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Office on Violence Against Women

Working Together to End the Violence

SASP Formula Grant Program

Sexual Assault Services Formula Grant
Program

2012 Report
Part C

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Bea Hanson
Acting Director
Office on Violence Against Women
U.S. Department of Justice

Introduction

The Sexual Assault Services Formula Grant Program (SASP) 2012 Report is submitted in fulfillment of the statutory requirement that the U.S. Attorney General provide a biennial report to Congress on all Office on Violence Against Women (OVW)-funded programs, including how funds were expended and an assessment of the effectiveness of funded programs. This report is based on data submitted by SASP administrators and SASP subgrantees reflecting SASP awards made and SASP-funded activities engaged in during calendar years 2009 and 2010.

The section titled “Background” (page 1) sets out the statutory origins and outlines of SASP—the program’s goals, the allocation and distribution of SASP funds, states’ eligibility, reporting requirements, and reporting methods.¹ “SASP 2009 and 2010: State-Reported Data and Distribution of Funds” (page 6) describes the sources of the data and how funds were used during calendar years 2009 and 2010—the types of agencies and organizations that received funding and the types of activities in which they engaged. “Effectiveness of SASP” (page 9) describes key activities conducted with SASP funds, discusses why they are important, and provides examples of specific SASP-funded programs and initiatives engaging in those activities. “SASP Aggregate Accomplishments” (page 25) presents the data reported by subgrantees in more detail with regard to activities accomplished with SASP funds. Finally, Appendix A and Appendix B present data on the number and characteristics of victims/survivors served on a state-by-state basis.

¹ Throughout this report, the word “state” is intended to refer to *all* recipients of SASP awards—i.e., the 50 states, the 5 U.S. territories, and the District of Columbia.

Background

Statutory Purpose Areas of SASP

The Sexual Assault Services Formula Grant Program, also known as SASP, was created by the Violence Against Women and Department of Justice Reauthorization Act of 2005 (VAWA 2005), 42 U.S.C. §14043g, and is the first federal funding stream solely dedicated to the provision of direct intervention and related assistance for victims of sexual assault.²

The purpose of SASP is to provide intervention, advocacy, accompaniment, support services, and related assistance for adult, youth, and child victims/survivors of sexual assault; their families, and household members; and others collaterally affected by the sexual assault. SASP helps victims/survivors heal from sexual assault trauma through support to victim/survivor service organizations such as rape crisis centers with 24-hour sexual assault hotlines, crisis intervention, and medical and criminal justice accompaniment. SASP supports such services through the establishment, maintenance, and expansion of rape crisis centers and other programs and projects that assist sexual assault victims/survivors.

By statute, SASP funds may be used for:

- ▶ 24-hour hotline services providing crisis intervention services and referral
- ▶ Accompaniment and advocacy through medical, criminal justice, and social support systems, including medical facilities, police, and court proceedings
- ▶ Crisis intervention, short-term individual and group support services, and comprehensive service coordination and supervision to assist sexual assault victims and family or household members
- ▶ Information and referral to assist the sexual assault victim and family or household members
- ▶ Community-based, linguistically and culturally specific services and support mechanisms, including outreach activities for underserved communities
- ▶ Development and distribution of materials on issues related to the services described above

² SASP funding is distributed by OVW in four ways: the Sexual Assault Services Formula Grant Program and three OVW discretionary grant programs. This report covers data from the formula grant program only. More information on the discretionary grant programs can be found in *the 2012 Biennial Report to Congress on the Effectiveness of Grant Programs Under the Violence Against Women Act*.

Eligibility Requirements, Allocation, and Distribution of SASP Funds

The U.S. Department of Justice, Office on Violence Against Women (OVW), administers SASP according to a statutory formula. All states, territories, and the District of Columbia are eligible to apply for SASP grant funds. Each of the 50 states will be awarded no less than 1.5 percent of the total amount appropriated in a fiscal year for SASP grants. For each territory and the District of Columbia, no less than .125 percent of the total appropriations will be awarded. In addition to this base amount, additional funding will be allocated in the following way:

The remaining funds shall be allotted to each State and each territory in an amount that bears the same ratio to such remaining funds as the population of such State and such territory bears to the population of all the States and the territories. The District of Columbia shall be treated as a territory for purposes of calculating its allocation under the preceding formula (42 U.S.C. Section 14043g(b)(4)).

Funds granted to the states are then subgranted to rape crisis centers and other nonprofit, nongovernmental agencies that provide direct intervention and related services to victims/survivors of sexual assault. Each state determines the process by which it awards subgrants.³ A state may choose to pass SASP formula grant funds through its sexual assault coalition to direct-service agencies or to directly distribute the funds.

Reporting Requirements and Methods

All SASP administrators and subgrantees are required to submit annual progress reports on how they used funds in the previous calendar year. They must include the number of victims served and partially served, as well as those who sought services but were not served. This reporting requirement is similar to those for other OVW programs that are statutorily required by VAWA 2000 to report on the effectiveness of OVW-funded activities.⁴

Throughout 2009, OVW worked with staff at the University of Southern Maine's Catherine E. Cutler Institute for Health and Social Policy in the Muskie School of Public Service (Muskie School) to develop and finalize the SASP administrator and subgrantee report forms in time for the 2009 reporting period. In developing the SASP forms, uniform measures were chosen to permit the aggregation of data and

³ The state official(s) designated to administer SASP formula funds will be referred to in this report as the "SASP administrator(s)."

⁴ VAWA 2005 did not include specific reporting requirements for newly funded programs such as SASP; however, these programs follow the same requirements as programs created under VAWA 2000. VAWA 2000 includes provisions requiring that grantees report activities funded by OVW and that the Attorney General submit a biennial report to Congress on the effectiveness of activities of OVW-funded programs [Public Law No. 106–386, Section 1003 (codified at 42 U.S.C. § 3789p)].

reporting across other grant programs that provide similar services. In addition to generating data for monitoring individual grantee's activities, the report forms enable OVW to review the activities and achievements of the entire grant program, as well as the aggregate achievements of numerous, individual programs engaged in similar activities. This grantee reporting system contributes to better long-term trend analysis, planning, and policy development. It also enhances OVW's ability to report to Congress in greater detail and depth about the programs created by VAWA and related legislation.

The Muskie School provides SASP administrators with comprehensive training and technical assistance for completing report forms.⁵ These administrators submit their annual reports online through the Office of Justice Programs' Grants Management System, and SASP subgrantees submit electronic versions of their annual progress reports to their state SASP administrators. Currently, states are required to submit both reports to OVW by March 30 of each year.

SASP 2009 and 2010: State-Reported Data and Distribution of Funds

Sources of Data

This report is based on data submitted by 195 subgrantees from 11 states in 2009,⁶ and 648 subgrantees from 48 states and 2 U.S. territories, and the District of Columbia in 2010.^{7,8,9} It also includes data submitted by 54 SASP administrators on the distribution and use of program funds during calendar years 2009 and 2010. Under a cooperative agreement with OVW, the Muskie School has analyzed quantitative and qualitative data from two sources: subgrantees completing the Annual Progress Report and grant administrators completing the Annual SASP Administrators Report. SASP administrators awarded \$3,292,209 in 2009 and \$10,828,115 in 2010.

⁵ Because of the large number of subgrantees (approximately 650), Muskie School staff provide SASP administrators with training and technical assistance with the understanding that SASP administrators will train their state's subgrantees to complete the subgrantee progress reporting form.

⁶ SASP funds were first awarded in 2009 to 198 subgrantees from 14 states and 1 territory; of these, 195 subgrantees from 11 states reported expending funds.

⁷ In 2010, 48 states, 2 territories, and the District of Columbia awarded money to subgrantees. Complete lists of states that awarded money in each year are in Appendixes A and B.

⁸ Because there is a significant difference in the numbers of states awarding and using funds in each year, 2009 and 2010 data are not averaged in this report. Each year is reported separately.

⁹ Because some states submitted reports for each subgrantee of SASP funding (usually rape crisis programs), and others submitted one report representing the activities of all subgrantees (usually completed by the state's sexual assault coalition), the numbers reported here may under-represent the number of actual programs receiving SASP funding.

How SASP Funds Were Used: Subgrantees

Subgrantees used SASP funds to pay for staff, informational materials, and services to victims/survivors of sexual assault.

In 2009, the majority (88 percent) of the subgrantee agencies and organizations used SASP monies to fund staff positions, most of which were held by professionals who provided direct services to victims/survivors. When staff allocations are translated to full-time equivalents (FTEs), staff providing direct services to victims/survivors represent 76 percent of the total SASP-funded FTEs.¹⁰ By comparison, program coordinators represent 14 percent of FTEs, administrators 7 percent, and support staff 3 percent. Similarly, in 2010, 90 percent of the subgrantee agencies and organizations used SASP monies to fund staff positions. FTE distribution shows that 80 percent of SASP-funded staff provided direct services to victims/survivors.¹¹ The remaining 20 percent is constituted primarily of program coordinators at 13 percent, administrators at 4 percent, support staff at 2 percent, and other staff members at 1 percent.

SASP subgrantees develop, revise, and/or distribute a variety of informational materials that describe the services of SASP-funded organizations. Examples include outreach and promotional materials and websites. In 2009, 10 percent of all subgrantees used SASP funds for informational materials; in 2010, that percentage increased to 25 percent.

SASP funds are primarily used to provide services to victims/survivors of sexual assault. In 2009 and 2010, an average of 98 percent of victims/survivors received the services they sought. In both years, the majority were white, female, and between the ages of 25 and 59. The next two most common races/ethnicities served each year were Hispanic or Latino and black or African-American.¹² Approximately 33 percent of the victims/survivors served in both years were reported as living in rural areas. Victims/survivors used crisis intervention, counseling services/support groups, and victim/survivor advocacy more than any other services.¹³ In addition, 8,086 hotline calls in 2009 and 30,550 hotline calls in 2010 were received from primary victims/survivors. For a complete description of all demographics and services, see Tables 8, 9, and 11 on pages 28–30.

¹⁰ These staff categories include victim advocates, counselors, outreach workers, legal advocates, children's advocates, and translators/interpreters.

