

SERVICES * TRAINING * OFFICERS * PROSECUTION

VIOLENCE AGAINST WOMEN ACT

SUBGRANTEE CUMULATIVE PERFORMANCE REPORT

- Introduction -

The Department of Finance and Administration (DF&A), Office of Intergovernmental Services (IGS), Victim Justice and Assistance (VJA) Programs administers federal funds that the State of Arkansas receives under the Violence Against Women Act STOP Program. The state administrator of these funds is required to report to its grantor how the funds were applied in accordance with the federal regulations and on the impact that the funds had on the state and at the local levels. **Accuracy of the report that the State submits is critical, but this relies on accurate reports being obtained from subgrantees.**

Your organization has accepted federal funds under this grant program; therefore, you have accepted the condition to gather statistics and other information relating to the use and results of these funds. In the pages that follow, you are asked to provide information needed for the state to illustrate work performed using STOP funds, as well as trends in your geographic area.

You will find that some questions solicit information regarding your organizational activities; however, other parts require you to **report activities directly associated with your STOP subgrant.** Your STOP subgrant involves only those activities and services that are directly paid for using STOP funds, plus those earmarked as matching contributions, if applicable.

Please carefully read the instructions for each question and answer accurately and honestly, as responses you give will be collectively presented as true and accurate in the State's report to the U.S. Department of Justice. If you have any questions at all, please call the VJA Programs Administration for assistance.

*Your time is appreciated,
as is your dedication to the fair treatment of victims of violence.*

SERVICES * TRAINING * OFFICERS * PROSECUTION VIOLENCE AGAINST WOMEN ACT

DISCRETIONARY FUNDING CATEGORY

SUBGRANTEE CUMULATIVE PERFORMANCE REPORT

- Instructions -

- ❖ This is a cumulative or year-to-date report. Each report you submit should indicate the activities performed by your organization since the project start date.
- ❖ Please keep in mind that STOP funds can support a wide variety of services and activities. Therefore, you should expect to find questions within this report that simply do not apply to your subgrant project. If you find that a question asks for information that does not apply to your subgrant project, place an “N/A” to indicate that you have considered the question.
- ❖ The Discretionary Funding Category of the STOP Program encompasses a wide range of allowable project activities (i.e. from victim services and batterers’ treatment programs to activities that enhance criminal investigations, such as SANEs and forensic testing.) For purposes of this report, please know that the word “service” refers to any activity that ultimately impact on the community response to violent crimes against women.
- ❖ You are given the discretion on when to report the information requested; however, it is advisable that you have a system in place whereby you know whether case information and subgrant project activities have already been included in the statistical compilation. If, during the reporting period, a case is pending (meaning it remains active or unresolved), you should choose whether to report the case now or wait until it is closed.
- ❖ It is not uncommon for a victim to have suffered multiple victimizations. Only count that victim in a category if activities your organization performed were directly related to the crime incident.
- ❖ Victims should be counted only once per crime victimization, unless they fall victim to a second, unrelated crime, and your organization provided services related to that second crime.
- ❖ The figure reported for the organization should include services/activities provided with other varying organizational income/revenue sources, excluding STOP-funded and matching activities and services.
- ❖ The figure reported for the STOP subgrant project should include services/activities provided through your STOP funds, including activities you claim as match, but excluding other activities performed by your organization.

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DISCRETIONARY SUBGRANTEE CUMULATIVE PERFORMANCE REPORT

SUBGRANTEE: _____

SUBGRANT # _____ – _____ REPORTING PERIOD: _____ - _____

1. If your STOP subgrant funded personnel, or if contributions of other paid personnel were used to meet any applicable subgrant matching requirements, please provide the following information for each.

a. _____ Title _____
Employee Name

Check One: _____ Part Time Position _____ Full Time Position

Salary from STOP Project: \$ _____ Salary Applied Toward Match: \$ _____
Please place an asterisk (*) to indicate the funding source below.

