



Office for Victims of Crime

**OVC**

## INDIAN HEALTH SERVICE AND OFFICE FOR VICTIMS OF CRIME CHILD ABUSE PROJECT

### SITE SPECIFIC STATISTICAL DATA PRIOR TO TRAINING

Please complete the following information about your practice site for all child sexual/physical abuse cases in the past year for age 18 and under:

Medical Provider: \_\_\_\_\_

Site/facility: \_\_\_\_\_

- Total number of reported child abuse cases last year \_\_\_\_\_  
Physical abuse \_\_\_\_\_ Sexual abuse \_\_\_\_\_
- Total number of substantiated cases last year \_\_\_\_\_  
Physical abuse \_\_\_\_\_ Sexual abuse \_\_\_\_\_
- Total number of medical examinations for abuse last year \_\_\_\_\_
- Total number of cases where the alleged perpetrator was arrested last year \_\_\_\_\_
- Total number of cases accepted for prosecution last year \_\_\_\_\_
- Number of other medical providers at this facility who do child abuse examinations \_\_\_\_\_

**Please mail this form as soon as possible after all data is collected to:**

**CDR P. Jane Powers APRN, BC, FAANP**

Director, IHS/OVC Child Abuse Project

P. O. Box 160

Ft. Duchesne, Utah 84026