

CJC SUBGRANT ANNUAL PERFORMANCE REPORT
Victims of Crime Act Victim Assistance Grant Program
Victim Statistics Worksheet

FOR THE PERIOD
OCTOBER 1, _____ TO September 30, _____

Total number of unduplicated victims served _____

SECTION I

INDICATE THE NUMBER OF VICTIMS SERVED BY TYPE OF VICTIMIZATION: NOTE: Indicate the number of victims served by VOCA-funded projects during the grant period. Each victim should be counted only once, i.e., a victim of a series of spouse abuse assaults should be counted more than once only as a result of separate and unrelated crimes.	NUMBER OF VICTIMS SERVED
1. CHILD PHYSICAL ABUSE	
2. CHILD SEXUAL ABUSE	
3. DUI/DWI CRASHES	
4. DOMESTIC VIOLENCE	
5. ADULT SEXUAL ASSAULT	
6. ELDER ABUSE	
7. ADULTS MOLESTED AS CHILDREN	
8. SURVIVORS OF HOMICIDE VICTIMS	
9. ROBBERY	
10. ASSAULT	
11. OTHER (SPECIFY)	

SECTION II

DEMOGRAPHICS Provide the number of victims for each category			
1. CHILD		7. AFRICAN-AMERICAN	
2. ADULT		8. HISPANIC	
3. DISABLED/HANDICAPPED		9. MALE	
4. NATIVE AMERICAN		10. FEMALE	
5. ELDERLY		11. OTHER (Specify)	
6. WHITE			

INDICATE THE NUMBER OF VICTIMS WHO RECEIVED THE FOLLOWING SERVICES (See back of page for definitions for each service):

1. CRISIS COUNSELING		8. EMERGENCY FINANCIAL ASSISTANCE	
2. FOLLOW UP		9. CRIMINAL JUSTICE SUPPORT/ ADVOCACY	
3. THERAPY		10. ASSISTANCE IN FILING COMPENSATION CLAIMS	
4. GROUP TREATMENT/SUPPORT		11. INFORMATION/REFERRAL (IN-PERSON)	
5. SHELTER/SAFE HOUSE		12. TELEPHONE CONTACT INFORMATION/ REFERRAL	
6. PERSONAL ADVOCACY		13. OTHER (Specify)	
7. EMERGENCY LEGAL ADVOCACY			

CJC STATE PERFORMANCE REPORTS INSTRUCTIONS - DEFINITIONS

IMPORTANT NOTE REGARDING VICTIM SERVICES:

A VOCA project refers to activities and services supported by VOCA funds plus required match. Except where otherwise indicated, the information in the State Performance Report must be based solely on the VOCA-funded projects, not on all other services and activities provided by the victim services agency.

VICTIM STATISTICS

SECTION 1

Indicate the number of victims served by type of victimization. For Item 11, you may submit an additional sheet of paper to identify and record the number of victims served.

SECTION II

Provide the number of victims receiving each type of service. Note: Review the description of each service prior to completing this question.

1. *Counseling* refers to in-person crisis intervention, emotional support, and guidance and counseling provided by advocates, counselors, mental health professionals, or peers. Such counseling may occur at the scene of the crime, immediately after a crime, or be provided on an ongoing basis.
2. *Followup* refers to in-person contacts, telephone contacts, and written communications with victims to offer emotional support, provide empathetic listening, check on a victim's progress, etc.
3. *Therapy* refers to intensive professional psychological and/or psychiatric treatment for individuals, couples, and family members related to counseling to provide emotional support in crisis arising from the occurrence of crime. This includes the evaluation of mental health needs, as well as the actual delivery of psychotherapy.
4. *Group Treatment/Support* refers to the coordination and provision of supportive group activities and includes self-help, peer, social support, etc.
5. *Shelter/Safe House* refers to offering short- and long-term housing and related support services to victims and families following victimization.
6. *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; etc.
7. *Emergency Legal Advocacy* refers to filing temporary restraining orders, injunctions, and other protective orders, elder abuse petitions, and child abuse petitions but does not include criminal prosecution or the employment of attorneys for nonemergency purposes, such as custody disputes, civil suits, etc.
8. *Emergency Financial Assistance* refers to cash outlays for transportation, food, clothing, emergency housing, etc.
9. *Criminal Justice Support/Advocacy* refers to support, assistance, and advocacy provided to victims at any stage of the criminal justice process, to include post-sentencing services and support.
10. *Assistance in Filing Compensation Claims* includes making the victim aware of the availability of crime victim compensation, assisting the victim in completing the required forms, gathering the needed documentation, etc. It also may include follow-up contact with the victim compensation agency on behalf of the victim.
11. *Information/Referral (in-person)* refers to in-person contacts with victims during which time, services, and available support are identified.
12. *Telephone Contact* refers to contacts with victims during which time services and available support are identified. This does not include calls during which counseling is the primary function of the telephone call.
13. *Other* refers to other VOCA allowable services

and activities not listed.

Please provide a narrative description responding to the following questions. Attach additional sheets if necessary.

- A. What are the major issues that hinder your efforts in assisting crime victims in filing for compensation benefits and in understanding state victim compensation eligibility requirements?

2. Did you promote coordinated public and private efforts within the community to aid crime victims? If yes, please describe.

3. Briefly describe any efforts to serve federal crime victims.

4. Include and/or attach anecdotal information and individual case histories that highlights your service to crime victims. (Letters from crime victims are helpful).

5. Identify any emerging issues or notable trends impacting crime victim services in Delaware.

6. Describe any activities conducted to improve the delivery of victim services (i.e., needs assessments, training, program evaluation etc.).

Name of Agency _____

Title of Grant _____

Person Completing Form _____

Phone Number _____

Date Form Completed _____