



CRIMINAL JUSTICE PLANNING AGENCY

P.O. Box 501133 Chalan Kanoa
Saipan, MP 96950
Tel: (670) 664-4550



PERFORMANCE REPORT: SEXUAL ASSAULT SERVICES PROGRAM

REPORT PERIOD: _____

General Instructions

The following information and data must be collected quarterly for the CJPA to complete the performance report required by the U.S. Department of Justice; Office for Victims of Crime. All agencies receiving funds under the Violence Against Women Act are required to submit quarterly performance reports on the effect the funds have had on services to crime victims in the CNMI. Performance reports must be submitted to the CJPA on the following due dates: January 15th, April 15th, July 15th, and October 15th.

SECTION I: PROGRAM INFORMATION

A. Program Title: _____

B. Department/Agency: _____

C. Report Prepared By: _____

D. Contact Person: _____

E. P.O. Box Number: _____

F. Telephone Number: _____

G. E-mail Address: _____

H. Sub-Grant #: _____

I. Category of Victim Services: (Please indicate percentages only.)

CATEGORIES	PERCENTAGE (%)
1. Domestic Violence	
2. Sexual Assault of an Adult	
3. Sexual Assault of a Minor	
4. Dating Violence	
5. Stalking	
5. Other (Please specify.)	
TOTAL	

SECTION II: PERSONNEL INFORMATION

A. Staff: Please enter the total number of paid staff and volunteer staff utilized by the project receiving VAWA funding.

1. Total Number of Paid Staff: _____

Position(s):

2. Total Number of Volunteer Staff: _____

B. Training: Please provide total number of personnel/volunteers who received training paid for by VAWA funding during the current reporting period:

Number of People Trained/Profession	Type of Training	Name of Training/Conference	Number of Days/Hours Trained
<i>Ex. Social Worker</i>	Domestic Violence	14th Annual DV Training	2 days

SECTION III: SERVICES STATISTICS

A.) Indicate the number of primary victims/survivors served, partially served, and victims/survivors seeking services who are not served. Report the following, as an unduplicated count for each category during the current reporting period. This means victims/survivors who were seeking or received services during the current reporting period should only be counted once. For the purpose of this report, victims/survivors are those against the sexual assault, domestic violence, dating violence, and/or stalking was directed. If the victim/survivor experienced more than one victimization; the person should be counted only once under the primary victimization.

Primary victims/survivors	Sexual Assault	Domestic Violence/Teen Dating Violence	Stalking	Total
A). SERVED: Victims/survivors who received the services(s) the requested, if those services where funded by the STOP Program Sub-grant				
B). PARTIALLY SERVED: Victim/survivors served who received some service(s), but not all of the services they requested , if those services were funded by STOP Program sub-grant				
TOTAL SERVED AND PARTIALLY SERVED (A+B)				
C. Victims/survivors seeking services who were not served: those who sought services and did not receive service(s) they are seeking, if those services were funded by the STOP Program Sub-grant				

B). Indicate the number of secondary victims served. Please report the following, as an unduplicated count for each category during the current reporting period. This means that each secondary victim who received services during the current reporting period should be counted only once and in only one of the listed categories, which should correspond to the category of victimization of the primary victims/survivors. Secondary victims are those who were indirectly affected by the domestic violence/dating violence, sexual assault, and/or stalking – children, siblings, spouses or intimate partners, etc.

Secondary victims	Sexual Assault	Domestic Violence/Teen Dating Violence	Stalking	Total
Secondary victims who received services(s) funded by the STOP Program Sub-grant				

C). Reasons that primary victims/survivors seeking services were not served or partially served.

Reasons not served or partially served	
Conflict of Interest	
Did not meet statutory requirements	
Hours of operations	
Insufficient/lack of culturally appropriate areas	
Insufficient/lack of language capacity (including sign language)	
Insufficient/lack of services to people with disabilities	
Lack of child care	
Program reached capacity	
Program rules not acceptable to victim/survivor	
Program unable to provide service due to limited resources /prior-setting	
Services inappropriate or inadequate for victims/services with mental health issues	
Services inappropriate or inadequate for victims/survivors with substance abuse issues	
Services not appropriate for victim/survivors	
Services not available for victims/survivors accompanied by male adolescents	
Transportation	
Other (Specify):	

D). Demographics of primary victims/survivors served or partially served. The count of race/ethnicity, gender, and age categories should match part A – number of primary victims/survivors served or partially served.

