

**Domestic Violence Service Agencies**

Y2021

Quarterly Report To The **NM Interpersonal Violence Data Central Repository**

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

Year: 2021 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: Victims/Survivors      Children As Victim Witnesses      Offenders

Males	_____	_____	_____
Females	_____	_____	_____

3. Number served in each Age Group:      Victims/Survivors      Children/Victim Witnesses      Offenders

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 Ethnic Group: Victims/Survivors      Children/Victim Witnesses      Offenders

White-Non-Hispanic	_____	_____	_____
Hispanic	_____	_____	_____
American Indian	_____	_____	_____
Black	_____	_____	_____
Asian	_____	_____	_____
Other	_____	_____	_____
Unknown	_____	_____	_____

5. Number from each Referral Source      Victims/Survivors      Children/Victim Witnesses      Offenders

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 (individual/group)	<input type="checkbox"/> Counseling (individual/group)	<input type="checkbox"/> Counseling (individual/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"/> Other	
<input type="checkbox"/> Legal Advocacy Other Than Order of Protection		
<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 - 11mos.	<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 adult victims):</u>
Number Yes _____ Number No _____ Unknown _____	Number Yes _____ Number No _____ Unknown _____
	<u>Offenders (as reported by offenders in treatment):</u>
	Number Yes _____ Number No _____ Unknown _____

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 _____ Number No _____ Unknown _____	Number Yes _____ Number No _____ Unknown _____
	<u>Offenders (as reported by offenders in treatment):</u>
	Number Yes _____ Number No _____ Unknown _____

- 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 incidents resulting in a criminal complaint as reported by adult victims \_\_\_\_\_.
- 15. Number of incidents resulting in the filing of a protective order as reported by adult victims \_\_\_\_\_.
- 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/cognitive disability \_\_\_\_\_.
- 23. Number of adult/survivors with a 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>

**Mail To:** NMCSAP  
 3909 Juan Tabo, Suite 6  
 Albuquerque, NM 87111  
**or FAX To:** (505) 883-7530  
 Call Betty Caponera (505) 883-8020 for questions.