

MINNESOTA CENTER FOR CRIME VICTIM SERVICES
Quarterly Statistical Report Form

MCCVS Reviewer's
Initials _____
Date _____

SEXUAL ASSAULT 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 sexual assault 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 _____ Total
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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	_____ Africa
_____ Middle East	_____ Asia
_____ Other/Unknown	_____ Europe
_____ Other/Unknown	
_____ Total	

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

_____ Blind/Visually Impaired	_____ Developmental Disability
_____ Deaf/Hard of Hearing	_____ Mental Illness
_____ Physical Disability	_____ 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.

_____ Adult Sexual Assault	_____ Adult Abused as Child - Family
_____ Adult Abused as Child - Other	_____ Child Sexual Assault - Family
_____ Child Sexual Assault - Other	_____ Sexual Harassment
_____ Sexual Exploitation	_____ Stalking
_____ Exposing	_____ Obscene Phone Call(s)
_____ Internet-Related Crimes / Child Pornography	_____ Unknown
_____ Other (specify) _____	
_____ Total	

Secondary Victim Demographics

Secondary sexual assault 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.

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

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	
_____	_____	<p>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.</p>
_____	_____	<p>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.</p>
_____	_____	<p>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.</p>
_____	_____	<i>In Person</i>
_____	_____	<i>Telephone</i>
_____	_____	<i>Written</i>
_____	_____	<p>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".</p>
_____	_____	<p>Support During Evidentiary Exam</p>
_____	_____	<p>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.</p>
_____	_____	<p>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.</p>
_____	_____	<p>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.</p>
_____	_____	<p>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.</p>
_____	_____	<p>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.</p>
_____	_____	<p>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".</p>

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