

MINNESOTA CENTER FOR CRIME VICTIM SERVICES  
Quarterly Statistical Report Form

MCCVS Reviewer's  
Initials \_\_\_\_\_  
Date \_\_\_\_\_

**GENERAL CRIME PROGRAM**

**FY05: July 1, 2004 – June 30, 2005**

**Organization Name:** \_\_\_\_\_  
**Program Component Name:** \_\_\_\_\_

Check **ALL** Funding

Sources for **THIS** Program:

- State  
 VOCA  
 FVPSA  
 MDH  
 VAWA

This report covers the period:  
(check one)

- July 1 - September 30 -Due 10/30/04  
 October 1 - December 31 -Due 1/30/05  
 January 1 - March 31 -Due 4/30/05  
 April 1 - June 30 -Due 7/30/05

**Page 2: Primary Victim Demographics**

**Page 3: Secondary Victim Demographics**

**Page 4: Services Provided to Primary/Secondary Victims**

**FOR YEAR END ONLY**

**Identify the total number of victims served during FY05  
(July 1, 2004 – June 30, 2005)**

*This would include the total of new victims served this year as well as those victims served in FY05 from previous year incidents.*

**Primary victims served**

This will be the sum total of all four quarters' *Total* number on Page 2, Section I, with the additional count of victims served that had their first contact with your agency prior to FY05.

**Secondary victims served**

This will be the sum total of all four quarters' *Total* number on Page 3, Section I, with the additional count of victims served that had their first contact with your agency prior to FY05.

## Primary Victim Demographics

**Primary general crime victim demographics are only recorded when a primary victim is served by the program for the first time or is served subsequently as a result of a separate victimization.** This means that even if you work with someone over multiple quarters or fiscal years, his or her demographics should not be reported again unless he or she receives services as a result of a different victimization.

**Totals** of sections I, II, III & V should be equivalent.

### I. Sex of Primary Victim:

\_\_\_\_\_ Female  
 \_\_\_\_\_ Male  
 \_\_\_\_\_ Unknown  
 \_\_\_\_\_ **Total**

### II. Current Age of Primary Victim:

_____ 0-4 years	_____ 5-12 years
_____ 13-17 years	_____ 18-29 years
_____ 30-44 years	_____ 45-64 years
_____ 65+ years	_____ Unknown
_____ <b>Total</b>	

### III. Racial/Ethnic Background of Primary Victim:

\_\_\_\_\_ African American  
 \_\_\_\_\_ American Indian  
 \_\_\_\_\_ Asian/Pacific Islander  
 \_\_\_\_\_ Caucasian  
 \_\_\_\_\_ Chicano/Latino  
 \_\_\_\_\_ Multi-racial  
 \_\_\_\_\_ Immigrant (specify origin)  
     \_\_\_\_\_ Mexico/South America  
     \_\_\_\_\_ Middle East  
     \_\_\_\_\_ Africa  
     \_\_\_\_\_ Asia  
     \_\_\_\_\_ Europe  
     \_\_\_\_\_ Other/Unknown  
 \_\_\_\_\_ Other/Unknown  
 \_\_\_\_\_ **Total**

### IV. Disability: Record any and all disabilities that each victim has or seems to have.

\_\_\_\_\_ Blind/Visually Impaired  
 \_\_\_\_\_ Deaf/Hard of Hearing  
 \_\_\_\_\_ Physical Disability  
 \_\_\_\_\_ Developmental Disability  
 \_\_\_\_\_ Mental Illness  
 \_\_\_\_\_ Other (specify)  
 \_\_\_\_\_

### V. Type of Victimization:

If the primary victim is a victim of more than one crime, only the predominant offense should be recorded here.

