



Sexual Assault Program - Data Collection

North Dakota Department of Health
Maternal and Child Health Division
SFN 19753 (Rev. 05-98)

Project Name:		Month of:
This Report Completed By:		Telephone Number
1. Total Number of New Cases	2. Total Number of Secondary	3. Total Number of Calls to Hotline

NOTE: COMPLETE THE FOLLOWING FOR NEW CASES. A new case is identified as a person who has been sexually assaulted, and the program has provided services to the primary victim for the first time this month in the current year. (#1 only)

4. CURRENT AGE OF PRIMARY VICTIM

- _____ 0-5 years
- _____ 6-12 years
- _____ 13-17 years
- _____ 18-29 years
- _____ 30-44 years
- _____ 45-64 years
- _____ 65 and older
- _____ Unknown

5. ETHNIC BACKGROUND OF PRIMARY VICTIM

- _____ Caucasian/White
- _____ American Indian/Alaskan Native
- _____ African American/Black
- _____ Asian/Pacific Islander
- _____ Hispanic
- _____ Other
- _____ Unknown

6. ANY KNOWN DISABILITY OF PRIMARY VICTIM (Check One)

- _____ Physical/Medical Disability
- _____ Mentally Ill - depression
- _____ Developmentally Delayed or
- _____ Other - (Learning or Developmental)

7. REFERRAL SOURCE (indicate for person making initial contact with program)

- _____ Self
- _____ Friend/Family Member
- _____ Mental Health/Human Services
- _____ Criminal Justice (Including Law Enf., Co. atty., Court)
- _____ Social Services/Child Protection
- _____ Medical Services
- _____ Other Victim Assistance Program
- _____ Media Announ. (Public Service Announ., etc.)
- _____ Program Brochure(s)
- _____ Other Program Outreach (Heard a Presentation, etc.)
- _____ Other
- _____ Unknown

8. VICTIM ASSAILANT GENDER (Mark only one assault per case: if more than one, use presenting or most current)

- _____ Male Assailant/Female Victim
- _____ Male Assailant/Male Victim
- _____ Female Assailant/Female Victim
- _____ Female Assailant/Male Victim
- _____ Assailant Gender Unknown/Female Victim
- _____ Assailant Gender Unknown/Male Victim
- _____ Male Assailant/Victim Gender Unknown
- _____ Female Assailant/Victim Gender Unknown
- _____ Both Assailant and Victim Gender Unknown

9. ASSAILANT'S RELATIONSHIP TO VICTIM (Mark only one assault per case; if more than one, use presenting or most current)

- | A | B | |
|--------|--------|--|
| ADULT | CHILD | |
| VICTIM | VICTIM | |
| _____ | _____ | Parent* |
| _____ | _____ | Stepparent* |
| _____ | _____ | Other Cohabiting Adult in Parental Role* |
| _____ | _____ | Sibling* |
| _____ | _____ | Other Relative* |
| _____ | _____ | Person in Position of Authority |
| _____ | _____ | Friend/Acquaintance/Date |
| _____ | _____ | Spouse/Cohabiting Adult |
| _____ | _____ | Co-Worker/Employer |
| _____ | _____ | Therapist/Counselor |
| _____ | _____ | Other Professional _____ |
| _____ | _____ | Stranger |
| _____ | _____ | Information Unknown |
| _____ | _____ | TOTALS |

9a. Of total adults served in column A, how many assaults were:

- _____ Rape
- _____ Attempted rape
- _____ Other sexual contact
- _____ Of total adults seen, how many were also victims of incest as a child?
- _____ Of total adults seen, how many were also victims of child sexual abuse (not incest)?

