

ACF Office of Refugee Resettlement: Services for Survivors of Torture Program Data Points Form

Agency: Administration for Children and Families (ACF)/Office of Refugee Resettlement (ORR) Form: Survivors of Torture – Program Data Points (SOT-PDP)	Grantee Name: Grant Number: Point of Contact:	Reporting Period From: MM/DD/YYYY To: MM/DD/YYYY		
Reporting: Submit annual program data with the second semi-annual report each year of the project period. Please use the narrative report to explain or highlight key program indicators and illustrate changes in outcome indicators. See the Program Data Points User Guide for more information: https://healtorture.org/content/office-refugee-resettlement				
PROGRAM INDICATORS¹				
Data Point	Description	Indicators	No. of Clients Served	Data Validation Checks
01a	Active Caseload: Client count during reporting period	New primary New secondary Continuing primary Continuing secondary TOTAL ACTIVE CLIENT COUNT	_____ _____ _____ _____ _____	Please double check your math when adding up all new and continuing clients in the line indicating the total active client count.
01b	Closed Caseload: Client count during reporting period	New primary New secondary Continuing primary Continuing secondary TOTAL CLOSED CASE COUNT	_____ _____ _____ _____ _____	Please double check your math when adding up all new and continuing clients in the line indicating the total closed case count.
01c	Length of Service for Active Caseload	0 to 3 years 4 to 6 years 7 to 9 years 10 or more years TOTAL COUNT	_____ _____ _____ _____ _____	Please double check that the total count for this data point matches the total active caseload count in data point 01a.

¹ Refer to the Program Data Points User Guide for all definitions
Program Data Points

02	Age when first subjected to torture (Primary survivors only)	Under 5 years 5 – 17 years 18 – 44 years 45 – 64 years 65 years and over TOTAL	_____ _____ _____ _____ _____	Add the number of new primary and continuing primary clients from DP01a to get the total number of active primary survivors: 01a. New primary: _____ + 01a. Continuing primary: _____ = _____ The total number of active primary survivors should be less than or equal to the total ages reported to the left. If this is not the case, please check your entries for DP02. Total number of active primary survivors = _____ Total reported for DP02 = _____
Data Point	Description	Indicators	No. of Clients Served	Data Validation Checks
03	Type of torture suffered (Primary survivors only)	Asphyxiation Beating Burning Deprivation Electrical Forced postures Sex-based violence Kidnapping and disappearances Rape and sexual torture Sensory stress Severe humiliation Threats and psychological torture Witnessing torture of others Wounding/maiming Other: Please specify _____ TOTAL	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	Compare the total number of active primary survivors to the total number of types of torture reported to the left: Total active primary survivors = _____ Total types of torture from DP03 = _____ The total number of types of torture from DP03 can be less than, equal to, or greater than to the total number of active primary survivors. If this is not the case, please go back and check your entries for DP03.

In immediate response to priorities of the current administration, this form has been updated with the following changes prior to approval by the Office of Management and Budget (OMB), as required by the Paperwork Reduction Act (PRA) of 1995 (44 USC. 3501 et seq.). The PRA requires that agencies obtain OMB approval before requesting information from the public, and OMB review and approval for most changes to an approved information. ACF is working to process these changes through OMB to come into compliance with the PRA but has implemented changes to the OMB-approved form to ensure compliance with the following Executive Orders: Executive Order(s) 14168 and/or 14151, 14173, 14224. Other than these changes, this form is approved under OMB #: 0970-0599.

