



United States Department of Justice

Office on Violence Against Women

Working Together to End the Violence

SASP Formula Grant Program

**Sexual Assault Services Formula Grant
Program**

2014 Report

Contents

Contents.....	i
List of Tables	ii
Acknowledgments.....	v
Executive Summary.....	vii
Introduction	1
Background	3
Statutory Purpose Areas of SASP	3
Eligibility Requirements, Allocation, and Distribution of SASP Formula Funds	4
Reporting Requirements and Methods.....	5
SASP Formula 2011 and 2012: State-Reported Data and Distribution of Funds.....	7
Sources of Data	7
How SASP Formula Funds Were Used: Subgrantees	7
Types of Agencies Receiving SASP Formula Funds.....	9
Effectiveness of SASP Formula.....	11
Sexual Assault: Definition and Prevalence	11
Sexual Assault: Impact on Victims.....	13
Victim Services	14
SASP Formula-Funded Services.....	15
Remaining Areas of Need.....	21
Conclusion	24
SASP Formula Aggregate Accomplishments.....	25
Informational Materials	25
Victim Services	26
Demographics of Victims Served.....	27
Secondary Victims	29
Types of Services Provided to Victims.....	29
Hotline Calls/Information and Referrals.....	30
Outreach to Victims.....	31
Protection Orders	31
References	33
Appendix A 2011 and 2012	37
Appendix B 2011	41
Appendix B 2012	53

List of Tables

Table 1. Statutory purpose areas addressed with SASP Formula funds in 2011 and 2012	9
Table 2. Types of organizations receiving SASP Formula funds in 2011 and 2012	9
Table 3. Victims receiving SASP Formula-funded services in 2011 and 2012	15
Table 4. Full-time equivalent staff funded by SASP Formula in 2011 and 2012	25
Table 5. Use of SASP Formula funds to develop, substantially revise, or distribute informational materials in 2011 and 2012.....	26
Table 6. Number and percentage of victims served, partially served, and not served in 2011 and 2012.....	26
Table 7. Most frequently reported reasons victims were not served or were partially served by SASP Formula subgrantees in 2011 and 2012.....	27
Table 8. Demographic characteristics of victims served by SASP Formula subgrantees in 2011 and 2012.....	28
Table 9. Relationship to offender for victims served by SASP Formula subgrantees in 2011 and 2012.....	29
Table 10. Victim services provided by SASP Formula subgrantees in 2011 and 2012	30
Table 11. Hotline calls and information and referrals provided by SASP Formula subgrantees in 2011 and 2012	31
Table 12. Protection orders granted with assistance of SASP Formula-funded staff in 2011 and 2012	31
Table A. Amounts of SASP Formula awards to subgrantees and administrative costs, by state: 2011 and 2012	39
Table B1a. SASP Formula subgrantees using funds for victim services and victims seeking/receiving services, by state: 2011.....	43
Table B2a. Race/ethnicity, gender, and age of victims receiving SASP Formula-funded services, by state: 2011	46
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 Formula-funded services, by state: 2011.....	49
Table B4a. Relationship to offender of victims served with SASP Formula funds, by state: 2011	51

Table B1b. SASP Formula subgrantees using funds for victim services and victims seeking/receiving services, by state: 2012	55
Table B2b. Race/ethnicity, gender, and age of victims receiving SASP Formula-funded services, by state: 2012	58
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 Formula-funded services, by state: 2012	61
Table B4b. Relationship to offender of victims served with SASP Formula funds, by state: 2012	63

Acknowledgments

The Office on Violence Against Women (OVW) gratefully acknowledges the work of the staff of the Violence Against Women Act Measuring Effectiveness Initiative at the Muskie School of Public Service, University of Southern Maine (Muskie School); the staff played a central role in the development of this report to Congress.

In addition, we wish to express our appreciation to the Sexual Assault Services Formula Grant Program administrators and subgrantees who collected and reported the data on which this report is based and who worked with the Muskie School to ensure the accuracy of the data. OVW also thanks the administrators and subgrantees who provided detailed narrative data about their SASP Formula-funded activities and about the impact of SASP Formula funding on their states and communities. This information has added significant depth and detail to this report, providing specific examples of SASP's accomplishments on behalf of victims of sexual violence.

Bea Hanson
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Executive Summary

Background

Congress first enacted the Violence Against Women Act (VAWA) in 1994 to improve the national criminal justice response to violence against women, ensure services for victims, and create informed policy on the issue. Reauthorized in 2000, 2005, and 2013, VAWA articulates the Congress' commitment to effective strategies for preventing and responding to domestic and sexual violence, holding offenders accountable, and ensuring safety, autonomy, and justice for victims.¹ The Office on Violence Against Women (OVW) administers 19 discretionary and 3 formula grant programs that provide funding to victim services organizations, criminal justice agencies, and other entities that address sexual assault, domestic violence, dating violence and stalking.

The Sexual Assault Services Formula Grant Program (SASP Formula) was authorized through VAWA 2005 to provide intervention, advocacy, accompaniment, support services, and related assistance for adult, youth, and child victims of sexual assault, as well as their families and others affected by the sexual assault. It is the first federal funding stream solely dedicated to the provision of direct intervention and related assistance for victims of sexual assault.²

[SASP Formula] funding allows the Crisis Center of Tampa Bay to provide immediate and long term advocacy support services and crisis intervention when needed to every victim who seeks services. . . . We are able to provide an advocate to help survivors throughout their process of healing by providing accompaniment to court proceedings and medical and legal appointments; referrals to counseling services, financial assistance programs, shelters, health agencies, employment centers, and empowerment services; and any other service/agency that a survivor may need.

The Crisis Center of Tampa Bay (FL)

¹ The term "victim" is used in this summary instead of "survivor" to emphasize that violence and abuse are criminal in nature and to account for victims who survive violence and those who do not.

² SASP funding is distributed by OVW through five grant programs: SASP Formula, SASP Culturally Specific Services Program, Tribal Sexual Assault Services Program, Sexual Assault Services Program Coalitions, and Sexual Assault Services Program Tribal Coalitions. This report covers data from the formula grant program only. More information on the other grant programs can be found in the *2014 Biennial Report to Congress on the Effectiveness of Grant Programs Under the Violence Against Women Act*, located at <http://muskie.usm.maine.edu/vawamei/ovwrptcongress.htm>

This Executive Summary highlights the activities and accomplishments of SASP Formula subgrantees in their efforts to help victims and their families recover from the destructive and pervasive effects of sexual assault. The full SASP Formula 2014 Report to Congress (2014 SASP Formula Report) includes detailed descriptions of subgrantees' aggregate accomplishments and data on their work spanning the two-year report period. This summary and the full report include examples, in the words of state administrators and subgrantees, of the ways in which they are using SASP Formula funds to assist victims of sexual assault.

During Fiscal Years³ 2011 and 2012, OVW awarded a total of **\$24,771,122** to states and territories under SASP Formula; during calendar years 2011 and 2012, states and territories in turn sub-awarded a total of **\$26,542,677⁴** to an annual average of **664⁵** subgrantees. These subgrantees included **381*** dual programs (sexual assault and domestic violence), **219*** sexual assault programs, **36*** community-based organizations, **28*** sexual assault/dual coalitions, and **1** tribal domestic violence and sexual assault organization.

