

Domestic Violence Service Agencies

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

Agency Name: _____

Year: 2012 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: 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 Racial/Ethnic Group: Victims/Survivors _____ Children/Victim Witnesses _____ Offenders _____

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

5. 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 | _____ | _____ | _____ |

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"/> 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:

- a. Adult Victims (as reported by adult victims):
 Number Yes Number No Unknown
- b. Offenders (as reported by adult victims):
 Number Yes Number No Unknown
- c. Offenders (as reported by offenders in treatment):
 Number Yes Number No Unknown

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

- a. Adult Victims (as reported by adult victims):
 Number Yes Number No Unknown
- b. Offenders (as reported by adult victims):
 Number Yes Number No Unknown
- c. Offenders (as reported by offenders in treatment):
 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 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:

- 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

Mail To: NMIPVDCR
 3909 Juan Tabo, Suite 6
 Albuquerque, NM 87111

or FAX To: (505) 883-7530
 Call Betty Caponera (505) 883-8020 for questions.