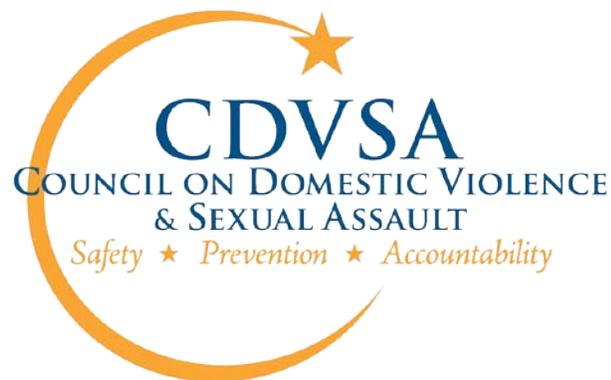


Council on Domestic Violence and Sexual Assault

A Guide to Victim Service Forms

CDVSA Data Definitions and Recommended Recordkeeping Practices



5/13/2010

Description

This guide is meant to inform victim service staff regarding all of the data fields encountered when filling out participant and service information forms. Victim service staff should refer to this document to aid them in properly filling out forms as accurately and as completely as possible.

It is crucial that victim service programs are consistently recording and tracking victim information and the services they render, understanding the forms in their entirety is fundamental towards this goal. If anything within this guide is unclear please feel free to contact Council staff with your questions at (907) 465-4356.

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Program Participant Information

Alaska Council on Domestic Violence and Sexual Assault Program Participant Information Form

Program Participant ID: _____

Date of Contact: ____/____/____
MM / DD / YY

Name: _____ or Anonymous Contact
First Middle Last

Mailing Address

Box/Street City State Zip

Contact Phone(s)

(Only if safe to use) Home Work Cell Message

Program ID#'s of Participant's Children _____

PROGRAM PARTICIPANT DEMOGRAPHICS

Date of Birth: ____/____/____ or Approximate Age: ____ Gender: Female Male Other

Race/Ethnicity: Asian Black/African American Caucasian Hispanic
(select all that apply) American Indian Native Alaskan Pacific Islander Unknown

Community of Residence: _____ Geographic Location: Rural (Not Anchorage or Fairbanks)
 Urban (Anchorage or Fairbanks)

Does Program Participant lack proficiency in the English Language? Yes No

Is Program Participant an immigrant, refugee or seeking asylum? Yes No Unknown

Is Program Participant experiencing a disability that limits daily activities? Yes No

The information contained on this form is protected by state and federal confidentiality laws and cannot be released from Program records without informed written consent of the program participant or a court order. Contact the Program Executive Director or the ANDVSA Legal Advocacy Project before releasing this information.

Completed By: _____ on Date: _____ Reviewed By: _____ on Date: _____

Purpose:

The data collected on this form pertains to participant contact and demographic information.

Why does the form ask for this information?

The majority of the information requested on the participant information form is for victim service program purposes – i.e., contacting victims for safety checks and other services. The demographic information, on the other hand, is required as part of the various reporting requirements that federal grant programs (VOCA, FVPSA, and VAWA)¹ request for their annual and semiannual performance reports

Should I tell program participants that these forms exist?

Collecting data should always be second to providing actual services to program participants. However, program participants have a right to know that programs are keeping files that pertain to them. ANDVSA and CDVSA recommend, whenever possible, making program participants aware that information is being collected for statistical and funding purposes.

When must this form be filled out?

Use the Program Participant Information form when:

- ✓ Your program serves a new program participant, or
- ✓ A returning participant's contact information or community of residence has changed

In efforts to reduce the amount of paper work required by advocates and victim service staff, keep in mind that your program need not fill out this form each time a returning participant comes to utilize services. Only if your program finds it necessary to update a returning participant's contact or community of residence information should another Participant Information form be filed.

What is the required information on the Participant Information form?

¹ Victims of Crimes Act (VOCA), Family Violence Prevention and Services Act (FVPSA), and the Violence Against Women Act (VAWA)

The following fields must be filled out and are absolutely required when filling out a Participant Information Form:

- ✓ Program Participant ID
- ✓ Date of Contact
- ✓ DOB or approximate age
- ✓ Gender (“Other” category is available)

If one of the above fields is not filled out, the ANDVSA database will not accept the participant information. Also, keep in mind that the more information your program gathers, typically, the better. The information you gather will help in keeping victims safe, as well as provide meaningful information of the amount and types of populations that your program is serving, which is not only required for reporting purposes, but helps determine areas of need and financial allocations in the future.

Data Field Descriptions:

Contact and Program Tracking Information:

Program Participant ID (Required): The unique number that each program assigns to each individual served.

- ✓ In order to protect confidentiality, this number will be used on other forms and reports, rather than having names on all the forms. The program participant ID on this form should correspond to the ID on the Services Provided form and/or protective order form.
- ✓ The program participant ID should be assigned in accordance with a program’s established policies and procedures. ***It should not contain any personally identifying information, such as initials, date of birth, social security number, etc.***

Date of Contact (Required): The date a person contacts the program seeking services.

Name: Enter program participant’s name, partial name, or nickname.

Anonymous Contact: Check this box for in-person anonymous contacts (For Anonymous Phone Calls see pages 35-38).

Mailing Address and Contact Phone Numbers: Include as much information as you wish for your own program’s purposes.

- ✓ This information will not be reported to CDVSA or anyone outside your program. It is contained on this form only for your program use, if desired, and is not mandatory.

- ✓ Make sure that you know which numbers are safe for your program to use when contacting participants.

Program Participant ID#'s of Participant's Children: Include for cross-referencing purposes. A form may be updated to include additional ID numbers, if necessary.

Participant Demographic Information:

DOB or Approximate Age (Required): A date of birth or approximate age must be entered to meet federal reporting requirements.

Gender (Required): Mark "Female" or "Male." If a person is transgender or questioning, mark "Other."

Race / Ethnicity: Check any race/ethnicity that applies to the program participant. More than one box may be selected.

.....
Recommendation: Because many individuals identify as more than one ethnicity, please give a program participant the chance to self-identify. Avoid marking "unknown" as this may cause inaccurate tracking of participants within the ANDVSA database
.....

Community of Residence: Enter the community where the program participant lives, if known.

Geographic Location: Mark whether the program participant's community of residence is "Rural" (Outside of Anchorage or Fairbanks) or "Urban" (Anchorage or Fairbanks). These are federal designations and may not match what Alaskans think of as "urban" and "rural."

Other Participant Information:

Does Program Participant lack proficiency in the English Language? Mark "Yes" if program participant has limited English proficiency. Individuals who do not speak English as their primary language and/or who have limited ability to read, write, or understand English may be counted as having limited English proficiency.

Is Program Participant an immigrant, refugee or seeking asylum? Mark "Yes" if the program participant is not a citizen of the United States (a non-naturalized resident) or if fleeing from her home country and seeking safety or shelter in the United States. Mark "No" if this is not the case. Mark "Unknown" if the program participant does not disclose this information.