Scope and Impact of Sexual Assault

OVW relies on current national data and empirical research to inform its understanding of the scope and nature of sexual violence in the United States. National surveys administered by the Bureau of Justice Statistics (BJS) and the Centers for Disease Control and Prevention (CDC) measure the incidence and prevalence of sexual assault and some of the adverse outcomes associated with it. National data and research findings, taken with numerical and narrative information that OVW grantees report about the victims they serve and the services they provide, paint a picture of a persistent public health crisis for which solutions—however innovative and effective—are in limited supply.

A victim of marital rape contacted our rape crisis hotline to review possible options of care. The next day, this victim went to an area emergency room for a sexual assault forensic examination. Later that week she was accompanied by an advocate to a hearing for an order of protection. SASP [Formula] funding ensured that our program had a dedicated daytime advocate that was able to support this victim during each of the phases of care. In the absence of SASP [Formula] funds, this level of continuity would not be possible.

SASP administrator (FL)

³ References throughout this document to “fiscal year” are for the federal fiscal year (October 1–September 30).

⁴ SASP funds are awarded to states on a fiscal year schedule. SASP administrators sub-award these funds on various time schedules and the distribution of funds is reported by calendar year.

⁵ Throughout this executive summary, figures with asterisks represent annual averages.

OVW uses primarily two national measures of incidence and prevalence to estimate the extent of sexual violence. As one is health-based and the other is criminal justice-based, these surveys generate different data on rates of violence. The National Intimate Partner and Sexual Violence Survey (NISVS), conducted by the CDC, is an ongoing telephone survey that collects information from people ages 18 and older about their experiences of sexual violence, domestic and dating violence, and stalking. The NISVS makes national and state-level data available simultaneously and contributes to an understanding of the impact of violence and abuse on distinct populations. Whereas the NISVS takes a public health approach to measuring incidence and prevalence, the National Crime Victimization Survey (NCVS), conducted by BJS, represents a criminal justice perspective. The NCVS collects information on nonfatal crimes, including those reported and not reported to law enforcement, against people 12 and older using household telephone surveys.

Other national data sets, such as the Uniform Crime Report (UCR), which the Federal Bureau of Investigation (FBI) uses to publish statistics on crimes known to law enforcement, and the Youth Risk Behavior Surveillance System (YRBSS), which monitors behaviors that contribute to violence among youth, are also used to further understand the extent to which sexual assault affects people in the United States and the considerable impact on communities.

Finally, OVW uses the findings of studies funded by the National Institute of Justice (NIJ) and other federal agencies to further inform its grant-making. These studies describe the dynamics and impact of sexual assault, including perpetrator behavior and characteristics, physical and mental health outcomes among victims, criminal justice processes and outcomes, and the effectiveness of system- and community-based interventions to prevent and respond to sexual assault and hold offenders accountable.

Effectiveness of SASP Formula Funding

SASP Formula funding is critical to addressing sexual assault in communities across the country. In 2011 and 2012, it funded an average of **270 full-time equivalent staff during each calendar year**, including victim advocates, counselors, outreach workers, legal advocates, and program coordinators and administrative staff. SASP Formula funds are used primarily to provide victim services but can also be used to develop and distribute informational materials, and to conduct outreach to victims. States may use funding to enhance existing programs and services, to fill gaps in services, or to establish programs where none previously existed.

Grants are awarded to all states and territories according to a statutorily determined, population-based formula. Funds granted to the states are then subgranted to rape crisis centers and other non-profit, nongovernmental agencies that provide direct intervention and related services to victims of sexual assault.

Services for Victims and Families

SASP Formula funds are used to provide services to adult, youth, and child victims of sexual assault and their families as they cope with the immediate and long-term impact of sexual violence. These services assist victims in a time of crisis to help them stay safe, connect with resources to support their recovery and, if they choose, support them through the criminal justice process. Direct services funded under SASP Formula include:

- ✘ **Crisis intervention and victim advocacy** to help victims deal with their immediate needs after being victimized, find resources, and plan for safety in the aftermath of sexual violence;

- ✘ **Counseling services and support groups** which help address the trauma that victims experience

by providing a space, either individually or in a group setting, to work through the physical, emotional, and financial implications of the sexual violence;

- ✘ **Legal advocacy and court accompaniment** in civil and criminal matters, which help victims navigate the legal system and provide emotional support;

- ✘ **Hospital, clinic, or other medical response**, which allows for advocates to be present within the medical setting, supporting and advocating for victims during sexual assault forensic medical exams and other non-forensic medical treatments.

By far the most improved area of services as a result of our SASP grant has been the number of victims who utilize support services following a SANE exam. The SASP advocate follows up with each of these victims and offers advocacy, referral, transportation, and court advocacy. Having this paid Sexual Assault Advocate has dramatically increased the number of SANE clients who utilize our other available services.

**Domestic Violence Program of North
Central Oklahoma**

SASP Formula subgrantees provided **185,833** services to victims in the 2 years covered by this report. On average, they provided services to **53,348*** individuals each year, including **40,370*** primary victims of sexual assault. The services that subgrantees provided to victims most often were:

- ✦ Hotline calls—**106,137**
- ✦ Crisis intervention—**48,633**
- ✦ Victim advocacy—**39,546**
- ✦ Counseling services/support groups—**37,437**
- ✦ Criminal justice advocacy/court accompaniment—**14,595**
- ✦ Hospital/clinic/other medical response—**14,426**

Services for and Response to Underserved and Other Vulnerable Populations

Victims' experiences and a growing body of research confirm that different populations are victimized by violence and abuse—and report it—at different rates. The ways that victims experience, resist, and survive violence can be shaped by a host of cultural, social, and economic factors.

Thus, funds authorized by Congress through VAWA are used to address unique challenges that people from underserved and marginalized populations face when they are victimized. SASP Formula subgrantees are encouraged to deliver community-based, linguistically and culturally specific services and support mechanisms, including conducting outreach activities, to these populations.⁶

Each year, SASP Formula subgrantees served the following numbers of primary victims who are

- ▶ American Indian or Alaska Native—**965***
- ▶ Asian—**397***
- ▶ Black or African American—**6,085***
- ▶ Hispanic or Latino—**5,956***
- ▶ Male—**3,763***
- ▶ Native Hawaiian or Pacific Islander—**205***

With SASP funding, we were able to provide culturally appropriate and Spanish-speaking advocates to survivors who came forward for forensic evidence collection. These advocates provided the immediate counseling needed for survivors of sexual violence after an assault and they provided medical advocacy on behalf of the client throughout the sexual assault forensic exam.

Crisis Center, Inc. (AL)

⁶ In addition to SASP Formula funding, there are two discretionary programs—SASP Culturally Specific Services Program and Tribal Sexual Assault Services Program—that support services for sexual assault survivors from underserved populations.