Race/Ethnicity	<i>Number of Victims/Survivors</i>
1. Chamorro	
2. Carolinian	
3. Palauan	
4. Chuukese	
5. Pohnpeian	
6. Filipino	
7. Chinese	
8. Japanese	
9. Korean	
10. Caucasian/White	
11. Unknown	
12. Other (Please specify.)	

Age	<i>Number of Victims/Survivors</i>
1. Age 17 or Younger	
2. Age 18 - Age 24	
3. Age 25 - Age 34	
4. Age 35 - Age 44	
5. Age 45 - Age 54	
6. Age 55 or Older	
7. Unknown	

Gender	<i>Number of Victims/Survivors</i>
Female	
Male	
Unknown	

Other Demographics	<i>Number of Victims/Survivors</i>
People with disabilities	
People with limited English proficiency	
People who are immigrants/refugees/asylum seekers	

E). Report the primary victim/survivor’s relationship to the offender by the type of victimization. If the victim/survivor experienced more than one type of victimization and/or was victimized by more than one perpetrator, count the victim/survivor in all categories that apply:

Relation to Offender	<i>Sexual Assault</i>	<i>Domestic Violence/Dating Violence</i>	<i>Stalking</i>
1. Spouse			
2. Ex-Spouse			
3. Common-law Spouse			
4. Boyfriend/Girlfriend			
5. Ex-Boyfriend/Ex-Girlfriend			
6. Father/Mother			
7. Brother/Sister			
8. Son/Daughter (Children of victims/perpetrators.)			
9. Other Family Member (Please specify.)			
10. Acquaintance (Friend, Neighbor, Co-worker, Roommate, Schoolmate, Etc.)			
11. Employer			
12. Stranger			
12. Other (Please specify.)			
TOTAL			

F). Victim Services: report the number of primary victims/survivors who received STOP Program funded services. Count each victim/survivor only once for each type of service that victim received during the current reporting period; do not report the number of times that service was provided to the victim.

SERVICE CATEGORIES	PRIMARY VICTIM(S)
1. Crisis Counseling/Support group	
2. Civil Legal Advocacy/Court accompaniment	
3. Civil legal Assistance (does not include services provided by an attorney or paralegal)	
4. Criminal justice Advocacy/Court accompaniment	
5. Crisis Intervention	
6. Forensic Examination	
7. Hospital/clinic/other medical response	
8. Language services (interpretation. translation)	
9. Transportation	
10. Victim/survivor advocacy	
14. Other (Please specify.)	
TOTAL	

G). Report the number of victims/survivors and accompanying family members who received emergency shelters and/or transitional housing provided with STOP Program funds during the current reporting period. This should be an unduplicated count for both victims/survivors and for family members. This means that each victim/survivor and each family member who received shelter services during the current reporting period should be counted only once. Report the total number of bed nights provided in emergency shelter and/or transitional housing to victims/survivors and family members. The number of bed nights is computed by multiplying the number of victims and family members by the number of the nights stayed in the shelter. The number of bed nights will typically be higher than the number of victims and family members.

Shelter Services	<i>Number of victims/survivors</i>	<i>Number of Family members</i>	<i>Number of bed nights</i>
Hotline Calls (Crisis or information and referral calls received by an agency's hotline or office telephone)			

Walk-in Information and Referrals			
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H). Report the total number of temporary and/or final protection orders requested and granted for which STOP Program funded victim services staff provided assistance to victim/survivors during the current reporting period. These orders also may be referred to as protection from harassment or anti-harassment orders, restraining orders, or no-contact or stay-away orders.

Sexual Assault protection orders	Temporary orders	Final orders
Number requested		
Number granted		

Domestic Violence/dating violence protection orders	Temporary orders	Final orders
Number requested		
Number granted		

Stalking protection orders	Temporary orders	Final orders
Number requested		
Number granted		

SECTION IV: Program Development

***Attach additional sheet if necessary.

- A. Briefly describe how STOP VAWA funding has allowed your program to operate in ways that it could not do before (provided they are within the VAWA statutory purpose areas).
- B. Briefly describe your project's efforts to increase victim cooperation with law enforcement. Also, describe barriers to providing victim services.
- C. Please describe your project's achievements in meeting the stated goals and objectives of the approved sub grant proposal.
- D. Please provide program evaluations, case histories, and other information that provides insight on the impact VAWA funding has had on services for victims in the CNMI. Specifically discuss improvements in the delivery of services since your project has received the VAWA funding.
- E. Please include any success stories that your program had during this quarter.

SECTION V: MISCELLANEOUS ITEMS

- A. Please attach an updated list of items (inventory) that were paid for by VAWA funds.
- B. Please provide a hard copy and a digital copy of the spreadsheet of the data used to complete this report.