Other Funding Sources for this Position:

_____ \$ _____
_____ \$ _____

b. _____ Title _____
Employee Name

Check One: _____ Part Time Position _____ Full Time Position

Salary from STOP Project: \$ _____ Salary Applied Toward Match: \$ _____
Please place an asterisk (*) to indicate the funding source below.

Other Funding Sources for this Position:

_____ \$ _____
_____ \$ _____

(Please copy this page if additional space is needed.)

2. REPORTING AND ARREST RATES:

Since Discretionary STOP funds can support a wide range of activities, please interpret these questions liberally. For example, if you are a facility that collects or analyzes evidence, consider “police reports” as cases brought to you and “investigations” as the process of collecting or analyzing forensic evidence. Please provide any explanation needed to clarify your response.

a. How many police reports have been filed with your department since the project start date?

Domestic Violence _____

Violations of
Orders of Protection _____

Adult Sexual Assault _____

Stalking _____

b. How many investigations has your organization conducted since the project start date?

Domestic Violence _____

Violations of
Orders of Protection _____

Adult Sexual Assault _____

Stalking _____

c. How many arrests have been made as a result of your department’s input since the project start date?

Domestic Violence _____

Violations of
Orders of Protection _____

Adult Sexual Assault _____

Stalking _____

d. Please identify techniques that you have used this reporting period to improve the investigations of violent crime against women and/or to encourage victims to pursue criminal justice:

Continue on a separate page, if needed

3. PROSECUTION RATES:

STOP funds are intended to foster more widespread apprehension, prosecution and adjudication of persons committing violence against women. Please provide the following information, again using liberal definitions and clarifying your responses, as needed.

a. How many cases in which you assisted in the investigation have been referred to the prosecuting attorney's office for file decisions?

Domestic Violence _____

Violations of
Orders of Protection _____

Adult Sexual Assault _____

Stalking _____

b. How many of these cases are being prosecuted?

Domestic Violence _____

Violations of
Orders of Protection _____

Adult Sexual Assault _____

Stalking _____

c. What is the current conviction rate for the following crimes?

Domestic Violence _____

Violations of
Orders of Protection _____

Adult Sexual Assault _____

Stalking _____

d. Please identify techniques that you have used during this reporting period to improve prosecution and conviction rates and/or to encourage victims to pursue criminal justice:

Continue on a separate page, if needed.

5. **SECONDARY VICTIMS SERVED:** (A secondary victim is one who, because of the relationship, companionship and affection felt toward the primary victim, experienced hardship as a result of a crime.)

a. **Column 1:** How many **secondary** victims received direct attention from your organization, **excluding those served through your STOP subgrant?**

b. **Column 2:** How many **secondary** victims received direct attention from your organization through your STOP subgrant (i.e. activities paid with STOP funds or other activities that are being claimed toward your subgrant matching requirement)?

-1- # Victims Received by <u>Organization</u>	-2- # Victims Received by <u>STOP Project</u>	<u>Crime Victimization Classification</u>
_____	_____	<p><i>Domestic Abuse</i> is defined as felony and/or misdemeanor crimes of physical and/or sexual violence (including threats and attempts) and violations of Orders of Protection committed against an adult by a current/former spouse of the victim; a person with whom the victim shares a child, or a person with whom the victim has cohabited in the past or present.</p> <p>Domestic abuse can include other abusive behavior against a person, such as dating violence; however, list these cases separately in the “Other” classification category found at the end of this section.</p>
_____	_____	<p><i>Adult Sexual Assault</i> is defined as felony and/or misdemeanor sexual offenses (including attempts) committed against individuals fourteen (14) years of age and older by forcible compulsion. Adult sexual assault does not include situations that meet the criteria for child sexual abuse as defined above.</p>
_____	_____	<p><i>Adults Molested as Children</i> is defined as individuals eighteen (18) years of age and older who reveal or previously revealed and continues to suffer from childhood sexual abuse.</p>
_____	_____	<p><i>Stalking</i> is defined as a purposeful course of conduct (<i>two or more acts separated by at least 36 hours within a period of a year</i>) that harasses another person and makes a terroristic threat with the intent of placing that person or his/her immediate family in imminent fear of death or serious bodily injury. (<i>“Immediate family” means spouse, parent, child, kin by consanguinity or affinity with the second degree or any person who regularly resides in the household or did reside six months prior.</i>)</p>
_____	_____	<p>Other crime classifications not listed above:</p> <p>_____</p> <p>_____</p>
_____	+	=
TOTAL NUMBER OF VICTIMS SERVED TO DATE		