04	Reason for torture (Primary survivors only)	Breakdown of authority/terror by non- state actors Ethnicity Nationality Religion Social group Clan/Tribe Sex Other Social group Sociopolitical activism Other: Please specify _____ TOTAL	_____ _____ _____ _____ _____ _____ _____ _____	Compare the total number of active primary survivors to the total number of reasons for torture reported to the left: Total active primary survivors = _____ Total reasons for torture from DP04 = _____ The total number of reasons for torture from DP04 can less than, equal to or greater than or equal to the total number of active primary survivors. If this is not the case, please go back and check your entries for DP04.
----	--	---	--	---

Data Point	Description	Indicators	No. of Clients Served	Data Validation Checks
05	Country where torture occurred (Primary survivors only)	Country 1: Country 2: Country 3: Country 4: ... Unknown (Report all countries) TOTAL	_____ _____ _____ _____ _____ _____	Compare the total number of active primary survivors to the total number of countries reported to the left: Total active primary survivors = _____ Total countries from DP05 = _____ The total number of countries from DP05 can be less than, equal to, or greater than or equal to the total number of active primary survivors.
06	Client goal(s) at intake	Behavioral Housing Interpersonal/Social Legal Occupational/Educational Physical/Medical TOTAL	_____ _____ _____ _____ _____ _____ _____	Compare the total number of active clients (primary and secondary) from DP01a to the total number of goals reported to the left: Total active clients from DP01a = _____ Total goals from DP06 = _____ The total number of goals from DP06 should be greater than or equal to the total number of active clients (primary and secondary). If this is not the case, please go back and check your entries for DP06.
07	Sex	Female Male TOTAL	_____ _____ _____ _____	The total from DP07 does not need to be equal to the total number of active clients.

In immediate response to priorities of the current administration, this form has been updated with the following changes prior to approval by the Office of Management and Budget (OMB), as required by the Paperwork Reduction Act (PRA) of 1995 (44. USC. 3501 et seq.). The PRA requires that agencies obtain OMB approval before requesting information from the public, and OMB review and approval for most changes to an approved information. ACF is working to process these changes through OMB to come into compliance with the PRA but has implemented changes to the OMB-approved form to ensure compliance with the following Executive Orders: Executive Order(s) 14168 and/or 14151, 14173, 14224. Other than these changes, this form is approved under OMB #: 0970-0599.

Data Point	Description	Indicators	No. of Clients Served	Data Validation Checks
08	Immigration category/status at intake	Afghan Humanitarian Parolee Asylee (include derivatives) Asylum Applicant Refugee (include derivatives) Special Immigrant Juvenile (SIJ) Special Immigrant Visa Holder (SIV) Lawful Permanent Resident (LPR) U.S. Citizen Ukrainian Humanitarian Parolee Other at intake: _____ TOTAL	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	Compare the total number of active clients (primary and secondary) from DP01a to the total number of categories/statuses reported to the left: Total active clients from DP01a = _____ Total categories/statuses from DP08 = _____ The total number of categories/statuses from DP08 should be equal to the total number of active clients. If this is not the case, please go back and check your entries for DP08.
09	Age at intake	Under 5 years 5 – 17 years 18 – 44 years 45 – 64 years 65 years and over TOTAL	_____ _____ _____ _____ _____ _____	Compare the total number of active clients (primary and secondary) served from DP01a to the total number of ages reported to the left: Total active clients from DP01a = _____ Total ages from DP09 = _____ The total number of ages from DP09 should be equal to the total number of active clients. If this is not the case, please go back and check your entries for D09.

In immediate response to priorities of the current administration, this form has been updated with the following changes prior to approval by the Office of Management and Budget (OMB), as required by the Paperwork Reduction Act (PRA) of 1995 (44 USC. 3501 et seq.). The PRA requires that agencies obtain OMB approval before requesting information from the public, and OMB review and approval for most changes to an approved information. ACF is working to process these changes through OMB to come into compliance with the PRA but has implemented changes to the OMB-approved form to ensure compliance with the following Executive Orders: Executive Order(s) 14168 and/or 14151, 14173, 14224. Other than these changes, this form is approved under OMB #: 0970-0599.