¹¹ These staff categories are the same as those in footnote 10.

¹² This calculation is based on the number of victims/survivors for whom race/ethnicity, gender, or age was known. It may represent an undercounting of the actual number because race/ethnicity was reported as unknown for 12 percent of victims/survivors for 2009 and 2010. Hotline services generally do not collect this information because it could discourage victims/survivors from seeking help. Whenever collecting demographic information on victims/survivors presents a barrier to service, or could violate confidentiality or jeopardize a victim's safety, subgrantees/service providers are advised not to collect it.

¹³ Victims/survivors were reported only once for each type of service received during the calendar year.

Subgrantees reported using SASP funds for six statutory purposes. Tables 1a and 1b list these purpose areas and report the number of projects addressing each area during calendar years 2009 and 2010. The two purpose areas most frequently addressed by subgrantees were crisis intervention and information and referral.

Table 1a. Statutory purpose areas addressed with SASP funds in 2009

Purpose area	Subgrantees (N =195)	
	Number	Percent
24-hour hotline services	165	84.6
Accompaniment and advocacy through medical, criminal justice, and social support systems	167	85.6
Crisis intervention	184	94.4
Information and referral to assist the sexual assault victim and family	187	95.9
Community-based, linguistically and culturally specific services	94	48.2
The development and distribution of materials on issues related to sexual assault	69	35.4

NOTE: Each subgrantee was able to select all purpose areas addressed by its SASP-funded activities during calendar year 2009. Thus, the number of purpose areas identified is greater than the total number (N) of subgrantees.

Table 1b. Statutory purpose areas addressed with SASP funds in 2010

Purpose area	Subgrantees (N =648)	
	Number	Percent
24-hour hotline services	477	73.6
Accompaniment and advocacy through medical, criminal justice, and social support systems	509	78.5
Crisis intervention	578	89.2
Information and referral to assist the sexual assault victim and family	542	83.6
Community-based, linguistically and culturally specific services	301	46.5
The development and distribution of materials on issues related to sexual assault	255	39.4

NOTE: Each subgrantee was able to select all purpose areas addressed by their SASP-funded activities during calendar year 2010. Thus, the number of purpose areas identified is greater than the total number (N) of subgrantees.

Types of Agencies Receiving SASP Funds

More sexual assault programs received SASP funds than any other type of SASP-funded agency or organization in 2009. Dual sexual assault and domestic violence programs were the next most frequent recipients, followed by community-based organizations and sexual assault/dual coalitions.

In 2010, more dual sexual assault and domestic violence programs received SASP funds than did any other type of SASP-funded agency or organization. Sexual assault programs were the next most frequent recipients, followed by sexual assault/dual coalitions, community-based organizations, and a tribal sexual assault program. Table 2 presents a complete list of the types of organizations that received funding, as reported by subgrantees.

Table 2. Types of agencies receiving SASP funds in 2009 and 2010

Type of agency	2009 Subgrantees (N =195)		2010 Subgrantees (N =648)	
	Number	Percent	Number	Percent
Sexual assault program	97	49.7	235	36.3
Dual program (SA & DV)	88	45.1	349	53.9
Community-based organization	6	3.1	27	4.2
Sexual assault/dual coalition	4	2.1	36	5.6
Tribal sexual assault program	0	0	1	.2

Effectiveness of SASP

This section describes SASP-funded services provided to victims/survivors of sexual assault. It discusses why these services are important and how they contribute to the goal of improving victim/survivor safety. Programwide accomplishments are highlighted, as well as specific SASP-funded projects engaging in effective practices. (For a more detailed presentation of data reflecting the aggregate activities of all SASP-funded projects, see “SASP Aggregate Accomplishments” on page 25.)

Sexual Assault: Definition and Prevalence

Sexual assault is any type of sexual contact or behavior that occurs without the explicit consent of the victim, including forced sexual intercourse, forcible sodomy, child molestation, incest, fondling, and attempted rape (U.S. Department of Justice, Office on Violence Against Women, 2012). Sexual assault is perpetrated by strangers, acquaintances, and dating partners, as well as intimate or married partners of the victims/survivors (White, McMullin, Swartout, & Gollehon, 2008).

The Centers for Disease Control and Prevention (CDC) recently released the National Intimate Partner and Sexual Violence Survey (NISVS), a key study that estimates the prevalence of sexual assault, intimate partner violence, and stalking, based on 16,507 interviews with men and women in the United States. According to this study, nearly one in five women (18.3 percent) in the U.S. has experienced rape¹⁴ in their lifetime, 44.6 percent have experienced some other form of sexual violence, and approximately 1 in 10 has been raped by an intimate partner. Of all female victims/survivors who had experienced rape, 51 percent were raped by a current or former intimate partner and 41 percent by an acquaintance (Black et al., 2011).

Women younger than 25 are at increased risk for sexual crimes. More than three-quarters (79.6 percent) of women surveyed in NISVS who had been victims of a completed rape were first raped before their 25th birthday, with approximately 42 percent of these victims experiencing their first completed rape before the age of 18 (Black, et al., 2011).

Because many 18- to 25-year-old women reside on college campuses, researchers have studied this population to determine the prevalence of violence and associated factors. A longitudinal study examining prevalence rates among high school and college women found that between adolescence and their fourth year of college, 79

¹⁴ In the NISVS study, rape is separated into three types, completed forced penetration, attempted forced penetration, and completed alcohol or drug facilitated penetration.

percent of respondents reported experiencing sexual victimization, which was defined as “unwanted contact,” “verbal coercion,” “attempted rape,” or “rape” (Smith, White, & Holland, 2003). The Campus Sexual Assault (CSA) Study surveyed more than 6,800 undergraduate students in 2 large public universities and found that of the 5,466 women completing the survey, 13.7 percent had been victims of at least 1 completed sexual assault since entering college (Krebs, Lindquist, Warner, Fisher, & Martin, 2007). Almost 5 percent of these young women were physically forced, and approximately 8 percent were incapacitated and unable to consent, having either voluntarily consumed alcohol or drugs or involuntarily been drugged. The Historically Black College and University Campus Sexual Assault (HBCU-CSA) Study, which assessed multiple factors related to sexual assault on 4 HBCU campuses, found that approximately 10 percent of the 3,951 undergraduate women surveyed had experienced a completed sexual assault since entering college (Krebs, Lindquist, & Barrick, 2010).

Studies show that youth and children experience significant rates of sexual harassment and assault. According to one study, three out of four high school girls report being sexually harassed and more than half (53 percent) report being sexually assaulted by a peer. These incidences also occur at high rates in middle school. Fifty-eight percent of middle-school girls reported being sexually harassed, and nearly 40 percent reported being sexually assaulted by peers (Young, Grey, & Boyd, 2009).

In other research, boys also reported being subjected to sexual harassment and assault by peers, with 40 percent reporting harassment and approximately 25 percent reporting assault. Twelve percent of high school girls and 3 percent of high school boys reported being raped (Young et al., 2009).

Research reveals that sexual violence often begins at a young age. CDC’s recent NISVS reported that nearly half (42.2 percent) of females who had experienced rape were younger than 18 at the time of the assault. Twelve percent of those victims/survivors were age 10 or younger. Nearly 30 percent of the male rape victims surveyed were also first raped at age 10 or younger (Black et al., 2011). Although both genders may be victims of child sexual assault, females are more likely than males to be sexually abused, and girls between the age of 14 and 17 have the highest rates of sexual victimization (Finkelhor, Turner, Ormrod, Hamby, & Kracke, 2009). In 2009 alone, child protective services agencies in the United States responded to 67,032 child sexual assault cases (U.S. Department of Commerce, Bureau of the Census, 2011).

Sexual Assault: Impact on Victims/survivors

Sexual assault affects victims/survivors on many levels and in many ways. Physical injuries and emotional and psychological challenges such as shame, guilt, and fear are common. The NVAW Survey found that nearly 18 million women and 3 million men had experienced a sexual assault sometime in their lives.

When asked about threats, physical assaults, and fear of bodily injury during their rape experience as an adult (or about the most recent rape if they had experienced more than one), nearly half (43.1 percent) of the female sexual assault victims/survivors surveyed reported believing that they or someone close to them would be seriously hurt or killed (Tjaden & Thoennes, 2006).

Studies of intimate partner sexual assault demonstrate significantly greater prevalence of post-traumatic stress disorder, stress, and dissociation when compared with non-intimate-partner sexual assault and nonsexual physical assault of women (McFarlane et al., 2005); (Temple, Weston, Rodriguez, & Marshall, 2007). A 4-year study of 352 women age 14 to 65 who visited an emergency room for a sexual assault found that 76 percent knew their offender, either as an intimate partner, an acquaintance, or a recently met acquaintance; 24 percent reported the perpetrator to be a stranger (Logan, Cole, & Capillo, 2007). The rates of any type of physical injury reported were higher among women assaulted by an intimate partner. In addition, women in intimate relationships with their abusers are less likely to seek services and are at greater risk for further sexual abuse when they try to leave the relationship (Block & DeKeseredy, 2007; Cattaneo, DeLoveh, & Zweig, 2008).

The consequences of child sexual abuse are severe. When children are sexually victimized, the likelihood of further victimization increases. Findings from NISVS, which included more than 9,000 female participants, show that more than a third (35.2 percent) of females who were raped when they were younger than 18 were raped again as adults. The percentage of adult rape victims who were sexually abused as children was two times higher than the rate for women who were not raped as children (Black et al., 2011). The National Survey of Children's Exposure to Violence (NatSCEV) study, which sought to determine 1-year and lifetime prevalence estimates of different childhood victimizations, showed that children who reported exposure to sexual violence during their lifetimes also reported being sexually victimized during the past year, suggesting that there is an ongoing risk of sexual victimization (Finkelhor, Turner, Ormrod, & Hamby, 2009; Finkelhor, Turner, Ormrod, Hamby, et al., 2009).