- ▶ Immigrants, refugees, or asylum seekers—**1,608***
- ▶ People living in rural areas—**11,598***
- ▶ People with disabilities—**3,729***
- ▶ People who are D/deaf or hard of hearing—**126***
- ▶ People with limited English proficiency—**2,780***
- ▶ Children (ages 0 to 12)—**4,427***
- ▶ Youth and young adults (ages 13 to 24)—**13,898***
- ▶ Elderly adults 60 or older—**1,005***

Remaining Areas of Need

SASP administrators and subgrantees are asked in their reports to identify what needs remain unmet. Their responses help OVW understand the emerging and under-resourced issues faced by victims, the systems designed to serve them, and barriers to holding offenders accountable. Administrators identified the following critical areas of unmet need in their states in their 2012 reports:

- ▶ Providing culturally- and linguistically-competent services and enhanced services to underserved and other vulnerable populations.
- ▶ Ensuring sufficient training opportunities especially for first responders and criminal justice professionals
- ▶ Enhancing community partnerships and communication, including developing and supporting multi-disciplinary sexual assault response teams (SARTs)
- ▶ Ensuring that services are accessible to people living in rural communities
- ▶ Developing and sustaining sexual assault nurse examiners (SANE)/ Sexual Assault Forensic Examiner (SAFE) programs
- ▶ Providing adequate criminal justice response to sexual assault crimes
- ▶ Sustaining and enhancing organizational capacity, including hiring and retaining staff
- ▶ Addressing victims' basic needs for housing, transportation, child care, financial supports, etc.

[There is a] need for a broad array of comprehensive culturally specific services to the growing ethnic populations in Oregon, including more bilingual and bicultural victim advocates, more bilingual police officers, access to qualified interpreters, legal assistance and advocacy for immigration-related issues, and outreach to underserved victims from various cultures in a climate of limited resources.

—SASP Administrator (OR)

We see the need for increased capacity on our hotline to provide appropriate crisis support, resources, and services to underserved communities, especially Latino/Hispanic, male, LGBTQ, elderly, and disabled victims. It seems that our crisis call volume from these populations continues to significantly increase.

—SASP Administrator (VA)

We consider training as probably the most significant area of need to improve services to victims. Training 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.

—SASP Administrator (AL)

[An] area of need is collaboration and networking amongst law enforcement, victim service agencies, prosecutors and hospital personnel. The level of services a victim receives is reflected by the partnerships amongst the professionals in the victim service field. Ultimately, each of these agencies represents the desire to assist victims. By working together on this common goal and understanding each other's role, the victims will be better served.

—SASP Administrator (IA)

The 2014 SASP Formula Grant Program Report to Congress reflects 2 years of collective efforts to respond to sexual assault across the country. The Report includes detailed demographic information on victims served by state as well as aggregated information on victims served and services provided. Administrators and subgrantees speak in their own voices about significant accomplishments that would not have been possible in the absence of SASP Formula funding, and about the work that remains to be done.

Introduction

The Sexual Assault Services Formula Grant Program (SASP Formula) 2014 Report⁷ 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 Formula subgrantees reflecting SASP Formula awards made and SASP Formula-funded activities engaged in during calendar years 2011 and 2012.

The section titled “Background” (page 3) sets out the statutory origins and outlines of SASP—the program’s goals, the allocation and distribution of SASP Formula funds, states’ eligibility, reporting requirements, and reporting methods.⁸ “SASP Formula 2011 and 2012: State-Reported Data and Distribution of Funds” (page 7) describes the sources of the data and how funds were used during calendar years 2011 and 2012—the types of agencies and organizations that received funding and the types of activities in which they engaged. “Effectiveness of SASP Formula” (page 11) describes key activities conducted with SASP Formula funds, discusses why they are important, and provides examples of specific SASP Formula-funded programs and initiatives engaging in those activities. “SASP Formula Aggregate Accomplishments” (page 25) presents the data reported by subgrantees in more detail with regard to activities accomplished with SASP Formula funds. Finally, Appendix A and Appendix B present data on the number and characteristics of victims⁹ served on a state-by-state basis.

⁷ This report is based on 2011 and 2012 calendar year data and is submitted in response to the biennial reporting requirement for 2014. Previous SASP Program reports can be found at <http://muskie.usm.maine.edu/vawamei/ovwrptcongress.htm>

⁸ 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.

⁹ The term “victim” is used in this summary instead of “survivor” to emphasize that violence and abuse are criminal in nature and to account for victims who survive violence and those who do not.

Background

Statutory Purpose Areas of SASP

The Sexual Assault Services Program (SASP), was created by the Violence Against Women and Department of Justice Reauthorization Act of 2005 (VAWA 2005), 42 U.S.C. §14043g, and re-authorized by VAWA 2013 (Public Law No. 113-4). It is the first federal funding stream solely dedicated to the provision of direct intervention and related assistance for victims of sexual assault.¹⁰

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

By statute, SASP Formula 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

¹⁰ SASP funding is distributed by OVW through five grant programs: SASP Formula, SASP Culturally Specific Services Program, Tribal Sexual Assault Services Program, Sexual Assault Services Program Coalitions, and Sexual Assault Services Program Tribal Coalitions. This report covers data from the formula grant program only. More information on the other grant programs can be found in the *2014 Biennial Report to Congress on the Effectiveness of Grant Programs Under the Violence Against Women Act*, located at <http://muskie.usm.maine.edu/vawamei/ovwrptcongress.htm>

- ▶ 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 non-offending family or household members
- ▶ Community-based, linguistically and culturally specific services and support mechanisms, including outreach activities for underserved communities
- ▶ The development and distribution of materials related to the services described in the previous bullets

Eligibility Requirements, Allocation, and Distribution of SASP Formula Funds

The U.S. Department of Justice, Office on Violence Against Women (OVW), administers SASP Formula according to a statutory formula. All states, territories, and the District of Columbia are eligible to apply for SASP Formula 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 Formula grants. For each territory and the District of Columbia, no less than .125 percent of the total appropriations will be awarded.¹¹ 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 of sexual assault. Each state determines the process by which it awards subgrants.¹² A state may choose to pass SASP

¹¹ In VAWA 2013, state and territory allocations were amended to reflect the following: Each of the 50 states, the District of Columbia, and Puerto Rico will be awarded no less than 1.5 percent of the total amount appropriated in a fiscal year for SASP grants. For all other territories, no less than .25 percent of the total appropriations will be awarded. Because these and other changes became effective as of Fiscal Year 2014 and this report is based on data from calendar years 2011 and 2012, the new statute information is not included here.

¹² The state official(s) designated to administer SASP Formula funds will be referred to in this report as the “SASP administrator(s).”

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.¹³

In order to meet these requirements, 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 the SASP administrator and subgrantee report forms. In developing the SASP Formula forms, uniform measures were chosen to permit the aggregation of data and reporting across other grant programs that provide similar services. In addition to generating data for monitoring individual grantees' 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.

SASP administrators submit their annual reports online through the Office of Justice Programs' Grants Management System, and SASP Formula 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.

¹³ Neither VAWA 2005 nor VAWA 2013 included 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)].

SASP Formula 2011 and 2012: State-Reported Data and Distribution of Funds

Sources of Data

This report is based on data submitted by **56** SASP administrators on the distribution and use of program funds during calendar years 2011 and 2012.¹⁴ It also includes data submitted by **692** subgrantees from 50 states, 3 U.S. territories¹⁵, and the District of Columbia in 2011, and **635** subgrantees from 49 states¹⁶, 3 U.S. territories¹⁷, and the District of Columbia in 2012. Under a cooperative agreement with OVW¹⁸, 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.¹⁹ SASP administrators awarded **\$11,593,212** in 2011 and **\$14,949,465** in 2012.