Data Point	Description	Indicators	No. of Clients Served	Data Validation Checks
10	Education prior to arrival (For clients ≥ 18 years of age at intake)	Less than 1 year 1-4 years 5-8 years 9-12 years 13-16 years More than 16 years TOTAL	_____ _____ _____ _____ _____ _____	Add the following age categories together from DP09: 18 – 44 years = _____ 45 – 64 years = _____ 65 years and over = _____ This gives you the total number of clients ≥ 18 years at intake = _____ Compare the total number of clients ≥ 18 years of age at intake to the total from DP10 to the left. Total number of clients ≥ 18 years at intake = _____ Total education from DP10 = _____ The total reported in DP10 should be equal to or less than the total number of clients 18 years or older at intake. If this is not the case, please go back and check your entries for D10.
11	Employment in the U.S. at intake (For clients ≥ 18 years of age at intake)	Employed (PT/FT) Unemployed and not seeking employment (e.g., students, elderly, disabled, and primary caregivers) Unemployed and seeking employment TOTAL	_____ _____ _____ _____ _____	Compare the total number of clients ≥ 18 years of age at intake calculated above to the total number of employment categories reported to the left: Total clients ≥ 18 years of age at intake = _____ Total employment categories from DP11 = _____ The total number employment categories from DP11 should be equal to or less than the total number of clients ≥ 18 years of age at intake. If this is not the case, please go back and check your entries for DP11.
12	Length of time in the U.S. at intake	Less than one year 1-5 years More than 5 years Unknown TOTAL	_____ _____ _____ _____ _____	Compare the total number of active clients (primary and secondary) served from DP01a to the total number of categories reported to the left: Total active clients from DP01a = _____ Total length of time in the U.S. at intake from DP12 = _____ The total number of categories from DP12 should be equal to the total number of active clients. If this is not the case, please go back and check your entries for DP12.

In immediate response to priorities of the current administration, this form has been updated with the following changes prior to approval by the Office of Management and Budget (OMB), as required by the Paperwork Reduction Act (PRA) of 1995 (44. USC. 3501 et seq.). The PRA requires that agencies obtain OMB approval before requesting information from the public, and OMB review and approval for most changes to an approved information. ACF is working to process these changes through OMB to come into compliance with the PRA but has implemented changes to the OMB-approved form to ensure compliance with the following Executive Orders: Executive Order(s) 14168 and/or 14151, 14173, 14224. Other than these changes, this form is approved under OMB #: 0970-0599.

Data Point	Description	Indicators	No. of Clients Served	Data Validation Checks
13	Country of origin	Country 1: Country 2: Country 3: Country 4: ... (Report all countries) TOTAL	_____ _____ _____ _____ _____	Compare the total number of active clients (primary and secondary) from DP01a to the total number of countries reported to the left: Total active clients from DP01a = _____ Total countries from DP13 = _____ The total number of countries from DP13 should be equal to the total number of active clients. If this is not the case, please go back and check your entries for DP13.
14	Ethnicity	Ethnicity 1: Ethnicity 2: Ethnicity 3: Ethnicity 4: Unknown (Report all ethnicities) TOTAL	_____ _____ _____ _____ _____	Compare the total number of active clients (primary and secondary) from DP01a to the total number of ethnicities reported to the left: Total active clients from DP01a = _____ Total ethnicities from DP14 = _____ The total number of ethnicities from DP14 should be equal to the total number of active clients. If this is not the case, please go back and check your entries for DP14.
15	Religion	Buddhism Christianity Hinduism Islam Judaism None Unknown Other: Please specify _____ TOTAL	_____ _____ _____ _____ _____ _____ _____ _____	Compare the total number of active clients (primary and secondary) from DP01a to the total number of religions reported to the left: Total active clients from DP01a = _____ Total religions from DP15 = _____ The total number of religions from DP15 should be equal to the total number of active clients. If this is not the case, please go back and check your entries for DP15.

In immediate response to priorities of the current administration, this form has been updated with the following changes prior to approval by the Office of Management and Budget (OMB), as required by the Paperwork Reduction Act (PRA) of 1995 (44. USC. 3501 et seq.). The PRA requires that agencies obtain OMB approval before requesting information from the public, and OMB review and approval for most changes to an approved information. ACF is working to process these changes through OMB to come into compliance with the PRA but has implemented changes to the OMB-approved form to ensure compliance with the following Executive Orders: Executive Order(s) 14168 and/or 14151, 14173, 14224. Other than these changes, this form is approved under OMB #: 0970-0599.