The effects of childhood sexual abuse are often long term, reaching into adulthood. Adults who have been sexually abused as children show higher incidences of frequent headaches (Anda, Tietjen, Schulman, Felitti, & Croft, 2010; Black et al., 2011). One study found a strong relationship between sexual abuse and other adverse childhood experiences, with increased risk for lung cancer in adulthood (Brown et al., 2010). Child victims of sexual assault may suffer from anxiety, depression, attachment difficulties, and regressive behaviors (Finkelhor, Turner, Ormrod, & Hamby, 2009; Finkelhor, Turner, Ormrod, Hamby, et al., 2009).

The shame and fear experienced by survivors of sexual assault may prevent them from seeking assistance. In a study of 215 college students (55 percent of whom were female), the most crucial barriers reported were shame and guilt, issues of confidentiality, fear of retaliation, and worry about not being believed (Sable, Danis, Mauzy, & Gallagher, 2006). For these and other reasons, sexual assault

victims/survivors do not always seek assistance from the very systems set up to help them.

In a qualitative study of 29 survivors who had not sought assistance, researchers found that these survivors were trying to protect themselves, thinking the services would not help them, could not protect them, and might cause them greater psychological harm (Patterson, Greeson, & Campbell, 2009). Another study estimates that only one in five women report sexual victimization to the police, and of those victims/survivors who did report to law enforcement, only 37 percent saw their cases prosecuted (Kilpatrick, Resnick, Ruggiero, Conoscenti, & McCauley, 2007; Tjaden & Thoennes, 2006).

SASP-Funded Services

SASP subgrantees provided services to 4,755 victims/survivors in 2009 and 30,635 victims/survivors in 2010. These victims/survivors received a wide range of services, the most common being crisis intervention, counseling and support groups, and victim/survivor advocacy (assistance with obtaining needed services or resources, including material goods and services, health care, education, finances, transportation, child-care, employment, and housing). Other services included hotline calls and criminal justice and/or legal advocacy (assistance in navigating the criminal and/or civil legal systems). Subgrantees providing these services also routinely provided safety planning, referrals, and information to victims/survivors as needed.

Table 3. Individuals receiving SASP-funded services in 2009 and 2010

Type of service	Individuals served 2009	Individuals served 2010
Crisis intervention	3,062	18,690
Counseling/support group	2,577	14,470
Victim/survivor advocacy	2,116	14,026
Criminal justice advocacy	1,368	5,065
Hospital/clinic/other medical response	1,175	5,212
Material assistance	638	3,282
Civil legal advocacy/court accompaniment	551	2,829
Transportation	274	1,967
Language services	244	843
Financial counseling	58	994
Employment counseling	45	986
Job training	1	382

NOTE: Each victim/survivor is reported only once in each category of service, regardless of the number of times that service was provided to the victim/survivor during the reporting period.

Two SASP administrators describe the comprehensive services that SASP funds allow the programs in their states to provide:

ADMINISTRATOR PERSPECTIVE

The programs are excited to have funding dedicated solely for sexual assault services, and have supplemented their programs, mostly by adding staff and assisting with operating expenses. The SASP funding has given us the opportunity to maintain a consistent level of services and networking efforts within our community. We have staff to answer the crisis line, coordinate volunteers, and provide crisis counseling to victims and to work in the community with local service providers. With the SASP funds, we have been able to relieve our sexual assault counselors to spend more time working with clients and to work more consistently with those who are key to assisting victims of this crime, such as law enforcement, hospital emergency room staff, and other service providers in our service area. SASP funding has allowed our agency to enhance our existing services.

—SASP administrator, Alabama

ADMINISTRATOR PERSPECTIVE

During calendar year 2010, SASP funded or partially funded nine sexual assault positions in Kansas. Four of these positions are therapists or counselors that have been able to provide free therapeutic services to victims of sexual assault. The sexual assault counselors are able to provide one-on-one counseling as well as support groups in order to address the emotional scars that result from sexual assaults. A bilingual sexual assault intervention specialist also was hired. This specialist is able to focus efforts on the underserved Spanish-speaking community. This new bilingual position has provided advocacy as well as answer[ed] hotline calls from those only speaking Spanish. Sexual assault advocates have also been funded by SASP. The advocates provide crisis intervention, medical accompaniment, criminal court accompaniment, support services, as well as safety planning for the victims. Each victim is different and other services may be provided based on the individual victim's needs.

— SASP administrator, Kansas

A SASP subgrantee describes the impact of victim/survivor services:

SUBGRANTEE PERSPECTIVE

Due to the support of SASP funding, vital services have assisted men, women and children within our community. These individuals have learned to put the trauma of sexual assault in perspective and are no longer defined by what has happened to them. They understand that the abuse/assault was not their fault but rather the sole responsibility of their perpetrator(s). They have developed healthy coping skills, renewed self-images, and empowerment from knowing how to reduce their risk of further victimization. These individuals no longer feel isolated or helpless as victims but rather stronger to share in an experience of being a survivor. This funding has allowed us to sustain our ability to provide critical crisis intervention services to victims of sexual assault and their family members. Without such funding, staff and services would be drastically reduced and as a result, fewer victims would receive services. While much of the overall success of the program can be defined by the number of participants who utilized services, the real successes are the intangible changes in the lives of the survivors.

— *Women's Center of San Joaquin County, California*

A Vermont SASP subgrantee is able to respond to survivors of intimate partner violence in need of shelter:

SUBGRANTEE PERSPECTIVE

SASP funding has helped support the Sexual Assault Crisis Team to have the only shelter in the United States to house female [victims] of sexual violence and male victims of sexual and domestic violence and their non-offending family members as well. We have been able to continue to support and maintain having a shelter in our building and provide trained shelter intake staff.

— *Sexual Assault Crisis Team, Vermont*

An Iowa SASP subgrantee reports the success of sexual assault services for youth:

SUBGRANTEE PERSPECTIVE

Through SASP funding, we have been able to retain our youth advocates. These advocates provide advocacy and counseling during evidentiary exams, law enforcement interviews, and crisis intervention. In recent months we have seen an increase in collaboration with the Department of Human Services including our youth advocate in their investigation process. Our advocates accompany families to the Child Advocacy Center in Sioux City, providing transportation and support during these hospital visits. The youth advocates both have been able to become trained facilitators for the Girl's Circle Curriculum. This curriculum teaches pre-adolescent girls about empowerment, victimization, body image, and self esteem issues while making a safe place for them to discuss their victimization.

— *Centers Against Abuse and Sexual Assault, Iowa*

Two SASP subgrantees cite the importance of victim services for children:

SUBGRANTEE PERSPECTIVE

SASP funds gave Rockford Sexual Assault Counseling the ability to provide additional hours of counseling and other direct services to child victims of sexual assault and abuse. Without the funding, the waiting list for counseling services would be much longer than it is currently. When individuals wait an extended time for services, it increases the number who don't follow through with the process. The agency was also able to offer additional support and education to the parents of the sexually abused children. This information and support helps them to better respond to the needs of their children, as well as their own feelings about the abuse. This education and support has a positive impact on the child's healing process.

— *Rockford Sexual Assault Counseling, Illinois*

SUBGRANTEE PERSPECTIVE

SASP funding has allowed us to respond to dramatically increased need for medical advocacy. Prior to the funding, the community had been missing for several years a provider to perform child forensic medical examinations. Parents had to travel to Olympia or do without such a service. Now the community has not only one but two providers, with a third one being trained. The SASP funding makes it possible for an advocate to provide medical advocacy for all child sexual abuse victims, as well as the necessary legal advocacy. The latter can include everything from notifying the family of the prosecutor's decision, to supporting the victim/survivor and family through the legal process all the way to trial, if it goes that far. There is no way we could have met this sudden and increased need for medical and legal advocacy prior to receiving this funding.

—YWCA Clark County Sexual Assault Program, Washington

SASP subgrant recipients provide several examples of sexual assault advocacy:

SUBGRANTEE PERSPECTIVE

SASP funding allowed the Advocacy & Resource Center to spend more time focused on supporting sexual assault victims during the criminal justice process. The mission of the center requires that sexual assault victims' crisis needs are met. The amount of funding received defines the extent of the services. With the addition of SASP funding, the services are seamless from the crisis, through the resolution provided by the justice system, to the healing process. Many victims are not involved with the justice system, but need a lot of support to start the healing and with more funding, more hours with an advocate are available. It has also become apparent that when supported properly, some victims who do become involved with the criminal justice [system], incorporate it into their healing.

—Advocacy & Resource Center, Wyoming

ADMINISTRATOR PERSPECTIVE

Another center utilized SASP funds to ensure that an advocate/counselor could be physically present in the office at all times during the workday for sexual assault clients who walk-in; the program has a large percentage of survivors/victims who prefer to drop-in for services as needed, instead of scheduling an appointment. The advocate/counselor was immediately available to provide crisis intervention, individual counseling services, medical advocacy response, court accompaniment, and advocacy whenever a survivor came to the rape crisis center. Survivors were not put on wait-lists for counseling and did not have to leave their contact information and wait for an advocate to schedule an appointment; they were able to meet a counselor/advocate immediately. Often when a survivor is put on a wait-list or has to wait two days for a scheduled counseling appointment, they decide not to seek services and an opportunity to support the survivor is lost. SASP supported the more effective model for this community—full-time, drop-in counseling availability for sexual assault survivors.

—*SASP administrator, Massachusetts*

Many of the sexual assault victims/survivors who are served initiate contact through a crisis line. A large number of subgrantees were able to fund their hotlines by providing volunteer stipends, cell phones, pagers, and answering services.

SUBGRANTEE PERSPECTIVE

SASP funding allows us to continue to be an agency in the community providing the only services to survivors of sexual violence and their significant others. Being the only agency, we are heavily relied upon for the provision of intervention services for survivors as well as the go-to place for counseling for individuals who have had sexual assault crimes perpetrated against them. Funding allows us to operate our two 24-hour hotlines, providing an integral link for those in need in our community as well as the ability to respond immediately to the needs of survivors reporting their crimes to law enforcement. Without funding, we feel that our response to survivors in the community would be severely crippled, leaving many without the valuable services that assist them on the journey to healing from a sexual assault.