Is Program Participant experiencing a disability that limits daily activities? Mark "Yes" if program participant has a significant limitation in activities of daily living. This may include limitations due to vision or hearing impairments, developmental disabilities or mental illness.

.....

Recommendation: Give a program participant a chance to self-disclose this information. Many programs practice the policy of asking individuals if they need any accommodations to make their stay more comfortable.

.....

Incident Information

Alaska Council on Domestic Violence and Sexual Assault Incident Information Form

Program Participant ID: _____

INCIDENT INFORMATION		OTHER ISSUES (select all that apply)	
Program Participant Type	Primary Issue (select only one)	<input type="checkbox"/> Survivors of Homicide Victims	<input type="checkbox"/> Adult Survivors of Child Sexual Abuse
<input type="checkbox"/> Primary Victim	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Assault
<input type="checkbox"/> Secondary Victim	<input type="checkbox"/> Sexual Assault	<input type="checkbox"/> Sexual Assault (Adult)	<input type="checkbox"/> Elder Abuse (age 60+)
<input type="checkbox"/> Other Type of Participant	<input type="checkbox"/> Stalking	<input type="checkbox"/> Child Sexual Abuse	<input type="checkbox"/> DWI/DUI Crashes
	<input type="checkbox"/> Other	<input type="checkbox"/> Child Physical Abuse	<input type="checkbox"/> Stalking
			<input type="checkbox"/> Robbery
			<input type="checkbox"/> Homelessness
			<input type="checkbox"/> Vulnerable Adult Abuse (age 18-59)
			<input type="checkbox"/> Other _____

Date of Incident: ____/____/____
MM / DD / YY

Reported to Law Enforcement: Yes No

Location of Incident: _____

PERPETRATOR INFORMATION

Name: _____ **Gender:** Female Male Unknown **Approximate Age:** ____

Race/Ethnicity Code: ____ **Relationship of Perpetrator to Program Participant Code:** ____

Was the perpetrator under the influence at the time of the incident? Yes No Unknown
If yes, which substances? Alcohol Drugs Both

Name: _____ **Gender:** Female Male Unknown **Approximate Age:** ____

Race/Ethnicity Code: ____ **Relationship of Perpetrator to Program Participant Code:** ____

Was the perpetrator under the influence at the time of the incident? Yes No Unknown
If yes, which substances? Alcohol Drugs Both

Race/Ethnicity Code

1 – Asian	3 – Black/African American	5 – Caucasian	7 – Hispanic
2 – American Indian	4 – Native Alaskan	6 – Pacific Islander	8 – Unknown

Relationship Code

1 – Current or Former Spouse or Intimate Partner	3 – Dating Relationship	5 – Stranger
2 – Other Family or Household Member (In-law, Sibling, Grandparent, Roommate, etc.)	4 – Acquaintance (Friend, Neighbor, Co-worker, Schoolmate, etc.)	6 – Relationship Unknown

The information contained on this form is protected by state and federal confidentiality laws and cannot be released from Program records without informed written consent of the program participant or a court order. Contact the Program Executive Director or the ANDVSA Legal Advocacy Project before releasing this information.

Purpose:

The purpose of this form is to gather as much pertinent incident information including the Participant Type, Primary Issue, Perpetrator Profile, and other information.

Why does this form ask for this information?

The majority of the information sought on this form is required by one of three major federal grants VAWA, VOCA, and FVPSA. The Council on Domestic Violence and Sexual Assault (CDVSA) administers these federal funds and is itself mandated to “develop and implement a standardized data collection system on domestic violence, sexual assault, and crisis intervention and prevention.” AS18.66.050(5). Understanding the incidents victim service programs are grappling with aids CDVSA and other bodies in determining focus areas and fiscal needs and allocations.

When should this form be filled out?

The Incident Information form should be filled out when:

- ✓ A new Participant seeks services from your program
- ✓ A returning Participant’s Primary Issue has changed
- ✓ A returning Participant’s Type has Changed
- ✓ A returning Participant is victimized by a different perpetrator

Please refer to page 41 of this guide for a chart on when and what forms should be filled out for new and returning participants. Below are examples of when an Incident Information form should be filled out:

- *A participant who has never sought or received services from your program comes to your program seeking shelter and other services. Victim service staff should fill out a participant information and incident information form.*
- *A returning participant comes to your program seeking additional services and communicates to victim service staff that their primary issue has changed from domestic violence to sexual assault. Victim service staff should fill out an incident information form reflecting the change in primary issue.*
- *A returning participant comes to your program seeking services and indicates that they have been victimized by a different perpetrator than the perpetrator indicated during their last request for victim services. Victim service staff should fill out a new Incident Information form reflecting the type of victimization and the new perpetrator information.*

What is the required information on the Incident Information form?

The following fields of information are absolutely required when filling out an Incident Information form:

- ✓ Program Participant Type
- ✓ Program Participant Primary Issue
- ✓ The date of incident (at the very least the year of the incident)

Without the above fields filled in the ANDVSA database may not be able to properly track participant’s received services within the various canned reports available for your programs use.

.....

Recommendation: Whenever possible avoid checking “Other” as this may also cause the ANDVSA database not to properly report participants and their received services within the canned reports. This should be taken as a general rule, applicable whenever you are filling out information forms.

.....

Data Field Descriptions:

Program Participant Type (Required; Select only one):

Primary Victim: Person directly harmed, either physically or emotionally, by the actions of another.

Secondary Victim: Person beyond the immediate victim who has been affected by the repercussions of an event or events. These may include child witnesses, spouse/partners, or other family members who, although not the direct target of abuse, have been affected.

.....

Reminder: Choosing to select “other type of participant” may cause underreporting. Many individuals are affected by abuse or assault, even when they are not the primary target. Whenever appropriate, designate a program participant as either a primary or secondary victim.

.....

Other Type of Participant: Person who is not directly or indirectly harmed by an incident, but who is accessing program services. This might include a supportive friend who chooses to attend an education group with a participant.

Program Participant’s Primary Issue (Required; Select only one):

Domestic Violence: Any pattern of coercive behavior that is used by one person to gain power and control over a current or former intimate partner. Domestic violence includes dating violence, which is

violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the program participant.

Sexual Assault: Includes both assaults committed by offenders who are strangers to the program participant and assaults committed by offenders who are known to, related by blood or marriage to, or in a dating relationship with the program participant.

Stalking: A course of conduct directed at a specific person that places that person in reasonable fear of death or serious bodily injury to herself or himself, a member of her/his immediate family, or her/his spouse or intimate partner.

Other: Select when the person's primary reason for accessing program services is not domestic violence, sexual assault or stalking.

Note: You can only select one Primary Issue. The field that you select should be the issue that impelled the participant to actually seek services. If the participant expresses multiple reasons for seeking services choose only one primary service and ensure to record other issues within the "Other Issues" boxed subsection (described following this section).