6. VICTIM PROFILES:

- a. **Gender:** Please report the total number of victims served through your STOP project (funded and match) during this reporting period by gender. (The numbers provided below should not reflect the total organization's work.)

<u>Victim Population</u>	<u>Total Primary Victims</u>	<u>Total Secondary Victims</u>
Female	_____	_____
Male	_____	_____
Unknown	_____	_____
TOTAL BY GENDER:	_____	_____

NOTE: Column totals should agree with your responses in STOP columns in questions 4 and 5.

- b. **Race/Ethnicity:** Please report the total number of victims served through your STOP project (funded and match) during this reporting period by race/ethnic background. (The numbers provided below should not reflect the total organization's work.)

<u>Racial/Ethnic Background</u>	<u>Total Primary Victims</u>	<u>Total Secondary Victims</u>
African American	_____	_____
Hispanic /Latino	_____	_____
Indian / Native American	_____	_____
Asian Americans	_____	_____
Pacific Islanders	_____	_____
Caucasian	_____	_____
Other (<i>Identify</i>):		
_____	_____	_____
_____	_____	_____
Unknown	_____	_____
TOTAL BY RACE/ETHNICITY:	_____	_____

NOTE: Column totals should agree with your responses in the STOP columns in questions 4 and 5.

c. **Age:** Please report the total number of victims served through your STOP project (funded and match) during this reporting period by age. (The numbers provided below should not reflect the total organization's work.)

<u>Age</u>	<u>Total Primary Victims</u>	<u>Total Secondary Victims</u>
0 - 12	_____	_____
13 - 17	_____	_____
18 - 25	_____	_____
26 - 40	_____	_____
41 - 60	_____	_____
61 +	_____	_____
Unknown	_____	_____
TOTAL BY AGE:	_____	_____

NOTE: Column totals should agree with your responses in STOP columns in questions 4 and 5.

d. **What was the victim/offender relationship of your STOP victim population?**

Related by blood or current/former marriage	_____
Current/former intimate partner	_____
Mere acquaintances	_____
Complete strangers	_____
Other victim/offender relationships not listed above:	
_____	_____
_____	_____
_____	_____
TOTAL:	_____

NOTE: This should agree with your response in the STOP columns in question 4.

- e. If your subgrant specifically set out to reach those in any of the following underserved or special needs victim populations, please indicate the number of victims who benefited from your subgrant and describe what special efforts that were made to serve the victim population through STOP funds.

<u># Victims Received by STOP Project</u>	<u>Victimization Population</u>
_____	Ethnic, Racial and Cultural Minorities
_____	Non-English Speaking
_____	Geographically isolated
_____	Mentally/Emotionally Challenged
_____	Physically/Medically Challenged
_____	Elderly
_____	Migrant Farm Workers
_____	Lesbians
_____	Immigrants
_____	At-risk (e.g. incarcerated, prostitutes, substance abusers. etc.)

Continue on a separate page, if needed.

7. VICTIM SERVICES PROVIDED:

What services have been provided to primary and secondary victims as a direct result of your STOP subgrant?

- ❖ The figures reported should indicate individuals who received this service, not the total number of times that the service was provided. If more than one STOP subgrant employee or volunteer provides the same service, you should still only report the victim in receipt of the service once.
- ❖ Please pay close attention to the activity description provided, to ensure consistency in the state's report.
- ❖ Some activity descriptions contain additional reporting instructions, again to ensure consistent reporting.