How SASP Formula Funds Were Used: Subgrantees

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

In 2011 and 2012, the majority (95 percent) of the subgrantee agencies and organizations used SASP Formula monies to fund staff positions, most of which were held by professionals who provided direct services to victims. When staff allocations are translated to full-time equivalents (FTEs), staff providing direct services to victims represent 79 percent of the total SASP

¹⁴ American Samoa did not submit a SASP administrators report for 2011; Virgin Islands did not apply for SASP funds in 2012 and therefore did not submit a report.

¹⁵ American Samoa and Virgin Islands did not submit subgrantee data on SASP Formula-funded activities in 2011.

¹⁶ Ohio had no SASP Formula-funded subgrantees in 2012.

¹⁷ American Samoa did not submit subgrantee data on SASP Formula-funded activities and Virgin Islands did award SASP funds to subgrantees in 2012.

¹⁸ Cooperative Agreement number 2013-TA-AX-K002

¹⁹ The two forms can be found at <http://muskie.usm.maine.edu/vawamei/saspformulaform.htm>.

Formula-funded FTEs.²⁰ By comparison, program coordinators represent 11 percent of FTEs, outreach workers 4 percent, administrators 3 percent, support staff 2 percent, and other staff members were less than 1 percent.

SASP Formula subgrantees develop, revise, and/or distribute a variety of informational materials that describe the services of SASP Formula-funded organizations. Examples include outreach and promotional materials and websites. In 2011 and 2012, 24 percent of all subgrantees used SASP Formula funds for informational materials.

SASP Formula funds are primarily used to provide services to victims of sexual assault. In 2011 and 2012, an average of 97 percent of victims received all the SASP Formula-funded services they requested. In both years, the majority of victims served through SASP Formula funds were white, female, and between the ages of 25 and 59. The next two most common races/ethnicities served each year were black or African-American and Hispanic or Latino.²¹ Approximately 29 percent of the victims served in both years were reported as living in rural areas. Victims used crisis intervention, victim advocacy, and counseling services/support groups more than any other services.²² In addition, 106,137 hotline calls were received from primary victims²³ in 2011 and 2012. For a complete description of all demographics and services, see Table 8 on page 28.

Subgrantees reported using SASP Formula funds for six statutory purposes. Table 1 lists these purpose areas and reports the number of projects addressing each area during calendar years 2011 and 2012. The two purpose areas most frequently addressed by subgrantees were crisis intervention and information and referral.

²⁰ These staff categories include victim advocates, counselors, legal advocates, and children's advocates.

²¹ This calculation is based on the number of victims 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 14 percent of victims for 2011 and 2012. Hotline services generally do not collect this information because it could discourage victims from seeking help. Whenever collecting demographic information on victims presents a barrier to service, or could violate confidentiality or jeopardize a victim's safety, subgrantees/service providers are advised not to collect it.

²² Victims were reported only once for each type of service received during the calendar year.

²³ Primary victims are those against whom the sexual assault was directed.

Table 1. Statutory purpose areas addressed with SASP Formula funds in 2011 and 2012

Purpose area	Average Subgrantees (N = 664)	
	Average	Percent
24-hour hotline services	470	70.7
Accompaniment and advocacy through medical, criminal justice, and social support systems	517	77.9
Crisis intervention	588	88.6
Information and referral to assist the sexual assault victim and family	540	81.3
Community-based, linguistically and culturally specific services	281	42.2
The development and distribution of materials on issues related to sexual assault	223	33.5

NOTE: Each subgrantee was able to select all purpose areas addressed by its SASP Formula-funded activities during calendar years 2011 and 2012. Thus, the number of purpose areas identified is greater than the total number (N) of subgrantees.

Types of Agencies Receiving SASP Formula Funds

Dual programs, those that serve both sexual assault and domestic violence victims, were the most common type of organization to receive SASP Formula funds in 2011 and 2012. Sexual assault programs were the next most frequent recipients, followed by community-based organizations, and sexual assault/dual coalitions.

Table 2 presents a complete list of the types of organizations that received funding, as reported by subgrantees.

Table 2. Types of organizations receiving SASP Formula funds in 2011 and 2012

Type of organization	2011		2012	
	Subgrantees (N = 692)		Subgrantees (N = 635)	
	Number	Percent	Number	Percent
Dual (domestic violence /sexual assault program)	412	59.5	350	55.1
Sexual assault program	221	31.9	216	34.0
Community-based organization	30	4.3	42	6.6
Sexual assault/dual coalition	28	4.0	27	4.3
Tribal dual (domestic violence/sexual assault program)	1	0.1	0	0.0

NOTE: Percentages may not add to 100 because of rounding.

Effectiveness of SASP Formula

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

Sexual Assault: Definition and Prevalence

VAWA, as amended by VAWA 2013, defines the term “sexual assault” to mean “any nonconsensual sexual act proscribed by Federal, tribal, or state law, including when the victim lacks capacity to consent.” 42 USC 13925(a)(29). The National Intimate Partner and Sexual Violence Survey (NISVS), conducted by the United States Centers for Disease Control and Prevention, revealed that approximately 18 percent of women and 1.4 percent of men in the United States have been victims of attempted or completed rape. Close to half (44.6 percent) of women and nearly a quarter (22.2 percent) of men have experienced some other form of sexual violence, including being forced to penetrate, sexual coercion, unwanted sexual contact, and non-contact unwanted sexual experiences (Black et al., 2011). While both women and men are victims of sexual violence, findings suggest that women experience lifetime prevalence of sexual violence by an intimate partner at significantly higher rates (Breiding, Chen, & Black, 2014).

Sexual assault is perpetrated in a variety of situations and relationships. The Bureau of Justice Statistics (BJS) reports that in a study of female victims of sexual violence, 78 percent knew their offender. The relationships between the victim and offender ranged from intimate partners and relatives to well-known or casual acquaintances. The other 22 percent of victims reported their perpetrator was a stranger (Planty, Langton, Krebs, Berzofsky, & Smiley-McDonald, 2013). Likewise, according to the NISVS, of all female victims who had experienced rape—whether completed, attempted, or alcohol- or drug-facilitated—51 percent were raped by a current or former intimate partner and 41 percent by an acquaintance (Black et al., 2011).

Age is one of a number of factors that can place a woman at increased risk of sexual assault. According to the NISVS, more than 75 percent of women surveyed who had been victims of a completed rape were first raped before their 25th birthday; 42 percent of these victims experienced their first completed rape before the age of 18. More than 25 percent of male victims were raped before the age of 11. Women who were raped before the age of 18 were twice as likely to be raped as adults: More than 33 percent of women who were raped as minors were also raped as adults compared with 14 percent of women without an early rape history (Black et al., 2011).