—*North County Rape Crisis Center, California*

SUBGRANTEE PERSPECTIVE

The hotline staff funded under SASP are necessary to the victim-centered approach within the agency. The hotline provides immediate crisis intervention, referrals, access to an advocate, and if needed, access to emergency shelter. Again, this funding is vital to providing these services to sexual assault victims 24 hours a day, 7 days a week.

—*Family Crisis Resource Center, Inc., Maryland*

One of the statutory purpose areas of SASP is delivery of community-based, linguistically and culturally-specific services and support mechanisms, including outreach activities for underserved communities.¹⁵

In 2009, subgrantees used SASP funds to provide services to 285 victims/survivors who were reported in the category of American Indian or Alaska Native; 414 victims/survivors who were black or African-American; 915 victims/survivors who were Hispanic or Latino; 285 victims/survivors who were Asian; 74 victims/survivors who were 60 years of age or older; 355 victims/survivors with disabilities; 374 victims/survivors with limited English proficiency; 121 victims/survivors who were immigrants, refugees, or asylum seekers; and 1,564 victims/survivors who were living in rural areas.¹⁶

In 2010, subgrantees used SASP funds to provide services to 942 victims/survivors who were reported in the category of American Indian or Alaska Native; 4,933 victims/survivors who were black or African-American; 3,365 victims/survivors who were Hispanic or Latino; 267 victims/survivors who were Asian; 514 victims/survivors who were 60 years of age or older; 2,744 victims/survivors with disabilities; 1,508 victims/survivors with limited English proficiency; 690 victims/survivors who were immigrants, refugees, or asylum seekers; and 9,693 victims/survivors who were living in rural areas.¹⁷

SASP subgrantees identified various ways in which historically underserved victims/survivors were provided with sexual assault services through SASP funding.

¹⁵ VAWA 2005 at Section 40002 (a)(32) defines “underserved populations” as including “populations underserved because of geographic location, underserved racial and ethnic populations, populations underserved because of special needs (such as language barriers, disabilities, alienage status, or age), and any other population determined to be underserved by the Attorney General or by the Secretary of Health and Human Services, as appropriate.”

¹⁶ For more detailed demographic information on victims/survivors served by all states, see Tables 8 (page 28) and 9 (page 29); for demographic information on victims/survivors served by individual states see Tables B2a (page 41) and B2b (pages 49, 50, 51) in Appendix B.

¹⁷ See footnote 16.

SUBGRANTEE PERSPECTIVE

SASP funding has allowed us to hire two part-time [bilingual] sexual violence response specialists who have the ability to write and speak the Spanish language. This comprehension has allowed us to outreach not only to the English-speaking community but [also] the Hispanic community. We have been afforded several opportunities to connect with local Hispanic organizations. Examples of our outreach include attending a local Hispanic soccer game, where we informed the spectators and families of the players of our services and confidentiality; speaking to Hispanic groups at local churches; and [attending] an Hispanic cultural fair held at the downtown Oklahoma City fairgrounds, where we made connections with local businesses. The cultural fair opened the door for an interview with a statewide televised program called *Nuestra Oklahoma*, where hundreds of viewers learned of our organization.

—*Women's Resource Center, Oklahoma*

SUBGRANTEE PERSPECTIVE

SASP funds have allowed us to reach out to a diverse community reaching all ages, races, and economic target groups. I believe we have played a vital role in enhancing services to victims of violent crimes. We have a large migrant farm worker population in our east region. Funds have allowed us to provide targeted outreach to this special population. Our wrap-around services, 24-hour care and support for sexual assault survivors [are] unique in concept as we are the only rape crisis center serving this area. Without SASP funding, services would be at a minimum.

—*San Bernardino County Sexual Assault Service, California*

SUBGRANTEE PERSPECTIVE

The additional part-time counselor funded by SASP enabled clients to be seen more quickly for counseling services. The counselor in this position did outreach to the lesbian/gay/transgender community that resulted in the forging of a bond between the agency and this community. As a result, the agency staff members and volunteers are better prepared to work with people from that community through increased knowledge gathered by the counselor [that] she has shared with others.

—*Sexual Assault Counseling and Information Service, Illinois*

SASP funds allowed victims/survivors in rural communities to receive services:

SUBGRANTEE PERSPECTIVE

We have allocated our SASP funding to partially support a counselor and an advocate in our satellite area. This is a portion of our service area that is significantly under-served. This very rural area has a high unemployment rate, high poverty rate, and a high percentage of adults without a high school degree. While these factors are not causes of sexual violence, they do influence the support and services a survivor receives (or does not receive) following their victimization. Transportation is also a major challenge for many people in this area; therefore, having Rape Crisis Services staff available to assist survivors in our satellite office is crucial.

—Rape Crisis Services of The Women's Center, Inc., Illinois

SUBGRANTEE PERSPECTIVE

This funding has allowed us to start to provide services in a completely previously unserved county in Arizona. Thanks to this funding, we have been able to expand vital services to a small, rural, border community. A full-time advocate is able to provide crisis intervention, referral, complex personal advocacy, and a non-therapeutic support group. She is also able to participate in many community collaborations that assist survivors and their families. Additionally, we have been able to expand outreach to rural sections of the more urban service area that has been served by our agency. A full-time advocate in our main office is able to be on call on weekends for eight-hour shifts, vastly improving the 24-hour hospital response system. This same advocate does the rural outreach, letting rural communities know about our agency's services and the VAWA 2005 mandate allowing survivors to receive medical forensic exams regardless of their involvement with law enforcement.

*—Arizona's Children Association d.b.a.
Southern Arizona Center Against Sexual Assault*

Remaining Areas of Need

SASP administrators and subgrantees are asked to identify the remaining unmet needs in their states or programs whose satisfaction would most significantly improve services to victims/survivors of sexual assault, increase victim/survivor safety, and enhance community response, including offender accountability. In their reports for calendar year 2010, the administrators regularly cited the following as those remaining unmet needs:

- ▶ Sexual assault nurse examiners (SANEs) and sexual assault response teams (SARTs)

- ▶ Training and education for community stakeholders
- ▶ Services for sexual assault victims/survivors living in rural communities
- ▶ Services for historically underserved victims/survivors, including disabled, elderly, limited-English-speaking, LGBTQ (lesbian, gay, bisexual, transgender, and questioning), and tribal communities

Of these, the most often cited remaining need was for SANEs and SARTs. Administrators consistently reported the need for SANE-certified nurses who could improve forensic evidence collection by making it less traumatic for victims/survivors and more likely to lead to offender convictions. Further, administrators discussed a need for multidisciplinary, interagency SARTs in their communities to increase reporting of sexual assault and conviction rates, as well as to ensure a sensitive and appropriate response to victims/survivors.

As one SASP administrator explained:

ADMINISTRATOR PERSPECTIVE

Agencies also voice the need for more funding to support licensed therapists and greater availability of SANE nurses. Training for those SANE nurses is also very important. While SASP does not allow funding to be used for forensic examiner projects, many of the programs utilizing OVW funds would benefit from increased funding and support in this area. Many programs that implement SANE projects have experienced high turnover from forensic nursing staff and worry that the issue is due to lack of training. For the nurses to feel comfortable not only in the exam room but on the witness stand, continuing education is a must. . . . Many SASP agencies have expressed continued challenges with coordinating efforts in their community between advocates, law enforcement, and hospital staff, for example.

—SASP administrator, Tennessee

ADMINISTRATOR PERSPECTIVE

We still have a need for a SART team. It is very important to have this in place in order to maximize the amount of services that we do have for victims of SA [sexual assault]. With a committed group of people and set protocols in place on how to respond to a victim and what the next steps would be, we would have stronger cases against perpetrators and more assistance to our victims.

—SASP administrator, Northern Mariana Islands

ADMINISTRATOR PERSPECTIVE

[We] need sexual assault nurse examiners (SANEs) in every hospital in Oregon. Additionally, all nine federally recognized tribes in Oregon are lacking the structure of SARTS. All Tribal nations have expressed a desire to strengthen community coordinated efforts to address sexual violence in Indian Country (Native American and Alaska Native women are 2.5 times more likely than non-Native women to become victims of sexual assault, and at least 70 percent of sexual assaults experienced by Native women are committed by persons of a different race).

—SASP administrator, Oregon

SASP administrators also cited the need for increased training and education for community stakeholders including law enforcement, prosecutors, judges, and emergency room staff. A number of SASP administrators offered topics for future training initiatives, including sensitivity toward sexual assault victims/survivors, the dynamics of intimate partner sexual assault, drug-facilitated rape, and holding sex offenders accountable.

ADMINISTRATOR PERSPECTIVE

Training continues to be our most significant area of need in regard to improving services to victims and to enhance services. Training of front line professionals such as medical providers, court officials, and law enforcement is still greatly needed. This training is needed to improve their response with victims, which will improve the probability of victims prosecuting their perpetrators. Another area of need is to improve the overall attitude towards victims of this crime. Among law enforcement, as well as hospital emergency room staff, there seems to be an attitude of indifference in assisting those who report their victimization. We have made some headway in educating law enforcement agencies in our area but there is still much work to do with those departments [that] routinely blame the victim and fail to offer the appropriate response.

—SASP administrator, Alabama

ADMINISTRATOR PERSPECTIVE

A second need that is often expressed is collaboration and additional training for law enforcement and hospital staff. When a victim of sexual assault seeks assistance, they are in a state of trauma. It is critical to both the victim's well-being and that of the case that first responders understand the nature and sensitivity of the crime and how that crime affects the victim. The victim deserves to be treated with respect, dignity and empathy. Often times, first responders use victim-blaming language because they are not properly educated on how trauma can interfere with the victim's ability to process the details of the crime. Educating law enforcement and hospital staff on the sensitivity of sexual assault crimes helps ensure that victims are getting the best services available.