**# Victims Served
by STOP Project**

Direct Service Activity

_____ ***Crisis Counseling*** refers to in-person crisis intervention, emotional support and guidance provided by advocates, counselors, mental health professionals or peers. This section does not include telephone contacts or services offered through crisis hotlines.

_____ ***Follow-up*** refers to contacts made to offer emotional support, provide empathetic listening or check on a victim's welfare and progress. Contact may be made in-person, by telephone or in writing.

_____ ***Therapy*** refers to intensive individual and/or group treatment facilitated by a licensed mental health professional for primary and secondary victims coping with crises that arise from the occurrence of a crime. This includes evaluation of mental needs, as well as actual delivery of psychotherapy.

_____ ***Group Treatment / Support*** refers to self-help and peer support group activities facilitated by an unlicensed advocate.

_____ ***Shelter / Safe House*** refers to short-term and long-term housing and related support services to primary and secondary crime victims. *Please count only the victims who entered the shelter during the work shift of STOP-funded or matching personnel.*

_____ ***In-Person Information and Referral*** refers to face-to-face contacts with victims during which time services and available support were explained/offered. This does not include meetings during which crisis intervention, emotional support and guidance were provided and does not include telephone contacts or services offered through crisis hotlines.

_____ ***Criminal Justice Advocacy*** refers to support and assistance provided to victims at any stage of the criminal justice process.

_____ ***Emergency Financial Assistance*** refers to assisting victims with financial hardships as a result of crime. *This section does not include assistance with state compensation claims.*

**# Victims Served
by STOP Project**

Direct Service Activity

_____ ***Emergency Legal Advocacy in Chancery Court*** refers to legal representation provided by STOP-paid attorneys and victim assistance provided by advocates while filing petitions for protective orders, dependency/neglect orders and other petitions. *If STOP federal and/or matching funds supported costs for both an attorney and an advocate, and victims received emergency legal advocacy from the team, the organization should only report each victim once.*

_____ ***Assistance in Filing Compensation Claims*** refers to making victims aware of the availability of crime victim compensation through the Arkansas Crime Victims Reparations Board. It may also refer to assisting the victim in completing the required forms and gathering documentation required.

_____ ***Personal Advocacy*** refers to assisting victims in securing services from other agencies; intervening with employers, creditors, landlords, and others on behalf of the victim, etc. It also includes accompanying victims to a medical facility and assisting victims with public and private insurance programs.

_____ ***Telephone Contact*** refers to office telephone calls made or received by the organization during which victims were made aware of services and available support. This does not include calls during which crisis intervention, emotional support and guidance were provided.

_____ ***Crisis Hotline Services*** refers to telephone contacts received by the organization during which time crisis intervention, lay counseling, emotional support, guidance, information and referrals were provided.

_____ ***Safety Measures*** refers to physical actions taken to restore a victim's sense of security, such as boarding up broken windows, replacing or repairing locks and other emergency services.

_____ ***Public Presentations*** refers to the number of individuals who learned about services and support available through public presentations designed to identify victims performed by STOP subgrant project staff.

Other direct services not listed above:

☐ PLEASE NOTE

The following three pages relate only to projects that conducted various activities other than service delivery. Please attach only the pages that pertain to your subgrant project and disregard those that do not apply.

Page 17 is a signature page. This page must be included in your submitted report.

PROFESSIONAL TRAINING: Please describe any training that was conducted as a part of your organization's STOP subgrant project.

Training Title: _____

Training Date(s) _____ Number of Those Trained: _____

Professions represented in the audience: _____

The name, title and profession of each individual who was involved in developing and/or delivering the training:

_____	_____
_____	_____
_____	_____
_____	_____

Continue on a separate page, if needed.

Please describe the technique(s) you used to weigh the effectiveness of the training and the results of this training (i.e. post-training surveys indicated heightened skills, participants indicated protocols would change as a result of training lessons, etc.):

Continue on a separate page, if needed.

If more than one training curriculum was prepared and delivered, please duplicate this page and report on each separately.