Because a large number of 18- to 25-year-old women reside on college campuses, researchers have studied this statistically vulnerable population to determine the prevalence of violence and associated circumstances within it. One study examining fear of rape among 1,905 undergraduate college women found that nearly a third of the respondents indicated experiencing at least one incident of unwanted sexual contact and a quarter reported receiving multiple obscene phone calls by a male perpetrator (Pryor & Hughes, 2013). The Historically Black College and University Campus Sexual Assault Study (HBCU CSA), which assessed multiple factors related to sexual assault on four HBCU campuses, found that approximately 10 percent of the nearly 4,000 undergraduate women surveyed had experienced either an incapacitated or physically forced sexual assault since entering college. In both types of victimization, the most frequently reported assailants were classmates or fellow students (Krebs et al., 2011; Lindquist et al., 2013). In a study of 795 college males, slightly more than 20 percent reported engaging in at least one form of technology-based sexual coercion (Thompson & Morrison, 2013).

Research reveals that sexual violence often begins at a young age. Current research estimates that child sexual abuse affects approximately 1 in 10 children (Butler, 2013; Pérez-Fuentes et al., 2013). In 2012, 62,936 substantiated cases of sexual abuse were reported to various child welfare agencies throughout the United States. Of these cases, more than a quarter of the victims were between the ages of 12 and 14 and one-third (33.8 percent) were under the age of nine (U.S. Department of Health and Human Services, 2013). Although both genders are at risk of child sexual assault, females are more likely than males to be sexually abused and women who are victims of child sexual abuse have a significant increase in the likelihood they will be victims of adult sexual assault (Balsam, Lehavot, & Beadnell, 2011; Finkelhor, Shattuck, Turner, & Hamby, 2014; Pérez-Fuentes et al., 2013; Simmel, Postmus, & Lee, 2012; Walsh, DiLillo, & Scalora, 2011). In a national study of more than 34,000 adults, researchers found child sexual abuse victims were four times more likely to experience other forms of child

abuse, maltreatment, and neglect than those who were not victims (Pérez-Fuentes et al., 2013).

Sexual Assault: Impact on Victims

As noted in two clinical reviews of practice, the consequences of sexual victimization are considerable. Sexual assault and sexual violence are associated with varied and serious physical, psychological, and emotional health consequences for victims. These include depression, post-traumatic stress disorder (PTSD), shame, and substance abuse. Sexual assault may also result in physical injuries ranging from minor injuries and bruising to blunt force trauma, defensive injuries, and attempted strangulation. Victims may also suffer internal and anogenital injuries (Linden, 2011; Probst, Turchik, Zimak, & Huckins, 2011). Findings from the HBCU CSA Study indicate that students who are victims of sexual assault are more likely to report symptoms of depression and PTSD than those who have not experienced sexual assault (Lindquist et al., 2013).

Child sexual abuse has severe negative consequences for the victims that are often long-term, extending into adulthood. Children affected by sexual abuse can internalize (e.g., withdraw, become anxious or depressed, complain of bodily health problems) or externalize (e.g., have attention deficit problems, engage in aggressive behaviors, break rules) the trauma. Victims who exhibit externalized behaviors are noted to be at increased risk of engaging in sexual intercourse before the age of 15, having multiple partners, and not using protection, thereby increasing the likelihood of unplanned pregnancies and sexually transmitted diseases. Furthermore, victims have also been found to engage in increased alcohol consumption and illicit drug use. Adults who were sexually abused as children show higher incidences of mental health problems throughout their lifetime, including PTSD, bipolar disorder, and major depressive disorder. Researchers have identified that survivors of sexual abuse during childhood are eight times more likely to attempt suicide than members of the general population (Balsam et al., 2011; Jones et al., 2013; Pérez-Fuentes et al., 2013; Walsh et al., 2011).

Despite the high rates of prevalence and adverse consequences, sexual assault remains under-reported, particularly to law enforcement. A BJS study found that reports of sexual assaults to police fell from a high of 56 percent in 2003 to 35 percent in 2010; and between 2005 and 2010, victims reported that police collected evidence in only 19 percent of the cases to which they responded. Additionally, victims reported that an arrest was made at the scene or during a follow-up investigation 31 percent of the time (Planty et al., 2013).

Victims are more likely to disclose sexual assault to friends and peers. In a study of 2,000 college women, more than 40 percent reported having received an informal disclosure of rape from a female peer, and more than 70 percent reported that they encouraged the victim to report the rape (Paul et al., 2013). In a study of 374 first-year college women, approximately 36 percent reported unwanted sexual experiences (including unwanted sexual contact, sexual coercion, attempted rape, and completed rape) and nearly 75 percent of those women reported that they had talked with someone about the experience, most often to female peers (86 percent) (Orchowski & Gidycz, 2012).

Victim Services

The provision of services to victims of sexual assault is critical in creating safety and security, as victims struggle with the physical, emotional, and financial implications of sexual assault. To address the complex needs of victims and families, advocates have worked diligently to create responsive programs and services. During the 2 years that this report covers, SASP Formula-funded agencies provided an array of direct services to victims. These services included crisis intervention, victim advocacy, criminal justice advocacy, civil legal advocacy, counseling and support, medical response, material assistance, language services, financial and employment counseling, hotline services, transportation, and referrals to community resources and agencies.

Addressing and minimizing the trauma that victims experience would be impossible without counseling and crisis intervention. For victims of sexual assault, crisis intervention provides an opportunity to begin to return to a level of functioning that existed before the assault. A quasi-experimental study confirmed the need for these services, particularly given the evidence that these victims are frequently exposed to re-traumatization by the legal and medical systems (Campbell, 2006). These services help victims to eventually move beyond their victimization onto a path of resiliency and healing.

Crisis intervention is the process by which a trained professional, such as a victim advocate or social worker, identifies, assesses, and intervenes on behalf of an individual in crisis. Crisis intervention seeks to reduce the psychological stress a victim experiences during the immediate crisis, as well as in the aftermath of violence. Crisis intervention assistance can include 24-hour hotlines, victim advocacy, and referrals to community-based services. Hotlines, which have existed since the emergence of rape crisis centers in the mid-1970s (Maier, 2011), offer telephone consultations and support to

victims of sexual assault. Hotlines are typically available 24 hours a day, seven days a week on national, state, and local levels.

Crisis intervention is vital for victims of sexual assault. When advocates are present in the legal and medical proceedings following rape, victims fare better in both the short- and long-term periods, experiencing less psychological distress, physical health struggles, sexual risk-taking behaviors, self-blame, guilt, and depression. Rape survivors with advocates were more likely to have police reports taken than survivors without advocates, whose reports were taken only 41 percent of the time (Campbell, 2006).

SASP Formula-Funded Services

SASP Formula subgrantees provided services to an average of **40,370** victims in each year. These victims received a wide range of services, the most common being crisis intervention, victim advocacy (assistance with obtaining needed services or resources, including material goods and services, health care, education, finances, transportation, child-care, employment, and housing), and counseling and support groups. Other services included criminal justice/civil legal advocacy (assistance in navigating the criminal and/or civil legal systems); hospital, clinic, or other medical response; and material assistance. Subgrantees providing these services also routinely provided safety planning, referrals, and information to victims as needed.

