

## STATISTICAL REPORT INSTRUCTIONS

**All statistics must represent services provided by persons funded with DDTF monies.**

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### SECTION 1: SUMMARY OF INDIVIDUALS SERVED

#### Directions:

In the appropriate categories, indicate the total number of primary victims and significant others, who received services or education, outreach, or training by a DDTF funded project during this period. Note a "Unit of Service" in section C equals one hour. Each Unit should be counted to the nearest quarter (.25)

**Each client may be counted only once.**

Individuals who indirectly benefited from a service performed on behalf of a primary victim may not be counted on this statistical report. For example, DDTF funded staff may assist a woman in obtaining victim compensation, and she would be counted as a primary victim. Unless her children directly receive services from DDTF supported staff, they should not be counted as victims or significant others.

#### Definitions:

**A. NEW CLIENTS** - A client is new if he/she has not previously received services from your program. If an ongoing client is re-victimized by a different perpetrator or victimized by a different crime, she/he should be counted as a new client.

**B. ON-GOING CLIENTS** - A client is on-going if he/she has previously received DDTF funded services from your program during the current grant period or previous grant periods.

**C. Education, Outreach and Training Activities-** Unit of service is equal to one hour of service. Units should be broken down to the nearest quarter unit, (.25). Any information that is not able to be captured in units can be reported in the narrative section. All referrals obtained through these efforts must be tracked.

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### SECTION 2: DIRECT SERVICE DELIVERY (ALL NEW AND ON-GOING CLIENTS)

#### Directions:

**In the appropriate category, indicate the number of new and on-going victims and significant others that received each service this period.** Be sure to consider all services provided to the victim. For example, DDTF staff may have provided group counseling and legal advocacy. You should include that person in your total *for each category*.

#### Definitions:

- 1. Individual Counseling** - refers to in-person crisis intervention, emotional support, guidance and counseling provided by advocates, counselors, or mental health professionals. Such counseling may occur at the scene of the crime, immediately after a crime, **or may be provided on an ongoing basis.**
- 2. Group Counseling** - refers to the coordination and provision of supportive group activities and includes

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facilitated therapeutic groups, self-help, social support, etc. **Report the number of participants in each group session provided this reporting period. Do not count the same participant twice.**

3. **Hotline/Telephone Counseling** - refers to any counseling/support provided over the telephone.
4. **Case Management** - refers to any collective service delivery that includes advocacy, referral, case consultation and support.
5. **Peer Support** - refers to any counseling setting or activity that is peer driven and/or peer facilitated.
6. **Crisis Counseling Response Team** - refers to a specific intervention to an OUI crash that involves a community crisis counseling response team (CCRT).
7. **Criminal Justice Support/Advocacy** - refers to support or advocacy provided to clients at any stage of the criminal justice process, including post-sentencing services and support.
8. **Emergency Legal Advocacy** - refers to filing temporary restraining orders, injunctions, and other protective orders, including but not limited to supporting a victim during a criminal prosecution.
9. **Medical Advocacy** - includes advocacy performed on behalf of a client in a medical setting or when dealing with medical personnel, or a direct service such as a medical evaluation.
10. **Personal Advocacy** - refers to assisting victims 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 (not to be confused with #9)**.
11. **Information and Referral** - refers to in-person or telephone contacts with victims during which time services and available support are identified. *When counseling services are the primary function of the call please refer to #3.*
12. **Other** - refers to other **DDTF** and activities not listed. In the space provided, please specify what services were provided to or received by the client.

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### **SECTION 3: EDUCATION, TRAINING, AND OUTREACH PROVIDED**

**Activity**→ Name the actual activity that is occurring, i.e. *education, training, or outreach; or any combination of these.*

**Number of Units** → 1 hour = 1 unit. Mark the unit to the nearest quarter. Do not include travel time or total time spent at an event, just the amount of time that was spent on DDTF.

**Number of Referrals Received** → Based on outreach, indicate the number of clients who seek service after presentations are made.

**Description**→ Provide a summary of the activity and the audience.

Any activity that you are unable to capture in the chart can be included in the narrative section.

### **SECTION 4: CONSEQUENCES OF OUI**

This refers to the type of crime the victim or significant other's victim experienced in section 1 and 2.

This section is for new clients or newly disclosed crimes only.

**A. TOTAL VICTIMS**

Taken from Section 1A, "Total New Clients."

**B. CONSEQUENCES OF OUI CRASH EXPERIENCED BY VICTIM**

Each victim may have experienced multiple consequences and may be considered both a primary victim and a significant other for each different consequence. Please report each of these various consequences once in this section.

*Example:* A woman and her son are both receiving DDTF services and both were injured in an OUI crash. This would be reported as 1 primary female injury, 1 significant other female injury, 1 primary male injury, and 1 significant other male injury.

**C. DEATHS**

For the cases in which you are providing services, indicate the total number of deaths that you are aware of as a result of the OUI crashes. Please include *all* deaths, including alleged perpetrators.

**D. CRASHES**

For the cases in which you are providing services, indicate the total number of new OUI crashes.

*Example:* You have 3 clients, a mother, a father, and a child, who were all involved in the same crash. In this section, that crash should be reported one time.

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**SECTION 5: CIVIL RIGHTS COMPLIANCE (new clients only)**

**A. DISABILITY**

In the appropriate category, note whether the client is physically or mentally disabled/impaired. The definition of disability includes any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; or any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. This information is required for new clients this period only, or for clients for whom a disability/impairment was not previously reported. It is also important that disabilities not visible or readily apparent (e.g. epilepsy, hearing impairment, auditory impairment) be counted. The information a client provides will assist you in providing appropriate services to them.

**B. RACE/NATIONAL ORIGIN**

In the appropriate category, note the race/national origin of all new clients this period. Please make every effort to obtain this information from all telephone clients. The information they provide will assist you in providing any culturally sensitive services to the client.

### C. AGE and GENDER

In this section, please note the gender and age of the victim. Include all new clients in this period. Please make every effort to gather this data especially in cases where the only contact with the victim is over the telephone.

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### **SECTION 6: SERVICE AREA**

Please list the number of new clients from each town that you served in the reporting period. Towns are listed alphabetically within their counties.

If you do not see the town listed, please add it in at the bottom of the appropriate county (if known), and indicate the total # of new clients served from that town in the reporting period.

*Example:*

<b>Middlesex</b>	<b>#</b>
Acton	2
Arlington	
Ashby	1
Ashland	3
Ayer	
Bedford	

*Etc...*

*Outreach, training, education, and prevention efforts should not be captured in this section. The regions served in those initiatives should be captured in Section 3.*

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### **SECTION 7: NARRATIVE UPDATE**

Please answer questions 1-5 in narrative form as they pertain to your DDTF Grant in the current quarter. You may indicate "same as last quarter" if there are no changes. Your response to question 6 should be in the form of an attached chart or list.

You may use this section to describe any DDTF activities that are not captured elsewhere in this report.

**Thank you for completing this report in a timely and accurate manner.**