> # No <input type="checkbox"/> # Unknown <input type="checkbox"/>
	<u>Offenders (as reported by <b>offenders</b> in treatment):</u>
	Number Yes <input type="checkbox"/> # 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:  **adults**       **children**
22.  Number of adult/survivors with a mental or physical disability

**Submit completed forms for each quarter as follows:**

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

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 3909 Juan Tabo, Suite 6  
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**or FAX To: (505) 883-7530**  
*Call Betty Caponera (505) 883-8020 for questions.*