Table 3. Victims receiving SASP Formula-funded services in 2011 and 2012

Type of service	Victims served 2011	Victims served 2012
Crisis intervention	25,976	22,657
Victim advocacy	19,611	19,935
Counseling services/support group	19,100	18,337
Criminal justice advocacy/court accompaniment	7,420	7,175
Hospital/clinic/other medical response	7,422	7,004

NOTE: Each victim is reported only once in each category of service, regardless of the number of times that service was provided to the victim during the reporting period. Only the most frequently reported categories are presented. For a complete listing of categories of services provided to victims, see Table 10.

SASP Formula subgrantees describe the impact that SASP Formula funding has had on their ability to provide comprehensive services including crisis intervention, counseling, medical advocacy, and shelter to victims of sexual assault.

By far the most improved area of services as a result of our SASP grant has been the number of victims who utilize support services following a SANE exam. The SASP advocate follows up with each of these victims and offers advocacy, referral, transportation, and court advocacy. Having this paid Sexual Assault Advocate has dramatically increased the number of SANE clients who utilize our other available services. We are also thrilled that our SASP funded Sexual Assault Advocate has vastly improved our ability to partner with other service agencies to serve sexual assault victims and survivors. The advocate has improved cooperative efforts between our agency and tribal partners, law enforcement agencies, medical providers, and prosecutors. The resulting level of collaboration would have been unfathomable three years ago, before our SASP grant.

—Domestic Violence Program of North Central Oklahoma

The SASP Program funding has helped support the Sexual Assault Crisis Team to have the only shelter in the United States to house females of sexual violence and male victims of sexual and domestic violence and their non-offending family members. 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

This funding allows the Crisis Center of Tampa Bay to provide immediate and long term advocacy support services and crisis intervention when needed to every victim who seeks services. It has allowed us to increase our capacity to provide services to more survivors of sexual violence and for whatever duration the person needs the services. We are able to provide an advocate to help survivors throughout their process of healing by providing accompaniment to court proceedings and medical and legal appointments; referrals to counseling services, financial assistance programs, shelters, health agencies, employment centers, and empowerment services; and any other service/agency that a survivor may need.

—The Crisis Center of Tampa Bay, Florida

Administrators and subgrantees report on the importance of sexual assault services for children and teens.

SASP has allowed us to provide intervention and support to teen victims of rape and sexual assault and their family members, when included. We are working with an especially high risk and diverse group of teenagers who are being educated and supported through a time in their lives when they are particularly vulnerable. We would not be able to provide this service without SASP funding and we feel it is very important to our community.

—DCCAV-Safe Harbor Shelter and Crisis Center, Utah

SASP Program funding has allowed us to provide services to child victims of sexual abuse in Wexford and Missaukee counties. Before this funding, we were only able to provide services to individuals 16 years old and older. There is a huge need for services for children who have been sexually assaulted and without this funding no services would be available. The SASP Program funding has filled a critical gap.

—SASP administrator (MI)

This funding has allowed us to place a sexual assault victim advocate at the Children's Justice Center. She is able to meet victim/survivors and their families when they first come to the center, offer a packet of information, and answer immediate questions which helps reduce anxiety about the visit for both the children and their parents. . . . The advocate works with parents prior to the exam so they know what to expect and can prepare their children, coordinates with doctors at two different medical sites, and either attends the examinations with the child or locates another advocate to do so.

—YWCA Clark County Sexual Assault Program, Washington

Two SASP administrators share the stories of victims who were assisted through SASP Formula funds.

Recently, a victim was raped in one jurisdiction, but reported to a SANE facility in a different jurisdiction. The SASP-funded advocate provided medical accompaniment to the victim during the sexual assault forensic evidence exam and after the exam, arranged for law enforcement to pick up the victim and take her to the police station in the correct jurisdiction to make a police report. The advocate followed the victim to the police station in order to provide advocacy during the interview with law enforcement. The victim later confided to the advocate that, due to fear and confusion, she would not have gone to the police station to make the report had the advocate not been available to arrange transportation and be present during the report.

—SASP administrator (KS)

In April, a victim of marital rape contacted our rape crisis hotline to review possible options of care. The next day, this victim went to an area emergency room for a sexual assault forensic examination. Later that week she was accompanied by an advocate to a hearing for an order of protection. SASP funding insured that our program had a dedicated daytime advocate that was able to support this victim during each of the phases of care. In the absence of SASP funds, this level of continuity would not be possible.

—SASP administrator (FL)

Many of the sexual assault victims 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, and answering services.

SASP support allowed SAFE Harbor to provide direct services through its hotline . . . [which] is a vital link for the local community. With the hundreds of calls received annually, the staff are able to act as a resource for the entire area. People often need someone to help them process what is taking place. Others are in urgent need of assistance. Some simply want someone to listen to them. The hotline is a fundamental tool that benefits so many. Many dealing with these areas are unable to initially go public with their situation. By visiting with someone on the hotline they become more comfortable and able to address the serious nature of what has taken place. This is so important. Not everyone feels that they can come forth in public or explain the details to the police. Through the hotline they are able to share their experience in a safe manner.

—SAFE Harbor, Inc., Montana

SASP funds stipends for various volunteer advocates and a part-time advocate from Manavi who serves exclusively South Asian women who are victims of violence. Since the implementation of the stipend policy, more advocates are responding to more calls than before and doing so in a more timely manner. A quicker response to victims calls mean less time that that person would have to wait to get a call back, and also less wait time in the ER while all SART members assemble.

—*Christ Hospital Hudson County Rape Care Program, New Jersey*

One of the statutory purpose areas of SASP Formula is the delivery of community-based, linguistically and culturally-specific services and support mechanisms, including outreach activities for underserved communities.²⁴

In 2011 and 2012, subgrantees used SASP Formula funds to provide services to an annual average of **965** victims who were reported in the category of American Indian or Alaska Native; **397** victims who were Asian; **6,085** victims who were black or African-American; **5,956** victims who were Hispanic or Latino; **205** victims who were Native Hawaiian or Pacific Islander; **1,005** victims who were 60 years of age or older; **3,729** victims with disabilities; **126** victims who were D/deaf or hard of hearing; **2,780** victims with limited English proficiency; **1,608** victims who were immigrants, refugees, or asylum seekers; and **11,598** victims who were living in rural areas.²⁵

²⁴ 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.” VAWA 2013 at Section 13925 (a)(39) expands the definition of “underserved populations” to include populations underserved because of sexual orientation, gender identity, or religion.

²⁵ For more detailed demographic information on victims served by all states, see Tables 8 (page 28) and 9 (page 29); for demographic information on victims served by individual states see Table B2a in Appendix B 2011 (page 46-48) and Table B2b in Appendix B 2012 (page 58-60).

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

One client . . . was traumatized, homeless, disabled and without any support network at the time of initial contact. The SASP Program allowed Pathways to assign our most Senior Counseling staff who was then able to dedicate significantly more time to this individual than would have been possible otherwise. The funding . . . allowed this staff to dedicate significant amounts of time early on in the contact to ensure that the survivor received the support necessary to allow her to stabilize her living situation and, subsequently, benefit from ongoing supportive counseling. This woman now has housing and a supportive network that is capable of assisting her as she attempts to heal and return her life to some semblance of normalcy. The SASP Program funding made that possible.