Below is an example of when you would change a Primary Issue:

- *A woman comes into your program looking for help with a protective order. Her estranged intimate partner, who has a history of very controlling behavior with some physical abuse, came to her apartment and sexually assaulted her. You could report her under either domestic violence or sexual assault, but you must choose only one. In this instance, sexual assault may be more appropriate, **because it was the sexual assault that prompted her to seek services.** You may mark "Domestic Violence" under the "Other Issues" category.*

Participant Type and Primary Issue: What about Children?

Children who come into shelter because of abuse or assault suffered by their mother or caregiver should be counted as secondary victims, because it is their mothers' experiences of abuse that prompted the accessing of services.

If such a child discloses that he or she has been the primary target of physical or sexual abuse after the family has accessed services, then a new incident information form should be filled out, with the child counted as a Primary Victim. If the child has been sexually abused, select "Sexual Assault" as the primary issue. If the child has been physically abused, select "Domestic Violence" under primary issue. Be sure to record any other type of victimization, not already recorded as the Primary Issue, within the Other Issues boxed section (described within the Other Issues subsection)

In these instances, the mother should not be re-classified as a secondary victim, because she is already classified as a primary victim – they are both primary victims.

If a family seeks services primarily because of physical or sexual abuse suffered by a child, that child should be counted as the primary victim, and the other children and parents should be counted as secondary victims. Again, if any program participants classified as “Secondary Victims” indicate that they have been the primary target of abuse, then they should be re-classified as “Primary Victims.”

Reminder: Anytime that a participant's Primary Issue is changed a new Incident Information form should be filled out.

Other Issues:

Reminder: Do not mark the same other issue that was selected as the Program Participant's Primary Issue. Mark all other issues that apply.

Domestic Violence: Any pattern of coercive behavior that is used by one person to gain power and control over a current or former intimate partner. Domestic violence includes dating violence, which is violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the program participant. *This definition of domestic violence is the same one provided under “Primary Issues” above.*

Sexual Assault (Adult): Includes both assaults committed by offenders who are strangers to the program participant and assaults committed by offenders who are known to, related by blood or marriage to, or in a dating relationship with the program participant. *This definition of sexual assault is the same one provided under “Primary Issues” above.*

Child Sexual Abuse: Mark this category if program participant is requesting services on behalf of a child who has been the direct target of sexual abuse. Do not mark if the participant is an adult survivor of child sexual abuse; there is a separate category for adult survivors.

Child Physical Abuse: Mark this category if program participant is requesting services on behalf of a child who has been the direct target of physical abuse. Do not mark if the participant is an adult survivor of child physical abuse; there is a separate category for adult survivors.

Survivors of Homicide Victims: Mark this category if program participant has lost a family member or friend to homicide and is actively grieving, or if the participant has survived an attempted homicide.

Assault: Mark this category if program participant has been the target of any form of physical abuse, with or without a weapon. This does not include sexual assault.

Elder Abuse (age 60+): Mark this category if the program participant has experienced physical, sexual, emotional, or economic abuse **and** was targeted for the abuse based on age.

DWI/DUI Crashes: Mark this category if program participant has been involved in any capacity or is recovering from an accident involving alcohol.

Stalking: A course of conduct directed at a specific person that places that person in reasonable fear of death or serious bodily injury to herself or himself, a member of her/his immediate family, or her/his spouse or intimate partner. *This definition of stalking is the same one provided under "Primary Issues" above.*

Adult Survivors of Child Sexual Abuse: Mark this category if an adult program participant discloses past child sexual abuse.

Robbery: Mark this category if program participant has been the target of a robbery.

Homelessness: Mark this category if program participant has experienced homelessness at least once within the past twelve months.

Vulnerable Adult Abuse (ages 18+): Mark this category if a program participant has been taken advantage of by a caregiver.

Other Violent Crime: If program participant has been the target of another type of violent crime not listed above, mark this box and list the crime.

.....
VOCA Note: The Other Issues section is where you may document VOCA underserved categories. Check the "other" box if the issue is not listed in this section. After checking the "other" box, write in the issue on the line below the box. If "Other" is selected in the "Other Issues" section, always document what the issue actually is.
.....

Further Incident Information:

Date of Incident (Required): Indicate when the incident **that prompted the program participant to seek services** took place. In the database, this field is formatted to accept as much data as you can gather. Therefore, you may enter the specific date or a more general time, such as the month and year of the incident or simply the year of the incident. Any of the following formats are acceptable:

- ✓ 04/11/2009
- ✓ 04/2009
- ✓ 2009

.....
Note: You cannot enter a day of incident without the year AND month. Similarly, you cannot enter a month without a year.
.....

Location of Incident: Indicate where the incident took place (city, town, or village).

Reported to Law Enforcement: Check “Yes” or “No.”

Perpetrator Incident Information:

Perpetrator Name: Indicate name if known.

Perpetrator Gender: Enter the gender of the perpetrator, if known.

Approximate Perpetrator Age: If age is unknown, enter an approximate age.

.....
Recommendation: Federal reporting requirements don’t require a perpetrator’s exact age; rather, funders seek this information in age ranges. Generally speaking, these ranges are:

18 years old and under

18 to 59 years old

60 years old and older
.....

Race/Ethnicity Code: Use numeric code provided on the form. More than one category may be selected. If a program participant does not provide this information, mark “unknown.”

Relationship of Perpetrator to Program Participant Code: Choose the relationship code that best applies for the incident in question. Only one relationship code may be selected for a perpetrator. If a program participant is victimized during the same incident by more than one perpetrator, choose one relationship code for each perpetrator.

- 1. Current or former spouse or intimate partner:** Choose this code if the perpetrator is a person with whom the program participant has a child in common **OR** is a person who is cohabitating with or has cohabitated with the program participant as a spouse or partner. *Note that this code is different from the dating relationship described in number three below.*
- 2. Other family or household member:** Choose this code if the perpetrator is a family member or is any person who is related to the program participant by blood, kinship or relationship. “Family” is defined to include both traditional and non-traditional family structures, including foster parents, grandparents and other relatives, extended family, clans, etc. “Other household members” are any persons who share or have shared a household with the program participant, including roommates and personal care attendants.
- 3. Dating relationship:** Choose this code if the program participant and perpetrator were involved in a social relationship of a romantic or intimate nature at the time of the incident.

4. **Acquaintance:** Choose this code if the perpetrator is a person known to the program participant, including a peer, co-worker, supervisor, friend, classmate, etc.
5. **Stranger:** Choose this code if the perpetrator was unknown to the program participant at the time of the incident.
6. **Relationship Unknown:** Choose this category **ONLY** if the relationship of the perpetrator to the program participant cannot be described by any of the preceding five descriptions.

Was the perpetrator under the influence at the time of the incident? Check “Yes,” “No,” or “Unknown.”

If yes, which substances? Check “Alcohol,” “Drugs,” or “Both.”

More than one perpetrator for the same incident?