—SASP administrator, Iowa

ADMINISTRATOR PERSPECTIVE

Obtaining improved responses from law enforcement in the rural area of Arizona is a challenge. In a number of cases, the victim/survivor appears not credible in the eyes of law enforcement due to age, use of drugs or alcohol, disability or the foreign language spoken. Therefore, when a sexual assault is reported, the victim/survivor is left feeling invalidated, blamed and dismissed. With no offender accountability, this leaves them free to assault again. There needs to be more training for law enforcement and a paradigm shift. In the law enforcement community, there is a need to stop focusing on a negative approach to the victim/survivor and focus their attention and resources on the criminal who committed this act.

—SASP administrator, Arizona

Several SASP administrators wrote about the challenges of sexual assault response in rural communities. Because of geographic location, many rural sexual assault victims/survivors cannot access hospitals that have SANEs. In addition, lack of transportation often leaves victims/survivors unable to access support services. Other challenges in rural areas include confidentiality, access to shelters, and lack of offender accountability.

SUBGRANTEE PERSPECTIVE

As always, the need to extend and expand services to rural areas of Nebraska remains the greatest need to increase safety for sexual assault survivors and to hold sex offenders in Nebraska accountable. Nebraska's rural environment fosters close-knit communities and a relaxed formality. This, however, creates problems when it comes to confidentiality and successful offender accountability. These barriers to confidentiality and access to services inhibit the safety of sexual assault survivors in rural Nebraska, as does the inability to hold offenders accountable. Nebraska's network of domestic violence/sexual assault programs [is] working to increase scope, access, and availability of their services to increase safety for survivors.

—Nebraska Domestic Violence Sexual Assault Coalition

SASP administrators consistently cited remaining areas of need for historically underserved populations. Victims/survivors of sexual assault who are limited English speaking have increased challenges with the criminal justice system and in accessing mental health service providers. The need for translation and culturally appropriate responses was reported by SASP administrators, as was the need for resources for tribal populations, the disabled, the elderly, and the LGBTQ community. SASP administrators reported a lack of outreach to these underserved groups, a need for training professionals in appropriate response, and providing greater access to victim/survivor services.

ADMINISTRATOR PERSPECTIVE

Likewise, with current funding challenges, rape crisis centers have difficulty dedicating the resources to serving victims/survivors who are deaf or hard of hearing. For example, while a TTY machine is the standard for communicating with the deaf or hard of hearing, rape crisis center staff find it difficult to use and maintain the equipment.

—SASP administrator, Pennsylvania

ADMINISTRATOR PERSPECTIVE

In rural Sussex County, there continues to be a lack of professionals trained to provide services to non-English-/limited English-speaking victims (this is a challenge for the state in all areas, not just sexual assault). So a challenge for the state is to make Delaware an attractive, competitive location for qualified professionals to practice. While the state continues to address the needs of victims of sexual assault, it is difficult to address the accessibility of services, especially in western Sussex County, which is more rural and has a transient population with migrant workers, etc.

—SASP administrator, Delaware

SASP Aggregate Accomplishments

This section presents aggregate data reflecting the activities and accomplishments funded by SASP in 48 states, 2 U.S. territories, and the District of Columbia.¹⁸

SASP staff provide intervention, advocacy, accompaniment, and support services to adult, youth, and child victims of sexual assault; their family and household members; and others collaterally affected by the victimization.

- ▶ Number of subgrantees using funds for staff in 2009: **172** (88 percent of all subgrantees)
- ▶ Number of subgrantees using funds for staff in 2010: **586** (90 percent of all subgrantees)

Table 4. Full-time equivalent staff funded by SASP in 2009 and 2010

Staff	2009		2010	
	Number FTE	Percent	Number FTE	Percent
All staff	37.51	100	231.27	100
Victim advocate	18.19	48.49	113.07	48.9
Program coordinator	5.23	13.94	30.6	13.2
Counselor	6.26	16.69	52.25	22.6
Support staff	1.19	3.17	4.20	1.8
Administrator	2.48	6.61	9.77	4.2
Children's advocate	.92	2.45	4.33	1.9
Legal advocate	1.44	3.84	6.62	2.9
Outreach worker	1.57	4.19	8.43	3.6
Translator/interpreter	.07	.19	1.20	.5
Other	.16	.43	.80	.3

¹⁸ SASP funds were first distributed in 2009 and only 14 states and 1 territory awarded funds to subgrantees in that year. In 2010, 48 states, 2 territories and the District of Columbia awarded funds. For a complete list of states that awarded money in each year, see Appendix A.

Informational Materials

SASP subgrantees develop, revise, and/or distribute a variety of informational materials that describe the services of SASP-funded organizations. Examples include outreach and promotional products and websites.

- ▶ Number of subgrantees using funds for informational materials in 2009: **19** (10 percent of all subgrantees)
- ▶ Number of subgrantees using funds for informational materials in 2010: **161** (25 percent of all subgrantees)

Table 5. Use of SASP funds to develop or revise products for distribution in 2009 and 2010

Products	2009		2010	
	Number developed or revised	Number used or distributed	Number developed or revised	Number used or distributed
All products	67	34,248	447	263,620
Outreach material	52	33,550	363	199,346
Promotional products	11	689	59	38,691
Websites	4	9	22	25,537
Other	0	0	3	46

SASP subgrantees developed, revised, or translated products for Spanish and Vietnamese speakers in 2009 and for Arabic, Creole, Russian, Somali, and Spanish speakers in 2010.

Victim Services

SASP subgrantees provided services to 4,755 victims/survivors in 2009 (97 percent of those seeking services), and 30,635 victims/survivors in 2010 (99 percent of those seeking services). Less than 1 percent of victims/survivors seeking services from funded programs did not receive services from those programs.¹⁹

¹⁹ Although SASP subgrantees do not report a reason for not serving or for partially serving an individual victim/survivor, they do report in general the reasons that victims/survivors were not served or were partially served. These reasons include the following: program reached capacity, services not appropriate for victim/survivor, did not meet eligibility or statutory requirements, services not appropriate for victims/survivors with mental health issues, and conflict of interest.

Table 6. Number and percentage of victims/survivors served, partially served, and not served in 2009 and 2010

Level of service	Victims/survivors 2009		Victims/survivors 2010	
	Number	Percent	Number	Percent
All seeking services	4,906	100	30,839	100
Served	4,711	96	30,146	98
Partially Served	44	.9	489	1.6
Not served	151	3.1	204	.7

Table 7. Most frequently reported reasons victims/survivors were not served or were partially served by SASP subgrantees in 2009 and 2010

Reasons	2009	2010
Transportation	2	22
Services not appropriate for victim/survivor	2	19
Program reached capacity	5	14
Services inappropriate or inadequate for victims/survivors with mental health issues	1	18
Program unable to provide services due to limited resources	2	15
Services inappropriate or inadequate for victims/survivors with substance abuse issues	1	15
Lack of childcare	1	14
Hours of operation	0	7
Conflict of interest	2	5
Did not meet eligibility or statutory requirements	2	4
Insufficient/lack of culturally appropriate services	0	5

Demographics of Victims/survivors Served

As shown in the Table 8 below, of the 4,755 victims/survivors served in 2009 and for whom demographic information was reported, the majority were white (59 percent), female (91 percent), and ages 25 to 59 (42 percent).

Table 8. Demographic characteristics of victims/survivors served by SASP subgrantees in 2009

Characteristic	Victims/survivors receiving services	
	Number	Percent
Race/ethnicity		
American Indian/Alaska Native	285	6.7
Asian	85	2.0
Black/African-American	414	9.7
Hispanic/Latino	915	21.4
Native Hawaiian/Other Pacific Islander	33	.8
White	2,538	59.4
Unknown	590	NA
Gender		
Female	4,149	90.7
Male	426	9.3
Unknown	180	NA
Age		
0–6	244	5.8
7–12	407	9.6
13–17	864	20.4
18–24	872	20.6
25–59	1,781	42.0
60+	74	1.7
Unknown	513	NA
Other demographics		
Disability	355	7.5
D/deaf or hard of hearing	20	.4
Limited English proficiency	374	7.9
Immigrants/refugees/asylum seekers	121	2.5
Resident of rural area	1,564	32.9

NA = not applicable

NOTES: Percentages for race/ethnicity, gender, and age are based on the number of victims/survivors for whom the information was known. SASP subgrantees provided services to 4,755 victims/survivors in 2009. Because victims/survivors may have identified with more than one race/ethnicity, the total number reported for the characteristic of race/ethnicity may be higher than the total number of victims/survivors served.

Similarly, of the 30,635 victims/survivors served in 2010 and for whom demographic information was reported, the majority were white (65 percent), female (90 percent), and ages 25 to 59 (44 percent).

Table 9. Demographic characteristics of victims/survivors served by SASP subgrantees in 2010

Characteristic	Victims/survivors receiving services	
	Number	Percent
Race/ethnicity		
American Indian/Alaska Native	942	3.5
Asian	267	1.0
Black/African American	4,933	18.3
Hispanic/Latino	3,365	12.5
Native Hawaiian/Other Pacific Islander	355	1.3
White	17,445	64.7
Unknown	3,668	NA
Gender		
Female	25,904	90.2
Male	2,826	9.8
Unknown	1,905	NA
Age		
0–6	1,399	5.1
7–12	2,307	8.5
13–17	4,566	16.8
18–24	6,377	23.5
25–59	12,004	44.2
60+	514	1.9
Unknown	3,468	NA
Other demographics		
Disability	2,744	9.0
D/deaf or hard of hearing	88	.3
Limited English proficiency	1,508	4.9
Immigrants/refugees/asylum seekers	690	2.3
Resident of rural area	9,693	31.6

NA = not applicable

NOTES: Percentages for race/ethnicity, gender, and age are based on the number of victims/survivors for whom the information was known. SASP subgrantees provided services to 30,635 victims/survivors in 2010. Because victims/survivors may have identified with more than one race/ethnicity, the total number reported for the characteristic of race/ethnicity may be higher than the total number of victims/survivors served.