—SASP administrator (MA)

As a result of SASP funding . . . we have been able to better serve the underserved population of the Spanish-speaking community. With SASP funding, we were able to provide culturally appropriate and Spanish-speaking advocates to survivors who came forward for forensic evidence collection. These advocates provided the immediate counseling needed for survivors of sexual violence after an assault and they provided medical advocacy on behalf of the client throughout the sexual assault forensic exam. Due to SASP funding, these survivors were connected to additional services including counseling and legal aid.

—Crisis Center, Inc., Alabama

SASP funds allow us to create successes every day in the direct service of sexual assault victims. . . . For example, tribal court is complex. SASP funding has allowed an advocate to accompany victims to tribal court on Navajo Nation. Not only are we supporting the victims, but each accompaniment through this tribal legal process builds institutional knowledge and relationships that will continue to help us serve sexual assault victims.

—SASP administrator (NM)

Many grantees use SASP Formula funds to ensure that victims in rural communities have access to services.

The San Miguel Resource Center, located in Telluride, has used SASP funding to support a Cultural Outreach Coordinator and Client Services Manager to provide services and outreach to a 1200 square mile region that includes 12 rural towns. Without funding, victims would have to travel between 60-100 miles to receive similar services.

—*SASP administrator (CO)*

Funding received from the SASP Program has allowed SACASA to serve a very rural and isolated underserved community. Over 70 percent of the county is Hispanic so our ability to provide bilingual and bicultural services is critical. As a result of this funding, there is a dedicated sexual assault advocate who has been able to link victims with services, provide crisis intervention and ongoing, complex personal advocacy as well as education about sexual assault to the victims and families she serves.

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

Remaining Areas of Need

SASP administrators are asked to identify the remaining unmet needs in their states or programs whose satisfaction would most significantly improve services to victims of sexual assault, increase survivor safety, and enhance community response, including offender accountability. In their reports for calendar years 2011 and 2012, the administrators regularly cited the following as those remaining unmet needs:

- ▶ Providing culturally- and linguistically-competent services and enhanced services to underserved and other vulnerable populations.
- ▶ Ensuring sufficient training opportunities especially for first responders and criminal justice professionals
- ▶ Enhancing community partnerships and communication, including developing and supporting multi-disciplinary sexual assault response teams (SARTs)
- ▶ Ensuring that services are accessible to people living in rural communities
- ▶ Developing and sustaining sexual assault nurse examiners (SANE)/Sexual Assault Forensic Examiner (SAFE) programs
- ▶ Providing adequate criminal justice response to sexual assault crimes

- ▶ Sustaining and enhancing organizational capacity, including hiring and retaining staff
- ▶ Addressing victims' basic needs for housing, transportation, child care, financial supports, etc.

SASP administrators consistently cited remaining areas of need for underserved and other vulnerable populations. Victims of sexual assault who have limited English proficiency and who are immigrants or refugees have increased challenges with both accessing services and working with the criminal justice system. There is a need for enhanced services for underserved communities such as tribal populations, people with physical and developmental disabilities, people who are D/deaf or hard of hearing, the elderly, children, males, people with mental health issues, and the LGBTQ community. SASP administrators reported a lack of outreach to these underserved groups, a need for training professionals in appropriate response, and the necessity of providing greater access to victim services.

[There is a] need for a broad array of comprehensive culturally specific services to the growing ethnic populations in Oregon, including more bilingual and bicultural victim advocates, more bilingual police officers, access to qualified interpreters, legal assistance and advocacy for immigration-related issues, and outreach to underserved victims from various cultures in a climate of limited resources.

—SASP administrator (OR)

We see the need for increased capacity on our hotline to provide appropriate crisis support, resources, and services to underserved communities, especially Latino/Hispanic, male, LGBTQ, elderly, and disabled victims. It seems that our crisis call volume from these populations continues to significantly increase.

—SASP administrator (VA)

Services for D/deaf persons is practically non-existent. There is little research to tell us exactly what the rate of sexual violence is in this community and without more investigation those who are D/Deaf go without vital services to support them every year.

—SASP administrator (NJ)

SASP administrators also cited the need for additional training for law enforcement, medical personnel, prosecutors, and judges to increase the likelihood that victims will be supported in reporting sexual assault and that cases of sexual assault will be more often successfully prosecuted and offenders held accountable. SASP administrators also note a need for

increased community education efforts in order to change the public perception of sexual assault and minimize victim blaming attitudes.

We consider training as probably the most significant area of need to improve services to victims. Training 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.

—SASP administrator (AL)

Administrators consistently reported a need for multidisciplinary, interagency Sexual Assault Response Teams (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. Furthermore, administrators discussed the need for Sexual Assault Nurse Examiners (SANEs) who could improve forensic evidence collection by making it less traumatic for victims and more likely to lead to offender convictions.

[An] area of need is collaboration and networking amongst law enforcement, victim service agencies, prosecutors and hospital personnel. The level of services a victim receives is reflected by the partnerships amongst the professionals in the victim service field. Ultimately, each of these agencies represents the desire to assist victims. By working together on this common goal and understanding each other's role, the victims will be better served.

—SASP administrator (IA)

Victims are desperately in need of caring, competent professionals with specific training and expertise in performing the necessary forensic exams. The maintenance of SANE programs in Northeast Louisiana as well as across the state is a critical need.

—SASP administrator (LA)

SASP administrators noted that victims of sexual assault often require support around basic, fundamental needs such as accessing affordable housing, obtaining food for themselves and their families, and finding employment. Additionally, when the victim lives in a rural area, there are often increased barriers such as a lack of reliable transportation which often leaves victims unable to access support services. Many rural sexual assault victims cannot access hospitals with SANEs who have been trained to provide forensic medical exams.

Because South Dakota is a predominately rural state, many victims have to overcome transportation obstacles to access services. This does not only include the service of safe shelter, but also includes filing protection orders, accessing counselors and support groups, and obtaining medical advocacy. Victim services programs report their agencies do not have the necessary funding to provide all of the requested transportation. Many victims do not have access to reliable transportation, as public transportation is not available in many rural communities. In order to file a protection order, victims may have to travel 45 or more miles.

—*SASP administrator (SD)*

Survivors face barriers to obtaining basic needs, such as affordable housing, employment assistance, childcare, and transportation. Without these basic needs in place, survivors' engagement in law enforcement proceedings and clinical counseling is limited.

—*SASP administrator (MI)*

Conclusion

The data from subgrantees included in the SASP Formula 2014 Report show that SASP Formula funding makes a difference in the way that communities across the United States help victims of sexual violence and hold offenders accountable. During calendar years 2011 and 2012, an annual average of 664 subgrantees reported using SASP Formula funds. More than 90,000 services, such as crisis intervention and victim advocacy; counseling services and support groups; legal advocacy and court accompaniment; and hospital, clinic or other medical response were provided to more than forty thousand (40,370) individuals annually. In addition, hotline calls were received from over fifty thousand (53,069) victims annually.

This 2014 SASP Formula Grant Program Report reflects 2 years of collective efforts to respond to sexual assault across the nation. It describes significant accomplishments that would not have been possible in the absence of SASP Formula funding, and it highlights where much work remains to be done.