If a program participant is seeking services because of an incident during which he or she was victimized by more than one perpetrator, record the second perpetrator in the space provided. You may attach additional paper to the green to document more than two perpetrators if necessary. The ANDVSA database has the ability to list an unlimited number of perpetrators for the same incident.

Multiple perpetrators, multiple incidents?

If a program participant experiences two separate types or incidents of victimization perpetrated by different individuals, fill out two incident information forms. For example, if a woman is being abused in her current relationship (primary issue: domestic violence) but is then raped by an acquaintance (primary issue: sexual assault), fill out two incident forms, one for each separate and unrelated incident.

Confidentiality Clause

Completed By and Date: The program staff person who completes the form should print her name and indicate when the form was completed.

.....
Please note the confidentiality statement at the bottom of the form. This information must be protected and not released as stated on the form.
.....

Date Form Reviewed: The program staff person who enters the information on the form into the program’s database should note the date here.

A Note Regarding Disclosure to Program Participants:

Collecting data should always be second to providing actual services to program participants. However, program participants have a right to know that programs are keeping files that pertain to them. ANDVSA

and CDVSA recommend, whenever possible, making program participants aware that information is being collected for statistical and funding purposes.

Notes Regarding Storage of Forms:

1. Forms should be kept organized in a secure location, as they may be reviewed during a CDVSA program audit and will be useful for staff when files are needed for reference purposes.
2. Information from the forms will need to be entered into the ANDVSA database. Program should develop standard procedures for entering form information into the database.
3. After victim service staff enters data into the ANDVSA database the CDVSA Reporter Tool should be run each quarter and the resulting extraction CD should be sent to CDVSA's Research Analyst
 - a. Your program should have physical documentation on how to install and run the CDVSA Reporter Tool. If you cannot locate documentation for the CDVSA Reporter Tool or are having difficulties contact CDVSA's Research Analyst at (907) 465-4673.
 - b. Note that identifiable program participant information will not be released outside of your program.

Services Provided Form

Alaska Council on Domestic Violence and Sexual Assault Services Provided Report																																									
PROGRAM PARTICIPANT ID: _____										PROGRAM: _____										REPORTING PERIOD: MM / YY																					
☎ For Services 1-2, please mark one tally per phone call received. For Services 3-30, please mark one tally for each service provided <u>per day</u> .																																									
Do Not Record More Than One Tally Per Day for Services 3-30.																																									
Days of the Month:										1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Totals
Individual Advocacy																																									
1.	☎	Crisis Phone Call																																			1				
2.	☎	Info & Referral by Phone																																			2				
3.		Safety/Lethality Check																																			3				
4.		In-Person Crisis Intervention																																			4				
5.		In-Person Info & Referral																																			5				
6.		Hospital Response/SART/CAC																																			6				
7.		Medical Advocacy																																			7				
8.		Personal Support																																			8				
Systems Advocacy																																									
9.		Public/Tribal Assistance																																			9				
10.		Employment																																			10				
11.		Housing																																			11				
12.		Food																																			12				
13.		Child Support Services																																			13				
14.		VCCB Claims																																			14				
15.		Child Protective Services																																			15				
16.		Adult Protective Services																																			16				
Legal Advocacy																																									
17.		Protective Order Advocacy																																			17				
18.		Civil Legal Advocacy																																			18				
19.		Criminal Justice Support																																			19				
20.		Victim Witness Support																																			20				
21.		Attorney/Civil Assistance																																			21				
Shelter																																									
22.		Shelter/Safe House																																			22				
23.		Transitional Housing																																			23				
Other																																									
24.		Transportation – Emergency																																			24				
25.		Transportation – Non-Emergency																																			25				
26.		Child Care																																			26				
27.		Group Counseling/Support Group																																			27				
28.		Emergency Financial Assistance																																			28				
29.		Activity With Individual Child																																			29				
30.		Group Activity With Children																																			30				

Note: You must mark either "Fully Served" or "Partially Served" on every form

Revised 11/20/2009

- Program Participant Fully Served: Check this box if participant received all needed services that you are funded to provide.
- Program Participant Partially Served: Check this box if participant received some, but not all, of the requested services that you are funded to provide. *Check this box ONLY if program is funded to provide service but could not provide it.* Note: If you check this box you MUST complete CDVSA Partial Service & Referrals Form.
- Other Referral Made: Check this box only if participant was referred to a service not otherwise listed above. Note: If you check this box you MUST complete CDVSA Partial Service & Referrals Form.

Purpose:

The data collected on the Services Provided Report Form (hereafter referred to as the “Services Provided Form”) allows your program and CDVSA to track the frequency and extent of services provided to program participants. Programs will enter the individual data each month in order to report monthly aggregate data to CDVSA.

Why do we track services provided this way?

At the ANDVSA Summer 2007 Meeting in Bethel, directors decided that in order for CDVSA to collect *meaningful* data, programs needed to define and track services provided in the same way. If each program defines and tracks services differently, then the data reported to CDVSA, while meaningful for an individual program, is of little use when combined with data from the rest of the state.

This does not mean that your program is not allowed or even encouraged to track data in the way that best suits its needs. However, the data that is reported to CDVSA should adhere to the shared guidelines adopted by program directors in August 2007. Consistent reporting of services provided by all CDVSA-funded programs will result in a more accurate portrait of advocacy in Alaska.

How often may a particular service be documented?

For all services other than phone calls, mark **one tally per day** that a service is rendered, regardless of how often it is rendered during that day. This means that, though a service may be rendered many times in one day to one participant, no service may be counted for the same program participant more than 31 times in the same month. The ANDVSA database will not allow more than 31 instances of the same service to be documented for the same program participant. The one exception to this method is the hotline, which tracks calls on a per-call basis.

Why are hotline calls tracked on a per-call basis?

Federal reporting guidelines require that hotline calls be tracked individually. There is no limit to the number of hotline calls that may be tallied for a program participant on a particular day, nor is there a monthly limit on the database. For example, one program participant may access crisis intervention over the telephone three times in a given day.

Why must hotline calls be counted as Crisis Calls or Information and Referral Calls?

Federal reporting guidelines require that the number of Crisis Calls be reported separately from any other service or type of advocacy.

Data Field Descriptions:

Individual Advocacy Services: Phone Calls

Note: Track phone calls on a per-call basis. A call must be classified as EITHER #1 OR #2, but not both.

Crisis Phone Call: Calls received by a program’s hotline in which crisis intervention and/or counseling are the primary purpose of the call. **Mark on a per-call basis.**

Info & Referral Phone Call: Calls received by program’s hotline in which services and available support are identified. This does not include calls during which counseling or crisis intervention is the primary function of the call. **Mark on a per-call basis.**

Recommendation: We all know that a hotline call is rarely just about crisis intervention. More often than not, an advocate will make some sort of referral for additional service before hanging up. Therefore, we recommend classifying calls in which both crisis intervention AND information and referral occur as crisis calls. Advocates can then track additional types of service provided during the call.