Data Point	Description	Indicators	No. of Clients Served	Data Validation Checks
16	Languages used	Language 1: Language 2: Language 3: Language 4: ... (Report all languages used) TOTAL	_____ _____ _____ _____ _____	Compare the total number of active clients (primary and secondary) from DP01a to the total number of languages reported to the left: Total active clients from DP01a = _____ Total languages from DP16 = _____ The total number of languages from DP16 should be equal to the total number of active clients. If this is not the case, please go back and check your entries for DP16.
17	Clients served by service category	Behavioral Housing Interpersonal/Social Legal Occupational/Educational Physical/Medical TOTAL	_____ _____ _____ _____ _____ _____	Compare the total number of active clients (primary and secondary) from DP01a to the total number of service categories reported to the left: Total active clients from DP01a = _____ Total service categories from DP17 = _____ The total number of service categories from DP17 should be greater than or equal to the total number of active clients. If this is not the case, please go back and check your entries for DP17.
18	Professionals/community members trained under SOT	Community Education Interpretation/translation Law Enforcement Legal Medical Mental health Social work Other: Please specify: _____	_____ _____ _____ _____ _____ _____ _____ _____	There are no data validation checks for this data point.

In immediate response to priorities of the current administration, this form has been updated with the following changes prior to approval by the Office of Management and Budget (OMB), as required by the Paperwork Reduction Act (PRA) of 1995 (44. USC. 3501 et seq.). The PRA requires that agencies obtain OMB approval before requesting information from the public, and OMB review and approval for most changes to an approved information. ACF is working to process these changes through OMB to come into compliance with the PRA but has implemented changes to the OMB-approved form to ensure compliance with the following Executive Orders: Executive Order(s) 14168 and/or 14151, 14173, 14224. Other than these changes, this form is approved under OMB #: 0970-0599.

Data Point	Description	Indicators	No. of Clients Served	Data Validation Checks
19	Pro bono professional service hours donated to SOT program	Administrative, managerial, and other professional services Accounting, development, and grant writing Information technology and research Interpretation/Translation Legal Medical services Mental health services Social services Other: Please specify:_____	Number of hours _____ _____ _____ _____ _____ _____ _____	There are no data validation checks for this data point.

In immediate response to priorities of the current administration, this form has been updated with the following changes prior to approval by the Office of Management and Budget (OMB), as required by the Paperwork Reduction Act (PRA) of 1995 (44. USC. 3501 et seq.). The PRA requires that agencies obtain OMB approval before requesting information from the public, and OMB review and approval for most changes to an approved information. ACF is working to process these changes through OMB to come into compliance with the PRA but has implemented changes to the OMB-approved form to ensure compliance with the following Executive Orders: Executive Order(s) 14168 and/or 14151, 14173, 14224. Other than these changes, this form is approved under OMB #: 0970-0599.

OUTCOME INDICATORS²

- Indicate the tool from which you have derived the client-level data you are reporting here in the aggregate:
SOT-PWI-S_____Our Program Tool_____Case File Review_____Other: Please specify_____
- Complete all the boxes for each data point below to show aggregate changes in the level of need.

Data Point	Description	Level of Need		END			
				1 In Crisis	2 Vulnerable	3 Stable	4 Safe
20.a New Clients	Legal (Immigration)	S T A R T	1 In Crisis N=				
			2 Vulnerable N=				
			3 Stable N=				
			4 Safe N=				
Data Point	Description	Level of Need		END			
				1 In Crisis	2 Vulnerable	3 Stable	4 Safe
20.b Continuing Clients	Legal (Immigration)	S T A R T	1 In Crisis N=				
			2 Vulnerable N=				
			3 Stable N=				
			4 Safe N=				

² Use the Survivor of Torture Psychosocial Well-being Index (Short Version) (SOT-PWI-S) © 2016 Hodges-Wu & Zajicek-Farber to aggregate the data for these indicators. (See User Guide, Appendix A)
Program Data Points