Table 10. Relationship to offender of victims/survivors served by SASP subgrantees in 2009 and 2010

Relationship to offender	2009		2010	
	Number	Percent	Number	Percent
Current/former spouse or intimate partner	663	17.7	5,223	22.2
Other family or household member	1,015	27.2	6,081	25.8
Dating relationship	364	9.7	2,942	12.5
Acquaintance	1,230	32.9	7,095	30.2
Stranger	465	12.4	2,187	9.3
Unknown	1,134	NA	7,926	NA
Total	3,737	100	31,454	100

NA = not applicable

Secondary Victims

SASP subgrantees provided services to 1,440 secondary victims in 2009 and 10,823 secondary victims in 2010. Secondary victims/survivors are individuals who are indirectly affected by the sexual assault—children, siblings, spouses or intimate partners, grandparents, other relatives, friends, or neighbors—except for the perpetrator of such victimization.

Types of Services Provided to Victims/survivors

SASP subgrantees provide an array of services to victims/survivors of sexual assault. These services include victim advocacy, crisis intervention, counseling services/support groups, and legal advocacy/court accompaniment. Crisis intervention was the service most frequently provided by SASP subgrantees. In addition to the services listed in Table 11, SASP subgrantees routinely provide safety planning, referrals, and information to victims/survivors as needed.

Table 11. Victim/survivor services provided by SASP subgrantees in 2009 and 2010

Type of service	Victims/survivors served 2009 (N = 4,755)		Victims/survivors served 2010 (N = 30,635)	
	Number	Percent	Number	Percent
Crisis intervention	3,062	64.4	18,690	61.0
Counseling services/support group	2,577	54.2	14,470	47.2
Victim/survivor advocacy	2,116	44.5	14,026	45.8
Criminal justice advocacy/court accompaniment	1,368	28.8	5,065	16.5

Table 11. Victim/survivor services provided by SASP subgrantees in 2009 and 2010

Type of service	Victims/survivors served 2009 (N = 4,755)		Victims/survivors served 2010 (N = 30,635)	
	Number	Percent	Number	Percent
Hospital/clinic/other medical response	1,175	24.7	5,212	17.0
Material assistance	638	13.4	3,282	10.7
Civil legal advocacy/court accompaniment	551	11.6	2,829	9.2
Transportation	274	5.8	1,967	6.4
Language services	244	5.1	843	2.8
Financial counseling	58	1.2	994	3.2
Employment counseling	45	.9	986	3.2
Job training	1	.02	382	1.2

NOTE: The numbers in this table do not add up to the total number (N) of victims/survivors because an individual victim/survivor may have been reported as receiving more than one type of service. Victims/survivors are reported only once for each type of service received during each reporting period.

Hotline Calls/Information and Referrals

SASP subgrantees count the number of hotline calls received from primary victims/survivors on phone lines paid for with SASP funds or answered by SASP-funded staff. Of the total **12,514** hotline calls that were received in 2009, more than half (**8,086**) were received from victims/survivors.²⁰ Of the total **52,811** hotline calls that were received in 2010, more than half (**30,550**) were received from victims/survivors.

Table 12. Hotline calls, information and referrals provided by SASP subgrantees in 2009 and 2010

Type of service	Number of victims/survivors served 2009	Number of victims/survivors served 2010
Hotline calls	8,086	30,550
Walk-in information and referrals	1,423	5,606
Web-based information and referrals	51	2,870

²⁰ Number of calls is not unduplicated. In addition to victims/survivors, hotlines receive calls from intimate partners, family members, friends, and coworkers of victims/survivors, and from members of the general public requesting information, some of whom may be victims/survivors but do not identify themselves as such.

Outreach to Victims/survivors

Grantees reported a total of 2,014 unsolicited letters, phone calls, and visits to victims/survivors in 2009 and a total of 8,349 in 2010.²¹ This outreach to victims/survivors is intended to provide information about available services.

Protection Orders

SASP funds activities, including advocacy in the courtroom, that provide support to victims/survivors seeking protection orders. SASP-funded victim services staff assisted sexual assault victims/survivors in obtaining 375 temporary and final protection orders in 2009 and 1,803 in 2010.

Table 13. Protection orders granted with assistance of SASP-funded staff in 2009 and 2010

	Total	Temporary	Final
2009	375	220	155
2010	1,803	1,039	764

²¹ The number of outreach activities is not unduplicated.

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Appendix A 2009 and 2010

Table A: Amounts of SASP awards to subgrantees and administrative costs, by state: 2009 and 2010²²

State	2009 ²³		2010	
	Amount awarded to subgrantees (\$)	Administrative costs (\$)	Amount awarded to subgrantees (\$)	Administrative costs (\$)
Alabama	0	0	249,008	13,105
Alaska	88,848	0	118,463	7,605
American Samoa	17,356	914	13,026	686
Arizona	0	0	198,398	7,570
Arkansas ²⁴	0	0	242,170	12,100
California	616,454	0	426,750	0
Colorado	0	610	143,000	12,050
Connecticut	0	0	241,821	13
Delaware	0	0	209,270	11,014
District of Columbia	0	0	41,106	0
Florida	0	0	671,556	33,578
Georgia	0	0	245,965	15,879
Guam	0	0	18,523	0
Hawaii	0	0	213,625	0
Idaho	0	679	62,227	4,734
Illinois	353,084	0	235,565	0
Indiana	0	0	267,000	67
Iowa	222,581	5,059	170,746	16,497
Kansas	0	261	366,635	8,569
Kentucky	0	0	244,920	12,859
Louisiana ²⁵	0	0	259,342	11,394
Maine	225,179	0	156,973	0
Maryland	0	4,694	81,767	13,149
Massachusetts	0	0	268,263	12,937
Michigan	0	0	345,329	0
Minnesota	0	0	437,038	0
Mississippi	0	0	242,981	0
Missouri	0	9,548	101,771	5,432
Montana	0	2,578	146,932	8,488
Nebraska	0	0	379,090	9,214

²²Ohio and Virgin Islands did not award SASP funds to subgrantees in either reporting period.

²³ Though all states received their initial SASP grants in calendar year 2009, most did not report making awards to SASP subgrantees until calendar year 2010.

²⁴Arkansas, Louisiana, and West Virginia passed funds through to a coalition, which incurred the administrative costs.

²⁵See footnote 24.

State	2009 ²³		2010	
	Amount awarded to subgrantees (\$)	Administrative costs (\$)	Amount awarded to subgrantees (\$)	Administrative costs (\$)
Nevada	0	0	106,247	1,266
New Hampshire	211,189	308	0	2,182
New Jersey	0	0	291,180	11,941
New Mexico	231,390	0	0	5,168
New York	413,635	0	0	12,191
N. Mariana Islands	0	0	29,768	1,566
North Carolina	0	0	301,341	11,123
North Dakota	0	10,886	206,841	18,471
Oklahoma	0	1,399	127,869	6,958
Oregon	0	0	250,782	7,098
Pennsylvania	0	0	593,643	0
Puerto Rico	0	0	61,208	0
Rhode Island	222,246	0	154,892	0
South Carolina	8,469	13,006	243,530	13,488
South Dakota	0	0	169,627	1,586
Tennessee	0	0	265,296	8,443
Texas	226,135	0	493,015	0
Utah	0	0	121,282	0
Vermont	101,881	0	101,881	18
Virginia	0	0	213,325	0
Washington	0	3,085	265,500	12,579
West Virginia ²⁶	216,529	11,534	0	2,604
Wisconsin	0	83	66,615	8,819
Wyoming	108,233	0	121,986	0
TOTAL	3,263,209	64,644	10,985,088	342,441

²⁶See footnote 24.

Appendix B 2009

Table B1a. SASP subgrantees using funds for victim/survivors services and victims/survivors seeking/receiving services, by state: 2009^{27, 28, 29}

State	Victims/survivors seeking services				Hotline calls from victims/survivors	Walk-in information and referrals for victims/survivors	Web-based information and referrals for victims/survivors	Outreach to victims/survivors
	Total	Served	Partially served	Not served				
Alaska	383	383	0	0	379	119	0	52
California	2085	1910	25	150	3,707	695	45	1,655
Illinois	1083	1083	0	0	0	0	0	0
Iowa	531	513	18	0	1,370	49	3	111
Maine	153	153	0	0	261	0	0	0
New Hampshire	3	3	0	0	2	0	0	0
Rhode Island	249	249	0	0	0	0	0	0
Texas	33	33	0	0	28	0	0	0
Vermont	129	129	0	0	799	34	0	0
West Virginia	16	16	0	0	16	0	0	0
Wyoming	241	239	1	1	1,524	526	3	196
TOTAL	4,906	4,711	44	151	8,086	1,423	51	2,014

²⁷ Though all states received their initial SASP grants in calendar year 2009, most did not report making awards to SASP subgrantees until calendar year 2010.

²⁸ New York and New Mexico awarded funds to subgrantees in 2009, but no funds were used by subgrantees until 2010.

²⁹ American Samoa and South Carolina awarded funds to subgrantees in 2009, but no subgrantee reports were received by Muskie staff.

Table B2a. Race/ethnicity, gender, and age of victims/survivors receiving SASP-funded services, by state: 2009^{30, 31, 32}

State	Race/ethnicity							Gender			Age						
	Black/African - American	American Indian/Alaska Native	Asian	Native Hawaiian/ Pacific Islander	Hispanic/ Latino	White	Unknown	Female	Male	Unknown	0-6	7-12	13-17	18-24	25-29	60+	Unknown
Alaska	14	225	5	8	14	99	18	346	34	3	44	31	47	79	170	7	5
California	164	40	59	12	551	805	319	1771	159	5	73	105	370	409	726	34	218
Illinois	164	6	14	5	173	791	13	975	108	0	95	177	255	162	373	14	7
Iowa	28	6	2	7	63	402	30	468	45	18	10	27	122	88	251	7	26
Maine	0	0	0	0	0	0	153	0	0	153	0	0	0	0	0	0	153
New Hampshire	0	1	0	0	0	2	0	3	0	0	0	0	0	2	1	0	0
Rhode Island	31	0	1	1	85	118	13	193	56	0	22	63	45	29	78	6	6
Texas	7	1	0	0	1	11	13	31	2	0	0	0	0	2	31	0	0
Vermont	1	2	0	0	1	99	26	119	9	1	0	3	14	32	31	1	48
West Virginia	0	0	0	0	0	16	0	16	0	0	0	0	0	5	9	0	2
Wyoming	5	4	4	0	27	195	5	227	13	0	0	1	11	64	111	5	48
TOTAL	414	285	85	33	915	2,538	590	4,149	426	180	244	407	864	872	1,781	74	513

³⁰ Though all states received their initial SASP grants in calendar year 2009, most did not report making awards to SASP subgrantees until calendar year 2010.

