



**Minimum Standards for Abuse Intervention Programs (AIP)
Annual Report Template – Form D**

ICADV is collecting service data on Abuse Intervention Programming in Indiana to inform best practices and standards. Please note that this data will only be used in aggregate form. Data for this report should be compiled on a calendar year (January-December).

Please submit this data electronically. The link to complete the report can be found on the Service Supports section of the ICADV website.

Program Name:	
Reporting Period:	
Person Completing the Report:	
Date Submitted:	

1. Please report the total number of AIP groups conducted by gender identity.

Male	
Female	
Gender non-conforming	

3. Please report the total number of participants served by your program during this reporting period by age. Please include participants that have completed the program; were partially served by the program; or are currently enrolled in the program.

Participant's Age	Male	Female	Gender non-conforming
18-25			
26-40			
41-60			
61 or older			
Unknown			
Total			
How many are currently enrolled in programming?			

4. Please report the total number of participants served by your program during this reporting period by race/ethnicity. *Please include participants that have completed the program; were partially served by the program; or are currently enrolled in the program.*

Participants Race/Ethnicity	Male	Female	Gender non-conforming
African American			
Asian			
Hispanic/Latino			
Indian/Native American			
Pacific Islanders			
Caucasian			
Unknown			
Other (Please Identify)			
Total			

5. Please report the total number of participants served by your program during this reporting period by enrollment type. *Please include participants that have completed the program; were partially served by the program; or are currently enrolled in the program.*

Participants Enrollment Type	Male	Female	Gender non-conforming
Court Ordered/Probation			
DCS Referral			
Self-Referral			
Other (Please Identify)			
Other (Please Identify)			
Total			

6. Did your program receive referrals for individuals under 18 years of age? Yes/No
If yes, please list the source(s) and how frequently (once a month, quarter, etc).

7. Please report the total number of participants served by your program during this reporting period by outcome. *Please do not include those participants currently enrolled. Only participants that completed the program or were partially served should be counted in this section.*

Participant Outcomes	Male	Female	Gender non-conforming
Completed program requirements.			

<i>“Program completion is not predictive of future nonviolence or non-abusive behaviors.”</i>			
Did not complete the requirements of the program – Expelled			
Did not complete the requirements of the program – Criminal/Civil/DSC case dismissed/closed			
Did not complete the requirements of the program – (Example: lack of payment; moved; incarceration, etc.) Please list:			
Total			

8. Please provide a success story about a participant in your group.

9. Please provide an overview of any trends in forms of violence the program is observing.

10. Please provide an overview of any barriers to service delivery that your program is observing.