Data Point	Description	Level of Need		END			
				1 In Crisis	2 Vulnerable	3 Stable	4 Safe
21.a New Clients	Housing	S T A R T	1 In Crisis N=				
			2 Vulnerable N=				
			3 Stable N=				
			4 Safe N=				
Data Point	Description	Level of Need		END			
				1 In Crisis	2 Vulnerable	3 Stable	4 Safe
21.b Continuing Clients	Housing	S T A R T	1 In Crisis N=				
			2 Vulnerable N=				
			3 Stable N=				
			4 Safe N=				

Data Point	Description	Level of Need		END			
				1 In Crisis	2 Vulnerable	3 Stable	4 Safe
22.a New Clients	Employment	S T A R T	1 In Crisis N=				
			2 Vulnerable N=				
			3 Stable N=				
			4 Safe N=				
Data Point	Description	Level of Need		END			
				1 In Crisis	2 Vulnerable	3 Stable	4 Safe
22.b Continuing Clients	Employment	S T A R T	1 In Crisis N=				
			2 Vulnerable N=				
			3 Stable N=				
			4 Safe N=				

Data Point	Description	Level of Need		END			
				1 In Crisis	2 Vulnerable	3 Stable	4 Safe
23.a New Clients	Physical Health	S T A R T	1 In Crisis N=				
			2 Vulnerable N=				
			3 Stable N=				
			4 Safe N=				
23.b Continuing Clients	Physical Health	Level of Need		END			
				1 In Crisis	2 Vulnerable	3 Stable	4 Safe
		S T A R T	1 In Crisis N=				
			2 Vulnerable N=				
			3 Stable N=				
			4 Safe N=				

Data Point	Description	Level of Need		END			
				1 In Crisis	2 Vulnerable	3 Stable	4 Safe
24.a New Clients	Mental Health	S T A R T	1 In Crisis N=				
			2 Vulnerable N=				
			3 Stable N=				
			4 Safe N=				
		Level of Need		END			
				1 In Crisis	2 Vulnerable	3 Stable	4 Safe
24.b Continuing Clients	Mental Health	S T A R T	1 In Crisis N=				
			2 Vulnerable N=				
			3 Stable N=				
			4 Safe N=				

Data Point	Description	Level of Need		END			
				1 In Crisis	2 Vulnerable	3 Stable	4 Safe
25.a New Clients	Access to community resources	S T A R T	1 In Crisis N=				
			2 Vulnerable N=				
			3 Stable N=				
			4 Safe N=				
25.b Continuing Clients	Access to community resources	Level of Need		END			
				1 In Crisis	2 Vulnerable	3 Stable	4 Safe
		S T A R T	1 In Crisis N=				
			2 Vulnerable N=				
			3 Stable N=				
			4 Safe N=				
		S T A R T	1 In Crisis N=				
			2 Vulnerable N=				
			3 Stable N=				
			4 Safe N=				

Data Point	Description	Level of Need		END			
				1 In Crisis	2 Vulnerable	3 Stable	4 Safe
26.a New Clients	U.S.-Based Support Systems	S T A R T	1 In Crisis N=				
			2 Vulnerable N=				
			3 Stable N=				
			4 Safe N=				
26.b Continuing Clients	U.S.-Based Support Systems	Level of Need		END			
				1 In Crisis	2 Vulnerable	3 Stable	4 Safe
		S T A R T	1 In Crisis N=				
			2 Vulnerable N=				
			3 Stable N=				
			4 Safe N=				

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)

The purpose of this information collection is to collect demographic, programmatic, and outcome data in order to learn more about the population being served, the types of services they receive, and the effectiveness of those services. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information (Funding Announcement: HHS-2022-ACF-ORR-ZT-0051). This collection of information is required to retain a benefit (Torture Victims Relief Act of 1998, Pub. L. 105-320). If you have any comments on this collection of information, please contact the Administration for Children and Families, Office of Refugee Resettlement, Division of Refugee Health, 330 C Street, SW, 5th Floor, Washington, DC 20201 or email drh-rmh-team@acf.hhs.gov. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number and expiration date for this collection are OMB #: 0970-XXXX, Exp: XX/XX/XXXX.