“Housekeeping” Calls:

Some calls received by a program don’t necessarily fall into either category. An example of this might be if a program participant calls only to let an advocate know she’ll be late for group. If she is not in crisis and no information or referrals are given, the call should not be classified under either category.

Calls from other service providers on behalf of a program participant:

If other service providers contact your program with or on behalf of a program participant, the call may be classified as either a Crisis Phone Call or, more commonly, an Info and Referral Phone Call.

Note: If a service provider is calling on behalf of an anonymous person, use the hotline log.

Individual Advocacy Services

The services below should be tracked on a per-day basis, not to exceed one mark per day.

Safety/Lethality Check: In-person or telephone contacts with program participants during which the advocate assesses if the individual is safe, provides information on safety planning and determines if additional resources or support are needed to be safe. A determination of the individual's lethality status is often included in this service.

In-Person Crisis Intervention: In-person interaction during which an advocate identifies, assesses, and intervenes with an individual in crisis so as to restore balance and reduce the effects of the crisis in her/his life. *In this category, report only crisis intervention that occurs in person.*

In-Person Info & Referral: In-person contacts with program participant during which services and available support are identified. *In this category, report only information and referral that are given in person.*

Hospital Response/SART/CAC: Accompanying or meeting a program participant at the hospital or CAC, usually for a forensic exam.

Medical Advocacy: Providing information or assistance in filling out medical forms, obtaining follow-up appointments, and accessing medical services to include mental health services. This does not include hospital accompaniment to a forensic exam or the provision of counseling/therapy.

Personal Support: In-person or telephone contacts in which the primary purpose is to provide advocacy.

Note: Personal Support services may be difficult to absolutely define. However, a restrictive approach towards what is and is not personal support should be taken. Personal Support services should be construed to mean active - private or intimate - physical, emotional or psychological aid or guidance.

Systems Advocacy

The services below should be tracked on a per-day basis, not to exceed one mark per day.

Public or Tribal Assistance: Referral for services, assistance with applications for assistance, appeals of adverse decisions and accompaniment to appointments. This could include, but is not limited to: food stamps, Medicaid, Denali Kid Care, child care assistance, and temporary or general aid or assistance.

Employment: Referral for job-seeking assistance at a job center, vocational training program, tribal program, private agency or employer. This may also include referral for job-related training programs.

Housing: Referral to and assistance with accessing housing agencies or programs, including applications, interviews, payment plans, and other related services.

Food: Food and meals provided by program, as well as referral to organizations that provide food, meals, and assistance obtaining food.

Child Support Services: Referral for services, accompaniment to appointments, assistance with application for support, requesting modifications and other needed support services.

Note: Simply providing material goods to a parent or guardian (i.e., diapers, clothing, etc.) does not constitute a Child Support service. When providing such material goods, these should be recorded as an Emergency Financial Assistance service (see page 28).

VCCB Claims: Providing program participant with information about the availability of crime victim compensation, assisting the program participant in completing the required forms, gathering the needed documentation, etc. This may also include follow-up contact with the victim compensation agency on behalf of the program participant.

Child Protective Services: Referral to child welfare agencies (state or tribal), communications with the agency on behalf of an adult or child program participant, accompaniment to interviews or appointments, and general assistance in navigating the child welfare system.

Adult Protective Services: Referral to adult protective services, communications with the agency on behalf of an adult program participant, accompaniment to interviews or appointments, and general assistance in navigating the child welfare system.

Legal Advocacy

The services below should be tracked on a per-day basis, not to exceed one mark per day.

Protective Order Advocacy: Assisting a program participant with filing temporary restraining orders, injunctions, modifications to existing orders, and other protective orders, elder abuse petitions and child abuse petitions. This does not include criminal prosecution or the employment of attorneys for non-emergency purposes, such as custody disputes, civil suits, etc. *Note: If you mark 17, you should always mark 18, as Protective Order Advocacy is a subset of Civil Legal Advocacy.*

Civil Legal Advocacy: Assisting a program participant with civil legal issues including preparing paperwork such as victim impact statements; accompanying a victim/survivor to a protection order hearing or other civil proceeding; and all other advocacy within the civil justice system.

Criminal Justice Support: Assisting a program participant with criminal legal issues including preparing paperwork such as victim impact statements; accompanying a victim/survivor to a criminal court proceeding or law enforcement interview; and all other advocacy within the criminal justice system.

Victim Witness Support: Notifying program participant of case status and hearing dates and providing general information regarding criminal legal processes.

Attorney/Civil Assistance: Civil legal services provided by an attorney.

Shelter

The services below should be tracked on a per-day basis, not to exceed one mark per day.

Shelter/Safe House: Providing program participant with housing in a safe, sometimes confidential place that provides 24-hour access to living quarters for a limited amount of time. Emergency shelter can also be safe-homes (generally private homes allowing a program participant who is in immediate danger to stay for a short period of time on an emergency basis) and hotel accommodations.

Transitional Housing: Providing program participant with housing either in an apartment or single-family unit. This housing often includes a case management component that would include a work plan for what the program participant will accomplish while staying at the facility.

Other

The services below should be tracked on a per-day basis, not to exceed one mark per day.

Transportation – Emergency: Transportation paid by the program to remove a program participant from an unsafe situation. This may include air or ferry transport out of a village, taxi fare to the shelter, or travel to another community’s shelter.

Transportation – Non-Emergency: Transportation provided by the program to take program participants to appointments, school or to access other non-emergency services. This may include taxi fare, bus tokens, or rides given in an agency or personal vehicle.

Child Care: Providing basic care and supervision of a program participant’s child when the parent or caretaker is absent.

Note: This is a service to both the parent/caretaker and the child, so both Services Provided forms may be marked indicating that Child Care services have been rendered

Group Counseling/Support Group: Attendance at group support or counseling sessions.

Emergency Financial Assistance: Money, tickets, and tokens for food, transportation, clothing, etc.

Partially Served and Referral Information

Program Participant Fully Served: Check this box if participant received **all requested services you are funded to provide.**

Program Participant Partially Served: Check this box if participant received some, but not all, of the requested services you are funded to provide. ***Check this box ONLY if program is funded to provide service but could not provide it.*** Note: If you check this box you **MUST** complete CDVSA Partial Service & Referrals Form.

Other Referral Made: Check this box only if participant was referred to a service not otherwise listed above. Note: If you check this box you **MUST** complete a **CDVSA Partial Service & Referrals Form.** If only the first box is marked, no additional information is required.

If either the second or the third box is marked, **more information is required. See the next section: Defining and Tracking Partial Service and Referrals, for details.**

Purpose:

Federal funders want to get a sense of what barriers prevent program participants from fully accessing services that programs are funded to provide. *This information is also required so that we can identify common needs across the state and work to offer more services.*

Important note regarding the sensitive nature of this information:

Reporting both the referrals made to an individual **and** reasons for being unable to fully serve an individual are federal requirements. However, this sensitive information could hurt a program participant if her file is subpoenaed. Because of this, executive directors agree this information **should not be kept in a program participant's file.**

How should this information be tracked?