³¹ American Samoa and South Carolina awarded funds to subgrantees in 2009, but no subgrantee reports were received by Muskie staff.

³² New York and New Mexico awarded funds to subgrantees in 2009, but no funds were used by subgrantees until 2010.

Table B3a. Number of individuals with disabilities/who are D/deaf or hard of hearing/limited English proficiency/who are immigrants/living in rural areas receiving SASP-funded services, by state: 2009^{33, 34, 35}

State	Disabled	D/deaf	Limited English proficiency	Immigrants/refugees/asylum seekers	Live in rural areas
Alaska	46	0	20	8	246
California	183	8	210	65	629
Illinois	34	3	48	0	34
Iowa	27	8	48	41	383
Maine	0	0	0	0	0
New Hampshire	0	0	0	0	0
Rhode Island	25	0	38	0	18
Texas	1	0	0	0	0
Vermont	15	0	1	1	89
West Virginia	1	0	0	0	7
Wyoming	23	1	9	6	158
TOTAL	355	20	374	121	1,564

³³ Though all states received their initial SASP grants in calendar year 2009, most did not report making awards to SASP subgrantees until calendar year 2010.

³⁴ American Samoa and South Carolina awarded funds to subgrantees in 2009, but no subgrantee reports were received by Muskie staff.

³⁵ New York and New Mexico awarded funds to subgrantees in 2009, but no funds were used by subgrantees until 2010.

Table B4a. Relationship to offender of victims/survivors served with SASP funds, by state: 2009^{36, 37, 38}

State	Current/former			Dating	Acquaintance	Stranger	Relationship unknown
	spouse or intimate partner	Other family or household member					
Alaska	61	91		44	132	33	51
California	242	318		125	582	253	476
Illinois	68	333		61	226	121	283
Iowa	170	97		50	129	18	78
Maine	0	0		0	0	0	153
New Hampshire	2	0		0	1	0	0
Rhode Island	12	118		10	68	10	31
Texas	3	13		0	4	1	12
Vermont	6	18		26	48	11	26
West Virginia	8	2		2	1	1	2
Wyoming	91	25		46	39	17	22
TOTAL	663	1,015		364	1,230	465	1,134

³⁶ Though all states received their initial SASP grants in calendar year 2009, most did not report making awards to SASP subgrantees until calendar year 2010.

³⁷ American Samoa and South Carolina awarded funds to subgrantees in 2009, but no subgrantee reports were received by Muskie staff.

³⁸ New York and New Mexico awarded funds to subgrantees in 2009, but no funds were used by subgrantees until 2010.

Appendix B 2010

Table B1b. SASP subgrantees using funds for victim/survivor services and victims/survivors seeking/receiving services, by state: 2010^{39,40,41,42}

State	Victims/survivors seeking services				Hotline calls from victims/survivors	Walk-in information and referrals to victims/survivors	Web-based information and referrals to victims/survivors	Outreach to victims/survivors
	Total	Served	Partially served	Not served				
Alabama	1,885	1,792	17	76	1,926	23	2,462	0
Alaska	1,006	1,006	0	0	556	491	0	313
American Samoa	107	107	0	0	5	97	0	41
Arizona	209	189	20	0	111	18	2	0
Arkansas	130	130	0	0	156	14	1	40
California	1,497	1,488	9	0	1,010	151	0	507
Colorado	669	642	27	0	285	18	2	278
Connecticut	207	207	0	0	137	0	0	81
Delaware	757	731	26	0	654	0	0	0
District of Columbia	64	64	0	0	36	0	0	0
Florida	757	755	2	0	237	7	1	157
Georgia	1,357	1,294	63	0	498	243	0	463
Hawaii	24	24	0	0	0	0	0	0
Idaho	201	185	12	4	243	249	1	98
Illinois	1,920	1,920	0	0	19	43	0	6
Indiana	133	133	0	0	780	17	0	28
Iowa	1,091	1,078	13	0	2,080	406	5	410
Kansas	191	191	0	0	90	6	10	141
Kentucky	270	255	14	1	81	0	0	22

³⁹ Guam subgrantees used SASP funds for operational costs and staff training.⁴⁰ Northern Mariana Islands, Puerto Rico, and Wisconsin awarded funds to subgrantees late in 2010, and subgrantees did not use those funds during the 2010 reporting period.⁴¹ Ohio did not award SASP funds to subgrantees in either reporting period.⁴² Virgin Islands did not receive SASP funds in either reporting period.

Table B1b. SASP subgrantees using funds for victim/survivor services and victims/survivors seeking/receiving services, by state: 2010^{39,40,41,42}

State	Victims/survivors seeking services				Hotline calls from victims/survivors	Walk-in information and referrals to victims/survivors	Web-based information and referrals to victims/survivors	Outreach to victims/survivors
	Total	Served	Partially served	Not served				
Louisiana	1,174	1,151	22	1	924	26	1	1,043
Maine	601	601	0	0	995	0	0	0
Maryland	662	662	0	0	235	35	0	41
Massachusetts	797	774	11	12	1,211	27	2	13
Michigan	90	90	0	0	161	0	0	0
Minnesota	1,413	1,325	76	12	1,990	772	55	540
Mississippi	398	393	5	0	853	24	10	54
Missouri	794	761	0	33	540	57	3	90
Montana	557	553	4	0	444	158	8	429
Nebraska	659	658	1	0	1,302	340	14	361
Nevada	196	196	0	0	213	209	0	3
New Hampshire	282	282	0	0	210	29	2	0
New Jersey	587	571	15	1	788	0	29	3
New Mexico	655	647	4	4	411	163	0	537
New York	767	758	8	1	1,042	285	125	477
North Carolina	1,864	1,800	50	14	2,950	777	84	659
North Dakota	323	321	2	0	571	62	34	30
Oklahoma	168	165	3	0	21	14	0	0
Oregon	163	162	1	0	399	80	0	170
Pennsylvania	744	744	0	0	1,875	20	0	120
Rhode Island	461	461	0	0	661	0	0	0
South Carolina	1,539	1,536	0	3	1,069	272	4	345
South Dakota	141	139	2	0	358	90	0	88
Tennessee	287	285	2	0	244	57	2	84

Table B1b. SASP subgrantees using funds for victim/survivor services and victims/survivors seeking/receiving services, by state: 2010^{39,40,41,42}

State	Victims/survivors seeking services				Hotline calls from victims/survivors	Walk-in information and referrals to victims/survivors	Web-based information and referrals to victims/survivors	Outreach to victims/survivors
	Total	Served	Partially served	Not served				
Texas	449	449	0	0	220	1	0	12
Utah	479	479	0	0	309	65	0	174
Vermont	176	176	0	0	330	0	3	0
Virginia	855	796	43	16	679	93	4	201
Washington	461	461	0	0	12	0	0	2
West Virginia	414	352	37	25	282	35	1	51
Wyoming	208	207	0	1	347	132	5	237
TOTAL	30,839	30,146	489	204	30,550	5,606	2,870	8,349

Table B2b. Race/ethnicity, gender, and age of victims/survivors receiving SASP-funded services, by state: 2010^{43,44,45,46}

State	Race/ethnicity							Gender			Age						
	Black/African - American	American Indian/Alaska Native	Asian	Native Hawaiian/Pacific Islander	Hispanic/ Latino	White	Unknown	Female	Male	Unknown	0-6	7-12	13-17	18-24	25-29	60+	Unknown
Alabama	642	0	5	1	40	1,086	35	1,756	53	0	4	4	115	505	1,157	18	6
Alaska	41	431	9	38	60	394	35	903	94	9	90	65	58	201	578	12	2
American Samoa	0	0	0	107	0	0	0	88	19	0	5	11	45	27	19	0	0
Arizona	10	3	2	0	52	49	93	182	26	1	3	12	23	19	72	2	78
Arkansas	21	1	0	3	23	81	1	127	3	0	3	3	8	20	86	6	4
California	158	28	55	19	466	582	19	1,403	94	0	43	78	244	332	537	27	236
Colorado	6	2	0	0	164	447	50	544	122	3	89	140	113	149	152	9	17
Connecticut	10	0	0	0	136	56	5	186	20	1	7	7	22	30	134	6	1
Delaware	41	0	0	61	10	645	0	147	8	602	0	19	29	46	68	0	595
District of Columbia	25	0	0	0	3	6	30	59	5	0	0	0	0	15	13	0	36
Florida	180	0	6	1	62	462	49	723	34	0	18	20	127	231	342	14	5
Georgia	458	0	6	0	93	780	20	1,227	120	10	54	264	603	155	258	0	23
Hawaii	0	0	3	4	2	4	11	21	3	0	1	8	2	5	8	0	0
Idaho	2	4	1	3	12	169	7	190	7	0	2	10	46	27	93	12	7
Illinois	330	15	19	9	372	1,267	17	1,722	196	2	162	285	429	352	660	22	10
Indiana	12	2	1	0	5	109	4	131	2	0	5	2	12	31	62	2	19
Iowa	46	9	17	3	130	837	53	1,018	73	0	32	72	121	300	536	11	19
Kansas	17	5	2	0	9	147	13	177	14	0	2	2	14	47	114	5	7

⁴³ Guam subgrantees used SASP funds for operational costs and staff training.⁴⁴ Northern Mariana Islands, Puerto Rico, and Wisconsin awarded funds to subgrantees late in 2010 and subgrantees did not use those funds during the 2010 reporting period.⁴⁵ Ohio did not award SASP funds to subgrantees in either reporting period.⁴⁶ Virgin Islands did not receive SASP funds in either reporting period.