9b. Of total children served in column B, how many assaults were:

- _____ Rape
- _____ Attempted Rape
- _____ Other Sexual contact

10. MULTIPLE ASSAULTS

_____ Number of cases in which the victim was known to have been assaulted more than once.

MULTIPLE ASSAILANTS

_____ Number of cases in which the victim was known to have been assaulted by more than one assailant.

12. ASSAULTS REPORTED

_____ Reported to Law Enforcement
 _____ NOT reported to Law Enforcement
 _____ Unknown if reported to Law Enforcement

13. LENGTH OF TIME BETWEEN ASSAULT AND CONTACT WITH PROG.

A	B	
ADULT VICTIM	CHILD VICTIM	
_____	_____	Same Day
_____	_____	1 Day
_____	_____	2 Days
_____	_____	3-6 Days
_____	_____	1 Week - 1 Month
_____	_____	2 - 6 Months
_____	_____	7 - 11 Months
_____	_____	1 - 5 Years
_____	_____	6 - 10 Years
_____	_____	11- 15 Years
_____	_____	Over 15 Years
_____	_____	Unknown

LOCATION ASSAULT

A	B	
ADULT VICTIM	CHILD VICTIM	
_____	_____	Victim's Home
_____	_____	Assailant's Home
_____	_____	Victim's and Assailant's Home
_____	_____	Assailant's Car
_____	_____	Outside
_____	_____	College Campus
_____	_____	Workplace
_____	_____	Institution
_____	_____	Other (Specify)
_____	_____	Unknown

NOTE: ALL PRIMARY AND SECONDARY/ (BOTH NEW AND CONTINUING)

15. NUMBER OF CONTACTS Each time a person contacts your program for services, count that person as a contact (e.g., if both a primary and secondary victim are present, count as two contacts, one under primary one under secondary)

PRIMARY VICTIMS	SECONDARY VICTIMS	_____	_____
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16. SERVICES PROVIDED (includes all services provided. More than one service may be provided during a contact.)

PRIMARY VICTIMS	SECONDARY VICTIMS	
_____	_____	Crisis Intervention
_____	_____	Counseling (Indiv, Family, or group)
_____	_____	Criminal Justice Information/Advocacy

_____	_____	Medical Information/Advocacy
_____	_____	Victim Compensation Claim Information/Advocacy
_____	_____	Prevention/Safety Information Advocacy
_____	_____	Other Information Advocacy
_____	_____	Emergency Services (e.g., Housing, Transportation, Financial, Child Care)
_____	_____	TOTAL SERVICES PROVIDED

17. REFERRALS MADE (Count all referrals made. More than one referral may be made during a contact.)

PRIMARY VICTIMS	SECONDARY VICTIMS	
_____	_____	Criminal Justice/Legal
_____	_____	Medical Service Provider
_____	_____	Social Services/Child Protection
_____	_____	Mental Health/Human Services Provider
_____	_____	Other Victim Assistance Program
_____	_____	Self-Help Group
_____	_____	Other
_____	_____	TOTAL REFERRALS MADE

NOTE: If more than one presentation to same group count each presentation, but # of participants only once.

18. TRAINING PROVIDED TO PROFESSIONALS

Number Of Presentations	Number Of Participants	
_____	_____	Law Enforcement
_____	_____	Medical
_____	_____	Legal
_____	_____	Human Services
_____	_____	Clergy
_____	_____	Teachers/Educators
_____	_____	Other Victim Services
_____	_____	Multidisciplinary
_____	_____	Other (Specify) _____
_____	_____	TOTALS

19. PREVENTION/EDUCATION PRESENTATIONS MADE

Number Of Presentations	Number Of Participants	
_____	_____	Grades K-4
_____	_____	Grades 5-9
_____	_____	Grades 10-12
_____	_____	4 Year College
_____	_____	Post Graduate
_____	_____	Parent Groups
_____	_____	Disabled Groups
_____	_____	Religious Groups
_____	_____	Employee/Workplace Groups
_____	_____	General
_____	_____	(Specify) _____
_____	_____	TOTALS

20. Number Of Schools In Which You Gave Sexual Assault Presentations

_____	Grade K-4	_____	4 Year College
_____	Grade 5-9	_____	Post Graduate
_____	Grade 10-12	_____	