_____ Survivors of Homicide Victims	_____ DUI/DWI Crashes
_____ Adult Sexual Assault*	_____ Sexual Exploitation*
_____ Child Sexual Assault – Family*	_____ Sexual Harassment*
_____ Child Sexual Assault – Other*	_____ Stalking*
_____ Robbery	_____ Exposing*
_____ Aggravated Assault	_____ Obscene Phone Call(s)*
_____ Burglary	_____ OFP/HRO Violation*
_____ Theft/Larceny	_____ Forgery/Counterfeiting
_____ Motor Vehicle Theft	_____ Fraud
_____ Arson	_____ Embezzlement
_____ Adult Sexually Abused as Child – Family*	_____ Stolen Property
_____ Adult Sexually Abused as Child – Other*	_____ Vandalism/Criminal Damage to Property
_____ Domestic Abuse*	_____ Disorderly Conduct
_____ Other Assault (not agg., sexual, or domestic)	_____ Other Gross Misdemeanor/Misdemeanor level
_____ Terroristic Threats/Harassment	
_____ Other Felony Level	_____ <b>Total</b>

\* General Crime program should generally refer these victims to area crime-specific service providers.

For sibling-to-sibling domestic violence, general crime programs should count these in the "Other Assault" category.

## Secondary Victim Demographics

**Secondary general crime victim demographics are only recorded when a secondary victim is served by the program for the first time or is served subsequently as a result of a separate victimization.** This means that even if you work with someone over multiple quarters or fiscal years, his or her demographics should not be reported again unless he or she receives services as a result of a different victimization.

**Totals** of sections I & II should be equivalent.

<b>I. Sex of Secondary Victim:</b>	_____	Female
	_____	Male
	_____	Unknown
	_____	<b>Total</b>
<b>II. Current Age of Secondary Victim:</b>	_____	Adults (18+)
	_____	Children
	_____	Unknown
	_____	<b>Total</b>

**CONTINUE TO PAGE 4: Services Provided to Primary/Secondary Victims**

## Services Provided to Primary/Secondary Victims

Multiple services can be performed and recorded during each contact.

Each and every time you provide a service for a victim it should be recorded here.

Primary	Secondary
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Crisis Counseling/Intervention** Refers to (in-person or telephone) crisis intervention, emotional support, safety planning and guidance provided at the scene of a crime, immediately after a crime, or on a crisis hotline call.

**Counseling/Intervention** Refers to ongoing or follow-up contact with victim after initial services were provided to offer support, safety planning, guidance, check on the victim's progress, provide additional information or to evaluate services provided.

**Information & Referral** Refers to contact to or from the victim in which you either 1) offer or notify the victim of your available services, or 2) refer him or her to other agencies for assistance/shelter.

*In Person*

*Telephone*

*Written*

**Personal Advocacy** Refers to physically assisting victims (including non-emergency transportation) in securing rights, remedies, and services from other agencies; locating emergency financial assistance; intervening with employers, creditors, and others on behalf of the victim; assisting in filing for losses covered by public and private insurance programs including workman's compensation, unemployment benefits, welfare, etc.; accompanying the victim to the hospital, etc. Information and referral assistance should be recorded under "Information & Referral".

**Criminal Justice Support/Advocacy** Refers to any support, assistance, or advocacy provided to victims at any stage of the **criminal justice process**, to include post-sentencing services and restitution.

**Emergency Legal Advocacy** Refers to **civil assistance** such as orders for protection, restraining orders, injunctions, elder abuse petitions, and child abuse petitions. This does not include criminal prosecution or the employment of attorneys for custody disputes, civil suits, etc.

**Emergency Financial Assistance** Refers to financial assistance (money or in-kind) provided by your program for emergency needs such as transportation, food, clothing, lock replacement, etc. – does not include referrals to or information about other organizations for those needs.

**Assistance in Filing Reparations Claims** Includes making the victim aware of the availability of crime victim compensation, assisting the victim in completing the required forms, gathering the needed documentation, etc. It also may include follow-up contact with the victim compensation agency on behalf of the victim.

**Group Treatment/Support** Refers to the coordination and provision of supportive group activities and includes self-help, peer, social support, etc. Treatment/support services that are conducted by your agency.

**Therapy** Refers to intensive professional psychological and/or psychiatric treatment for individuals, couples, and family members related to counseling to provide emotional support in crisis arising from the occurrence of crime. This includes the evaluation of mental health needs, as well as the actual delivery of psychotherapy. Non-licensed provider service should be recorded under "Counseling/Intervention".

DO NOT RECORD ANY OTHER SERVICES ON THIS PAGE THAT DO NOT FIT INTO ONE OF THE LISTED SERVICE CATEGORIES.