Table B2b. Race/ethnicity, gender, and age of victims/survivors receiving SASP-funded services, by state: 2010^{43,44,45,46}

State	Race/ethnicity							Gender			Age						
	Black/African - American	American Indian/Alaska Native	Asian	Native Hawaiian/Pacific Islander	Hispanic/ Latino	White	Unknown	Female	Male	Unknown	0-6	7-12	13-17	18-24	25-29	60+	Unknown
Kentucky	24	1	1	1	6	207	29	221	47	1	27	56	54	36	76	4	16
Louisiana	396	9	3	0	16	576	17	891	155	127	122	126	161	204	387	12	161
Maine	0	0	0	0	0	0	60	0	0	601	0	0	0	0	0	0	601
Maryland	418	2	7	0	19	196	20	654	8	0	5	7	56	232	301	16	45
Massachusetts	54	11	6	2	77	228	40	479	37	269	0	3	46	115	276	11	334
Michigan	15	1	0	0	0	67	7	81	9	0	3	11	30	29	15	0	2
Minnesota	206	63	14	0	116	897	10	1,255	138	8	13	36	161	344	709	61	77
Mississippi	124	0	18	1	6	226	23	315	83	0	26	31	67	110	126	10	28
Missouri	50	4	0	2	18	493	19	695	30	36	31	23	44	125	333	12	193
Montana	3	99	1	5	19	428	18	473	84	0	16	43	105	143	228	12	10
Nebraska	30	16	4	1	65	491	52	613	17	29	6	7	35	222	311	12	66
Nevada	51	4	2	2	39	98	0	171	25	0	37	21	24	20	86	8	0
New Hampshire	4	1	2	0	6	211	58	233	48	1	43	46	55	51	64	3	20
New Jersey	115	1	9	4	91	313	53	445	69	72	0	7	41	187	186	1	164
New Mexico	6	38	0	34	221	124	23	470	120	61	63	87	55	60	188	19	179
New York	62	23	11	3	85	526	61	671	86	9	32	94	105	117	358	22	38
North Carolina	364	14	10	10	159	1,003	29	1,656	157	37	63	114	231	390	715	48	289
North Dakota	6	52	1	1	12	248	4	302	21	0	8	19	73	93	125	5	0
Oklahoma	8	15	0	0	10	124	13	158	10	0	1	6	12	19	118	2	10
Oregon	1	2	1	1	35	58	65	149	14	0	0	0	18	49	89	4	3
Pennsylvania	152	4	4	2	88	426	68	640	104	0	65	65	179	143	282	9	1
Rhode Island	40	0	5	2	104	233	77	371	88	2	34	100	108	62	145	6	6
South Carolina	417	18	10	0	63	844	20	1,276	239	21	158	225	213	324	539	12	65

Table B2b. Race/ethnicity, gender, and age of victims/survivors receiving SASP-funded services, by state: 2010^{43,44,45,46}

State	Race/ethnicity							Gender			Age						
	Black/African - American	American Indian/Alaska Native	Asian	Native Hawaiian/ Pacific Islander	Hispanic/ Latino	White	Unknown	Female	Male	Unknown	0-6	7-12	13-17	18-24	25-29	60+	Unknown
South Dakota	4	25	2	0	2	97	11	135	5	1	2	11	25	38	56	2	7
Tennessee	34	2	0	0	9	235	7	276	11	0	2	5	39	62	167	7	5
Texas	67	1	0	0	174	186	21	413	36	0	25	17	55	116	233	3	0
Utah	18	9	1	1	56	368	26	335	144	0	0	0	250	95	106	3	25
Vermont	4	0	0	0	5	154	13	159	15	2	0	4	9	47	86	16	14
Virginia	214	0	12	0	73	537	7	807	32	0	17	28	95	227	439	31	2
Washington	16	18	13	1	113	299	1	410	51	0	51	63	131	75	134	6	1
West Virginia	23	2	3	1	13	310	37	354	35	0	26	41	57	74	147	6	38
Wyoming	8	7	1	32	26	121	13	192	15	0	3	9	21	76	90	5	3
TOTAL	4,93	942	26	355	3,36	17,445	3,6	25,904	2,826	1,90	1,39	2,30	4,56	6,377	12,004	51	3,46

Table B3b. Number of individuals with disabilities/who are D/deaf or hard of hearing/limited English proficiency/who are immigrants/living in rural areas receiving SASP-funded services, by state:
2010^{47,48,49,50}

State	Disabled	D/deaf	Limited English proficiency	Immigrants/refugees/asylum seekers	Live in rural areas
Alabama	236	5	14	6	255
Alaska	170	0	76	29	467
American Samoa	5	0	18	0	84
Arizona	18	0	28	19	22
Arkansas	11	4	21	19	39
California	67	4	181	72	386
Colorado	9	0	20	11	413
Connecticut	36	3	118	0	3
Delaware	27	0	8	8	53
District of Columbia	2	0	2	1	0
Florida	40	1	12	13	34
Georgia	34	0	30	29	1015
Hawaii	2	0	0	0	0
Idaho	10	1	5	5	87
Illinois	47	7	124	0	44
Indiana	11	0	5	5	30
Iowa	92	17	49	33	578
Kansas	37	1	0	0	39
Kentucky	12	0	2	2	96
Louisiana	316	0	7	4	382
Maine	0	0	0	0	0
Maryland	41	1	17	12	109
Massachusetts	79	1	59	17	67
Michigan	1	1	0	0	64
Minnesota	243	9	22	82	821
Mississippi	41	0	5	0	184
Missouri	50	1	12	11	413
Montana	50	0	4	4	147
Nebraska	61	2	45	16	322
Nevada	58	1	14	2	12
New Hampshire	74	0	0	0	18

⁴⁷ Guam subgrantees used SASP funds for operational costs and staff training.

⁴⁸ Northern Mariana Islands, Puerto Rico, and Wisconsin awarded funds to subgrantees late in 2010, and subgrantees did not use those funds during the 2010 reporting period.

⁴⁹ Ohio did not award SASP funds to subgrantees in either reporting period.

⁵⁰ Virgin Islands did not receive SASP funds in either reporting period.

Table B3b. Number of individuals with disabilities/who are D/deaf or hard of hearing/limited English proficiency/who are immigrants/living in rural areas receiving SASP-funded services, by state:**2010^{47,48,49,50}**

State	Disabled	D/deaf	Limited English proficiency	Immigrants/refugees/asylum seekers	Live in rural areas
New Jersey	37	1	56	55	58
New Mexico	44	1	56	1	161
New York	66	2	13	25	302
North Carolina	108	6	114	69	790
North Dakota	50	0	2	0	102
Oklahoma	29	6	13	0	57
Oregon	27	1	39	11	24
Pennsylvania	74	0	92	0	386
Rhode Island	35	3	45	0	39
South Carolina	85	3	27	58	238
South Dakota	25	1	1	1	79
Tennessee	24	0	4	2	201
Texas	5	0	24	2	0
Utah	36	0	10	0	247
Vermont	37	0	3	2	95
Virginia	71	3	55	41	237
Washington	44	0	22	19	132
West Virginia	52	2	22	0	257
Wyoming	15	0	12	4	104
TOTAL	2,744	88	1,508	690	9,693

**Table B4b. Relationship to offender of victims/survivors served with SASP funds, by state:
2010^{51,52,53,54}**

State	Current/former spouse or intimate partner	Other family or household member	Dating	Acquaintance	Stranger	Relationship unknown
Alabama	489	118	353	466	298	85
Alaska	503	219	64	300	43	55
American Samoa	7	57	7	18	18	0
Arizona	17	39	12	40	14	92
Arkansas	82	10	9	16	10	3
California	287	229	146	456	109	293
Colorado	50	88	53	136	28	314
Connecticut	36	48	8	51	15	49
Delaware	10	17	8	61	46	615
District of Columbia	12	2	25	12	5	8
Florida	94	119	78	231	143	93
Georgia	30	335	178	403	2	409
Hawaii	1	7	0	5	3	8
Idaho	47	22	26	29	5	68
Illinois	55	581	89	490	102	664
Indiana	41	9	32	28	5	18
Iowa	302	238	130	279	38	127
Kansas	12	23	19	21	4	113
Kentucky	44	109	62	6	3	46
Louisiana	145	344	41	354	180	224
Maine	0	0	0	0	0	601
Maryland	69	49	13	74	35	422
Massachusetts	138	82	50	97	44	374
Michigan	18	24	26	4	16	2
Minnesota	264	257	132	240	219	292
Mississippi	60	77	63	167	29	12
Missouri	390	149	42	105	32	97
Montana	92	83	71	155	46	110
Nebraska	231	43	104	193	28	61
Nevada	116	38	24	11	7	1
New Hampshire	33	84	5	89	15	56

⁵¹ Guam subgrantees used SASP funds for operational costs and staff training.

⁵² Northern Mariana Islands, Puerto Rico, and Wisconsin awarded funds to subgrantees late in 2010 and did not use funds during the 2010 reporting period.

⁵³ Ohio did not award SASP funds to subgrantees in either reporting period.

⁵⁴ Virgin Islands did not receive SASP funds in either reporting period.

Table B4b. Relationship to offender of victims/survivors served with SASP funds, by state:
2010^{51,52,53,54}

State	Current/former spouse or intimate partner	Other family or household member	Dating	Acquaintance	Stranger	Relationship unknown
New Jersey	58	75	34	123	28	268
New Mexico	128	46	64	51	15	347
New York	219	226	126	164	28	78
North Carolina	326	379	180	513	147	317
North Dakota	51	60	32	141	33	8
Oklahoma	47	16	49	24	21	13
Oregon	32	23	6	46	10	46
Pennsylvania	66	192	106	193	75	112
Rhode Island	16	155	8	126	19	137
South Carolina	94	386	69	331	50	697
South Dakota	43	16	11	22	6	43
Tennessee	83	69	51	54	13	19
Texas	13	98	34	150	67	96
Utah	38	168	52	48	10	163
Vermont	27	43	39	63	5	37
Virginia	146	215	124	188	20	162
Washington	50	232	6	180	61	3
West Virginia	65	151	38	74	24	60
Wyoming	46	31	43	67	13	8
TOTAL	5,223	6,081	2,942	7,095	2,187	7,926