POLICY DEVELOPMENT/IMPLEMENTATION: Please describe any policy change that was developed and/or implemented as a part of your STOP subgrant project.

Policy Title: _____
Please attach a copy of the formal policy/protocol developed, when complete.

Please give a brief description of the development/implementation activities that occurred during this reporting period:

Continue on a separate page, if needed.

Anticipated Implementation Date: _____

The name, title and profession of each individual who was involved in developing and/or implementing the policy/protocol:

_____	_____
_____	_____
_____	_____
_____	_____

Continue on a separate page, if needed.

Please describe your plan for implementing the policy and the technique(s) you will use to weigh the effectiveness of the policy change:

Continue on a separate page, if needed.

If more than one policy was developed and implemented, please duplicate this page and report on each separately.

DATA COLLECTION/COMMUNICATION SYSTEM: Please describe any data collection or communication system that was developed and/or implemented as a part of your STOP subgrant project.

Data Collection Title: _____

Communication System Title: _____

Please give a brief description of the activities that occurred during this reporting period:

Continue on a separate page, if needed.

Anticipated Data Collection/Communication System Start Date: _____

The name, title and profession of each individual who was involved in developing and/or participating in the data collection/communication system:

_____	_____
_____	_____
_____	_____
_____	_____

Continue on a separate page, if needed.

Please describe your plan for implementing the data collection/communication system and the technique(s) you will use to weigh its effectiveness:

Continue on a separate page, if needed.

If more than one system was developed and implemented, please duplicate this page and report on each separately.

8. VOLUNTEER CONTRIBUTIONS: If time donated by volunteers was used to meet any applicable subgrant matching requirements, identify the total number of volunteers involved and total number of volunteer hours.

a. Total number of volunteers working on STOP subgrant project: _____

b. Total number of volunteer hours applied toward STOP subgrant match: _____

c. Please describe the activities that your volunteers provided within your STOP subgrant.

The undersigned hereby certifies that all statements, information and disclosures made herein have been reviewed in its entirety and are true and accurate. Furthermore, the undersigned accepts that this certification shall be treated as a material representation of fact upon which reliance will be placed by the State of Arkansas, Department of Finance and Administration.*

Authorized Official

Date*

** Please note that the final performance report for this subgrant requires additional information that calls for narrative responses. This certification will apply to those pages, as well.*

 ***PLEASE NOTE***

The following questions need only be submitted along with your final performance report for this subgrant. It is, however, advisable that you be aware that the information will be required so that you may prepare for complete and thorough responses.

9. Miscellaneous Organizational Information:

- a. What other funds do you receive that complement your STOP subgrant. Please provide the fiscal cycle of each funding source:

<u>Funding Source</u>	<u>Funding Amount</u>	<u>Effective Date</u>	<u>End Date</u>
VOCA			
FVPSA			
Other Dept. of Justice Funds (e.g. Byrne, COPS, etc.)			
PHHSBG Sexual Assault			
Other Federal			
State			
Private			
Other			

- b. Including STOP-paid staff, how many full-time equivalent employees work in your organization?

$$\frac{\text{Total Number of Staff Hours Worked}}{2,080} = \text{Full-time Equivalent Employees}$$

- c. Was the STOP-paid staff assigned to a special unit within your organization?

YES **NO**
Circle One

If yes, how many individuals, including the STOP-paid staff, are assigned to the Unit?

10. a. What goals/activities did your subgrant set out to perform?

b. Did you accomplish these goals?

In completing this section, please describe the tool(s) you utilized in determining whether your goals were achieved (e.g. pre / post statistical comparison, survey results) and your analysis of the findings. If you find that the outcome of your subgrant fell short of your expectations, please describe what you believe could have changed the ultimate outcome.

11. The goal of the STOP Program is to prevent and reduce violence against women and encourage the coordination of law enforcement, prosecution, the courts, victim advocates and other service providers. **Please describe how your STOP subgrant project impacted on your community's coordinated response to violent crimes against women.**

(Please do not reveal any information that would be considered confidential, including victims' identities.)