As of September 2007 CDVSA has not mandated a particular way to track this information. **However, the information must be tracked.** Your program may choose to track this information by using CDVSA Partial Service & Referrals Form on the title page of this section, or by using another method.

CDVSA has agreed that until further notice, each program may develop and use its own policies and procedures for capturing this data, subject to the following requirements:

- Each program shall develop a written protocol explaining how the program is capturing and reporting the subject data;
- Each program may develop its own forms and/or integrate collection of this data into existing forms. These forms must conform to the methodology stated by the program in capturing this data; and
- Each program shall maintain records of partial service and referrals in an orderly fashion, ready for review during any CDVSA field audit.

Recommended practices for tracking referrals and reasons for partial service:

Anonymous Hotline Callers: This information may be tracked using the code on the reverse side of the CDVSA Hotline Log. See **Section Four: Tracking Anonymous Callers & CDVSA Hotline Log** for more details.

Resident Program Participants: This information may be documented by the primary advocate at the end of a program participant's stay. At that point, any referrals will have been made and any barriers to full access of services will have been revealed.

Non-resident Program Participants: This information may be documented by the primary advocate one month after a new green form has been filled out.

Defining and Tracking Partial Service and Referrals: Determining Extent of Service Provided

Program Participant Fully Served: If a program participant received all needed services that you are funded to provide, that participant is fully served. No further information is required.

.....

Note: A program participant does not have to be served in all 30 categories of the services provided form in order to be counted as “fully served.” If a program participant does not request or need a service that you are funded to provide, you should still count the participant as “fully served” if you are able to meet all other requests for services you are funded to provide.

.....

Program Participant Partially Served: If a program participant requested services you are funded to provide and received some, but not all, of the requested services you are funded to provide, that participant is partially served. Your program must track the reasons the participant was not fully served.

-
- Program participants that do not return to complete program is *NOT* a reason to mark “partially served.” If the program participant received all of the services that she requested and it was the participant, rather than the program, who chose to discontinue services, this individual should be counted as “fully-served” rather than “partially served.”
 - Unmet request for a service you are not funded to provide is *NOT* a reason to mark “partially served.” If a program participant requests a loan of \$1,000 to make a housing deposit and your program is not funded to provide loans of this amount, you should not mark this participant as “partially served.” You are not funded to provide the service that she requested.
-

Defining and Tracking Partial Service and Referrals: Reasons Participant Not Fully Served

Below is a comprehensive list of the reasons that a program participant may not be fully served. Abbreviated versions of these reasons are available on the reverse side of the Partial Service and Referral Form.

CDVSA Partial Service & Referrals Form.

Check all that apply.

Program reached capacity: Program is operating at full capacity. Program participant may be placed on a waiting list.

Need not documented: Determination is made that there is not sufficient basis to provide the services requested by the program participant. For example, a participant requests shelter even though she has had no contact or threats from her batterer for more than two years and she is not in danger. Therefore, the need for shelter is not documented.

Did not meet eligibility or statutory requirements: Program participant does not meet eligibility requirements of program or does not meet requirements of statute. For example, a participant seeks shelter services but cannot be considered to be a victim of domestic or sexual violence. While your program may provide shelter services, a participant who is not a victim of domestic or sexual violence cannot be tracked in the ANDVSA database.

Program rules not acceptable to victim/survivor: Although eligible for services under the grant, a victim/survivor is not willing to comply with rules of the program. For example, a program requires eight individual counseling sessions and the victim/survivor does not want to attend individual counseling.

Services not appropriate for program participant: For any reason, the services available under the grant are not appropriate for a program participant. For example, although support groups are offered under the grant for survivors of sexual assault, a program participant requesting support group services is not served because it is clinically determined that the program participant is not appropriate for the group.

Transportation problems: Program participant is unable to arrange for transportation to receive services. This includes situations in which public transportation is available but cannot be arranged due to the associated costs.

Conflict of interest: The program cannot serve the individual in question because current or previous relationships with the individual would interfere with the ability of the program to serve another

individual who is currently actively participating in the program. For example, your program is currently serving a program participant. Her partner, identifying as your client's victim, requests to join the same support group as the person you are already serving. This would not be possible.

Services inappropriate or inadequate for people with substance abuse problems: Staff are not able, for any reason, to provide appropriate or adequate services for program participants with substance abuse problems.

Services inappropriate or inadequate for people with mental health problems: Staff are not able, for any reason, to provide appropriate or adequate services for program participants with mental health problems.

Inadequate language capacity (including signing): Interpreter services not available or not available at the time the program participant is seeking services. Program participant may be placed on a waiting list to receive interpreter services, but has not been served by the end of the current reporting period.

Insufficient/lack of culturally appropriate services: Services currently provided under the grant are not culturally appropriate for the program participant.

Insufficient/lack of services for people with disabilities: The services provided under the grant are not accessible to people with disabilities. For example, a participant may seek services from your program with a physical disability which hinders their utilization of services. While every accommodation should be made to provide services, if certain aspects of the services you provide are not met due to a participant's disability, this should be recorded as such.

Geographic or other isolation of victim/survivor: Staff or volunteers cannot serve the victim due to geographic distance or isolation.

Hours of operation: Hours during which the program provides services are not consistent with the hours the program participant is available to receive needed services.

Defining and Tracking Partial Service and Referrals: Referrals

Drug Abuse Treatment: Providing information about residential or non-residential treatment options, resources, meetings, and groups.

Alcohol Abuse Treatment: Providing information about residential or non-residential treatment options, resources, meetings, and groups.

Medical Intervention: Providing information about any type of treatment other than drug or alcohol treatment.

Law Enforcement: Providing option of contacting troopers, VPSO or city police for assistance in reporting a crime, escorting participant when retrieving possessions, etc.

Batterers' Intervention: Providing information about batterers' accountability groups.

A Few Important Notes about Referrals:

Referrals should be tracked on a monthly basis: Like the other categories on the services provided sheet, referrals should be tracked on a monthly basis. However, to insure anonymity this information **should not** be linked in any way to the program participant or program participant ID number.

Within each subcategory, referrals should be tracked on a per-person basis:

- ***Example 1:*** In July you refer one program participant to Drug Treatment and also to Alcohol Treatment. Your program should track one referral under Drug Treatment Referral and one referral under Alcohol Treatment Referral for the month of July.
- ***Example 2:*** In July you refer one program participant to Drug Treatment three times. Your program should mark one referral under Drug Treatment Referral for the month of July.

Referrals made to services outside your community should still be counted as referrals: For example, if you are from a rural program and you give a program participant information about a residential treatment facility in Anchorage, this counts as a referral.

