

Domestic Violence Service Agencies

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

Agency Name: _____

Year: 2006 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 _____

1. Number of each Gender served: Victims/Survivors Children As Victim Witnesses Offenders

Males	_____	_____	_____
Females	_____	_____	_____

2. 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	_____	_____	_____

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

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

4. Number from each Referral Source 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	_____	_____	_____

5. 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"/> 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: _____		

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

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

7. 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

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 _____

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 _____

8. Number of adult victims/survivors who reported their incident to law enforcement _____.
9. Number of adult victims/survivors who reported that children were present at the time of the presenting incident _____.
10. Number of adult victims/survivors who reported that a weapon was involved in the presenting incident _____.
11. Number of incidents resulting in a criminal complaint as reported by adult victims _____.
12. Number of incidents resulting in the filing of a protective order as reported by adult victims _____.
13. Number of adult victims/survivors who experienced domestic violence in the past _____.
14. Number of adult victims/survivors who experienced a physical injury as a result of the presenting incident _____.
15. Number of adult victims/survivors who experienced forced or coerced sexual activity from current offender _____.
16. Number of children/victim witnesses who ever experienced physical abuse from current offender _____.
17. Number of children/victim witnesses who ever experienced sexual abuse from current offender _____.
20. Number of immigrant victims/survivors: _____ adults _____ children
21. Number of adult/survivors 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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or FAX To: (505) 883-7530
 Call Betty Caponera (505) 883-8020 for questions.