Tracking Anonymous Calls & CDVSA Hotline Log

ALASKA COUNCIL ON DOMESTIC VIOLENCE AND SEXUAL ASSAULT HOTLINE LOG

Month/Year: _____ Employee: _____

+ Select only one of the options

	Day of Phone Call																Total
Approximate Age (Required)	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	
	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	
+ Gender - Female/Male/Other (Required)	PV	PV	PV	PV	PV	PV	PV	PV	PV	PV	PV	PV	PV	PV	PV	PV	
	SV	SV	SV	SV	SV	SV	SV	SV	SV	SV	SV	SV	SV	SV	SV	SV	
	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	
+ Type of Participant (Required)	DV	DV	DV	DV	DV	DV	DV	DV	DV	DV	DV	DV	DV	DV	DV	DV	
	SA	SA	SA	SA	SA	SA	SA	SA	SA	SA	SA	SA	SA	SA	SA	SA	
	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	
	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	
+ Primary Issue - DV/SA/Stalking/Other (Required)	Crisis	Crisis	Crisis	Crisis	Crisis	Crisis	Crisis	Crisis	Crisis	Crisis	Crisis	Crisis	Crisis	Crisis	Crisis	Crisis	
+ Call Type - Crisis Phone Call/ Info & Referral Call (Required)	I&R	I&R	I&R	I&R	I&R	I&R	I&R	I&R	I&R	I&R	I&R	I&R	I&R	I&R	I&R	I&R	
Safety/Lethality Check																	
Medical Advocacy																	
Personal Support																	
Public/Tribal Assistance																	
Employment																	
Housing																	
Food																	
Child Support																	
VCCB Claims																	
Child Protective Services																	
Adult Protective Services																	
Transportation - Emergency																	
Drug Abuse Treatment Referral																	
Alcohol Abuse Treatment Referral																	
Emergency Medical Intervention Referral																	
Law Enforcement Referral																	
Batterers Intervention Referral																	
Drug Abuse Treatment																	
Alcohol Abuse Treatment																	
Emergency Medical Intervention																	
Law Enforcement																	
Batterers' Intervention																	
Reasons Partially Served (Codes on Back)																Reverse	

Revised 10/01/2007

Total	Reasons Partially Served Codes
	A - Program reached capacity: Program is operating at full capacity. Victims/survivors may be placed on a waiting list.
	B - Need not documented: Determination is made that there is not sufficient basis to provide the services requested by the victim/survivor. For example, a victim/survivor requests shelter even though she has had not contact or threats from her batterer for more than two years and she is not in danger. Therefore, the need for shelter is not documented, even though she is a victim/survivor.
	C - Did not meet eligibility or statutory requirements: Victim/survivor does not meet eligibility requirements of program or does not meet requirements of statute. For example, a victim/survivor requests help with a divorce, but has not met statutory residency requirements to file for a divorce in the jurisdiction.
	D - Program rules not acceptable to victim/survivor: Although eligible for services under the grant, a victim/survivor is not willing to comply with rules of the program. For example, a program requires eight individual counseling sessions and the victim/survivor does not want to attend individual counseling.
	E - Services not appropriate for victim/survivor: For any reason, the services available under the grant are not appropriate for a victim/survivor. For example, although support groups are offered under the grant for survivors of sexual assault, a victim/survivor requesting support group services is not served because it is clinically determined that the victim/survivor is not appropriate for the group.
	F - Transportation problems: Victim/survivor is unable to arrange for transportation to receive services. This includes situations in which public transportation is available but cannot be paid for.
	G - Conflict of interest: The program cannot serve the victim/survivor because current or previous relationships with that victim/survivor or other parties related to that victim/survivor would interfere with the ability of the program to serve that victim/survivor. For example, the program is currently serving a victim/survivor. Her partner, identifying as your client's victim, requests to join the same support group as the person you are already serving.
	H - Services inappropriate or inadequate for people with substance abuse problems: Staff are not able, for any reason, to provide appropriate or adequate services for victims/survivors with substance abuse problems.
	I - Services inappropriate or inadequate for people with mental health problems: Staff are not able, for any reason, to provide appropriate or adequate services for victims/survivors with mental health problems.
	J - Services not available for victims/survivors accompanied by male adolescent: Although shelter services are provided under the grant, your shelter has rules prohibiting adolescent males from residing in the shelter, and the victim/survivor refuses to go to the shelter without the child. Therefore, the victim/survivor is denied shelter services.
	K - Inadequate language capacity (including signing): Interpreter services not available or not available at the time the victim/survivor is seeking services. Victims/survivors may be placed on a waiting list to receive interpreter services, but have not been served by the end of the current reporting period.
	L - Insufficient/lack of culturally appropriate services: Services currently provided under the grant are not culturally appropriate for the victim/survivor.
	M - Insufficient/lack of services for people with disabilities: The services provided under the grant are not accessible to people with disabilities. For example, a shelter does not allow a care attendant to accompany a victim/survivor to the shelter, which prevents her from being able to use shelter services.
	N - Geographic or other isolation of victim/survivor: Staff or volunteers cannot serve the victim due to geographic distance or isolation.
	O - Hours of operation: Hours during which the program provides services are not consistent with the hours the victim/survivor is available to receive needed services.

Purpose:

CDVSA recognizes that a lot more happens during a hotline call than a safety/lethality check. The CDVSA Hotline Log provides a way of documenting the varied services provided and referrals made to callers who choose to remain anonymous.

When does a hotline caller receive a program participant / incident information sheet?

An anonymous caller can become a Program Participant and receive a Program Participant or Incident Information Form under any of the following circumstances:

- If the caller identifies herself;
- If the caller comes to the program in person;
- If the caller establishes a routine time to call and speak with an advocate;
- If a caller provides significant information about perpetrator name and incident information and indicates that s/he will call again

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Recommendation: Due to the way that participants and services are tracked in the ANDVSA database, coupled with federal reporting requirements, participants that are ONLY recorded as an Anonymous Hotline Caller are not counted within the ANDVSA database. Therefore, it is important victim service staff attempt to gather enough information to create a Participant Information and Incident Information Form.

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What information is required?

The shaded information at the top of the log is required information for every call.

Why must hotline calls be counted as Crisis Calls or Information and Referral Calls, but not both?

Federal reporting guidelines require that the number of Crisis Calls be reported separately from any other service or type of advocacy.

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Recommendation: We all know that a hotline call is rarely just about crisis intervention. More often than not, an advocate will make some sort of referral for additional service before hanging up. Therefore, we recommend classifying calls in which both crisis intervention and information and referral occur as crisis calls. Advocates can then track additional types of service provided.

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How do we classify calls from other service providers on behalf of a program participant?

If other service providers contact your program with or on behalf of a program participant, the call may be classified as either a Crisis Phone Call or, more commonly, an Info and Referral Phone Call. If the service provider is calling on behalf of an anonymous person, use the hotline log.

- *Example of a crisis phone call from another service provider:* A state trooper calls a program on behalf of a person who will be flying in to undergo a forensic exam.
- *Example of an info and referral phone call from another service provider:* A counselor from the local drug and alcohol program calls your program and asks about which support groups might be most appropriate for a participant.

What if several people are potentially answering the phone at the same time?

One of the benefits of the **CDVSA Hotline Log** is that each program staff member can have a copy of the log sheet at her desk or workspace. This allows multiple people to provide services to anonymous callers, document the services that s/he provides, and turn the sheet in to the data entry person.

How do I track reasons partially served?

If a hotline caller requests services that you are funded to provide but that you are unable to provide, the caller is partially served.

Total	Reasons Partially Served Codes
	A - <i>Program reached capacity:</i> Program is operating at full capacity. Victims/survivors may be placed on a waiting list.
	B - <i>Need not documented:</i> Determination is made that there is not sufficient basis to provide the services requested by the victim/survivor. For example, a victim/survivor requests shelter even though she has had not contact or threats from her batterer for more than two years and she is not in danger. Therefore, the need for shelter is not documented, even though she is a victim/survivor.
	C - <i>Did not meet eligibility or statutory requirements:</i> Victim/survivor does not meet eligibility requirements of program or does not meet requirements of statute. For example, a victim/survivor requests help with a divorce, but has not met statutory residency requirements to file for a divorce in the jurisdiction.
	D - <i>Program rules not acceptable to victim/survivor:</i> Although eligible for services under the grant, a victim/survivor is not willing to comply with rules of the program. For example, a program requires eight individual counseling sessions and the victim/survivor does not want to attend individual counseling.
	E - <i>Services not appropriate for victim/survivor:</i> For any reason, the services available under the grant are not appropriate for a victim/survivor. For example, although support groups are offered under the grant for survivors of sexual assault, a victim/survivor requesting support group services is not served because it is clinically determined that the victim/survivor is not appropriate for the group.
	F - <i>Transportation problems:</i> Victim/survivor is unable to arrange for transportation to receive services. This includes situations in which public transportation is available but cannot be paid for.
	G - <i>Conflict of interest:</i> The program cannot serve the victim/survivor because current or previous relationships with that victim/survivor or other parties related to that victim/survivor would interfere with the ability of the program to serve that victim/survivor. For example, the program is currently serving a victim/survivor. Her partner, identifying as your client's victim, requests to join the same support group as the person you are already serving.
	H - <i>Services inappropriate or inadequate for people with substance abuse problems:</i> Staff are not able, for any reason, to provide appropriate or adequate services for victims/survivors with substance abuse problems.
	I - <i>Services inappropriate or inadequate for people with mental health problems:</i> Staff are not able, for any reason, to provide appropriate or adequate services for victims/survivors with mental health problems.
	J - <i>Services not available for victims/survivors accompanied by male adolescent:</i> Although shelter services are provided under the grant, your shelter has rules prohibiting adolescent males from residing in the shelter, and the victim/survivor refuses to go to the shelter without the child. Therefore, the victim/survivor is denied shelter services.
	K - <i>Inadequate language capacity (including signing):</i> Interpreter services not available or not available at the time the victim/survivor is seeking services. Victims/survivors may be placed on a waiting list to receive interpreter services, but have not been served by the end of the current reporting period.
	L - <i>Insufficient/lack of culturally appropriate services:</i> Services currently provided under the grant are not culturally appropriate for the victim/survivor.
	M - <i>Insufficient/lack of services for people with disabilities:</i> The services provided under the grant are not accessible to people with disabilities. For example, a shelter does not allow a care attendant to accompany a victim/survivor to the shelter, which prevents her from being able to use shelter services.
	N - <i>Geographic or other isolation of victim/survivor:</i> Staff or volunteers cannot serve the victim due to geographic distance or isolation.
	O - <i>Hours of operation:</i> Hours during which the program provides services are not consistent with the hours the victim/survivor is available to receive needed services.

Use the “Reasons Partially Served” alphabetical code on the reverse of the Hotline Log to record the reason(s) the caller was partially served. You may mark as many reasons as apply.

Count the totals from the front side of the hotline log and tally them in the space provided to the left of each “Reason Partially Served” category.

How do programs report this information to CDVSA?

The **CDVSA Hotline Log** does not have a counterpart in the database. Your program should tally the total number crisis calls and of information and referral calls within each reporting period, as well as the services provided during the course of these calls. These numbers should be provided to CDVSA.

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Recommendation: A copy of the CDVSA Hotline Log, formatted as a spreadsheet, has been provided on a CD to all programs. It may be easiest to download the form on the data computer and track the information on the spreadsheet for each reporting period.

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Protective Order Report

ALASKA COUNCIL ON DOMESTIC VIOLENCE AND SEXUAL ASSAULT PROGRAM PARTICIPANT PROTECTIVE ORDER REPORT

Date of report / /
MM/YY

PROGRAM PARTICIPANT ID _____
Was perpetrator arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Did court grant a "no contact" order? <input type="checkbox"/> Yes <input type="checkbox"/> No

TYPE OF PROTECTIVE ORDER REQUESTED:
<input type="checkbox"/> Domestic Violence <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Stalking <input type="checkbox"/> Tribal (see below*)

72-HOUR EMERGENCY ORDER	<i>Date Requested</i>	<i>Outcome</i>
	<u> </u> / <u> </u> / <u> </u> MM/DD/YY	<input type="checkbox"/> Granted <input type="checkbox"/> Denied <input type="checkbox"/> Unknown

EX-PARTE ORDER	<i>Date Requested</i>	<i>Outcome</i>
	<u> </u> / <u> </u> / <u> </u> MM/DD/YY	<input type="checkbox"/> Granted <input type="checkbox"/> Denied <input type="checkbox"/> Unknown

LONG-TERM ORDER	<i>Date Requested</i>	<i>Outcome</i>
	<u> </u> / <u> </u> / <u> </u> MM/DD/YY	<input type="checkbox"/> Granted <input type="checkbox"/> Denied <input type="checkbox"/> Unknown

* Tribal orders may differ significantly from State orders. Please complete the information requested to the best of your ability for Tribal orders (you may need to enter the Tribal as a Long-Term Order).

Revised 10/1/2007

Protective Order Report Form: Introduction & Instructions

Purpose:

Use this sheet to track the status of protective orders requested by a program participant.

Box One:

- Indicate Program Participant ID #
- Mark whether or not the perpetrator was arrested.
- Mark whether or not the court issued a “no contact” order.

Box Two:

- Mark the type of order requested. Alaska has **four** types of Protective Orders:
- Domestic Violence
- Sexual Assault
- Stalking
- Tribal Protective Order

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Note: Tribal orders differ significantly from State orders. Please complete the information requested to the best of your ability for Tribal orders. You may need to enter the Tribal Order as a Long-term Order.

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Boxes, Three, Four and Five:

For each of the following types of orders:

- 72-hour Emergency Order;
- Ex-parte Order; and
- Long-term Order
- Date Requested: Indicate the date that each type of order was requested.
- Outcome: Mark whether the order was:
 - Granted;
 - Denied; or
 - Unknown

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Important: If a program participant does not appear for a hearing and the protective order request is dismissed because of this, mark “Unknown”. Do not mark “Denied,” because the court did not deny the order.

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Form Relationship Tree (Appendix A)