SASP Formula Aggregate Accomplishments

This section presents aggregate data reflecting the activities and accomplishments funded by SASP Formula in 50 states, 3 U.S. territories²⁶, and the District of Columbia.²⁷

SASP Formula-funded 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.

- ▶ Average number of subgrantees using funds for staff in 2011 and 2012: **632** (95 percent of all subgrantees)

Table 4. Full-time equivalent staff funded by SASP Formula in 2011 and 2012

Staff	2011		2012	
	Number FTE	Percent	Number FTE	Percent
All staff	267.85	100.0	273.12	100.0
Victim advocate	130.95	48.9	142.31	52.1
Counselor	63.87	23.8	61.36	22.5
Program coordinator	33.49	12.5	27.79	10.2
Outreach worker	11.03	4.1	9.92	3.6
Legal advocate	10.08	3.8	8.87	3.2
Administrator	8.10	3.0	10.65	3.9
Children's advocate	4.93	1.8	6.10	2.2
Support staff	4.39	1.6	4.03	1.5
Translator/interpreter	0.66	0.2	1.37	0.5
Other	0.35	0.1	0.72	0.3

Informational Materials

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

²⁶ American Samoa and Virgin Islands did not submit subgrantee data on SASP Formula-funded activities in 2011 and 2012.

²⁷ For a complete list of states that awarded money in each year, see Appendix A.

- ▶ Average number of subgrantees using funds for informational materials in 2011 and 2012: **159** (24 percent of all subgrantees)

Table 5. Use of SASP Formula funds to develop, substantially revise, or distribute informational materials in 2011 and 2012

Informational materials	2011		2012	
	Number developed or revised	Number used or distributed	Number developed or revised	Number used or distributed
All materials	504	381,093	374	389,716
Outreach material	382	305,601	275	192,686
Promotional products	84	50,306	65	60,416
Websites	34	24,888	33	136,611
Other	4	298	1	3

SASP Formula subgrantees developed, revised, or translated informational materials into Spanish, Hindi, Urdu, and American Sign Language in 2011 and into Spanish, Bengali, Chinese, and Urdu in 2012.

Victim Services

SASP Formula subgrantees provided services to an annual average of **40,370** victims in 2011 and 2012 (99 percent of those seeking services).

Approximately 1 percent of victims seeking services from funded programs did not receive services from those programs. (See Tables 6 and 7 for information on the level of service provided and the reasons victims were partially served or not served by subgrantees in 2011 and 2012.)

Table 6. Number and percentage of victims served, partially served, and not served in 2011 and 2012

Level of service	Victims 2011		Victims 2012	
	Number	Percent	Number	Percent
All seeking services	42,035	100.0	39,620	100.0
Served	40,779	97.0	38,555	97.3
Partially served	705	1.7	701	1.8
Not served	551	1.3	364	0.9

NOTE: Partially served victims received some, but not all, of the services they sought through SASP Formula-funded programs. Some of these victims may have received other requested services from other agencies or through other funding sources.

Table 7. Most frequently reported reasons victims were not served or were partially served by SASP Formula subgrantees in 2011 and 2012

Reasons	2011	2012
Transportation	29	26
Program unable to provide service due to limited resources/priority-setting	27	24
Services inappropriate or inadequate for victims with mental health problems	23	26
Services not appropriate for victim	26	23
Services inappropriate or inadequate for victims with substance abuse problems	21	17
Program reached capacity	12	21
Lack of child care	15	11
Conflict of interest	13	9
Hours of operation	8	11
Did not meet statutory requirements	15	3
Program rules not acceptable to victim	5	7
Insufficient/lack of language capacity	7	4

Demographics of Victims Served

As shown in Table 8 below, of the annual average **40,370** victims served in 2011 and 2012 for whom demographic information was reported, the majority were **white** (61–62 percent), **female** (90 percent), and **ages 25–59** (45–46 percent).

Table 8. Demographic characteristics of victims served by SASP Formula subgrantees in 2011 and 2012²⁸

Characteristics	Victims receiving services			
	2011		2012	
	Number	Percent	Number	Percent
Race/ethnicity				
American Indian/Alaska Native	962	2.7	968	2.9
Asian	405	1.1	389	1.2
Black or African-American	6,692	18.9	5,477	16.3
Hispanic or Latino	5,409	15.3	6,502	19.3
Native Hawaiian or Pacific Islander	265	0.7	145	0.4
White	22,060	62.2	20,575	61.1
Unknown	6,034	NA	5,557	NA
Gender				
Female	36,219	90.2	34,379	90.6
Male	3,942	9.8	3,584	9.4
Unknown	1,323	NA	1,293	NA
Age				
0–6	1,914	5.3	1,582	4.6
7–12	2,798	7.7	2,560	7.5
13–17	6,012	16.5	5,274	15.4
18–24	8,308	22.9	8,202	23.9
25–59	16,192	44.5	15,814	46.1
60+	1,122	3.1	888	2.6
Unknown	5,138	NA	4,936	NA
Other demographics				
People with disabilities	3,470	8.4	3,988	10.2
People who are D/deaf or hard of hearing	130	0.3	121	0.3
People with limited English proficiency	2,749	6.6	2,811	7.2
People who are immigrants/refugees/asylum seekers	1,533	3.7	1,682	4.3
People who live in rural areas	12,185	29.4	11,011	28.0

NA = not applicable

NOTE: Percentages for race/ethnicity, gender, and age are based on the number of victims for whom the information was known. SASP Formula subgrantees provided services to an average of 40,370 victims. Because victims may have identified with more than one race/ethnicity, the total number reported in race/ethnicity may be higher than the total number of victims served and the sum of percentages for race/ethnicity may be greater than 100. Percentages for age may not add to 100 percent due to rounding.

²⁸ Although SASP subgrantees do not report a reason for not serving or for partially serving individual victims, they do report reasons for not serving or partially serving victims in general by checking all reasons that apply.

Table 9. Relationship to offender for victims served by SASP Formula subgrantees in 2011 and 2012

Relationship to offender	2011		2012	
	Number	Percent	Number	Percent
Current/former spouse or intimate partner	7,758	23.4	7,318	22.8
Other family or household member	8,487	25.6	8,979	28.0
Dating relationship	3,937	11.9	3,236	10.1
Acquaintance	10,102	30.5	9,501	29.7
Stranger	2,867	8.6	2,999	9.4
Unknown	9,236	NA	8,369	NA
Total (excluding unknown)	33,151	100.0	32,033	100.0

NA = not applicable

NOTE: The above percentages are based on the total number of known relationships to offender reported. Because victims may have been abused by more than one offender, the total number of reported relationships may be higher than the total number of victims reported as served.

Secondary Victims

SASP Formula subgrantees provided services to a total number of 13,217 secondary victims in 2011 and 12,738 secondary victims in 2012, resulting in an annual average of **12,978** secondary victims. Secondary victims 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 perpetrators of such victimization.

Types of Services Provided to Victims

SASP Formula subgrantees provide an array of services to victims 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 Formula subgrantees. In addition to the services listed in Table 10, SASP Formula subgrantees routinely provide safety planning, referrals, and information to victims as needed.

Table 10. Victim services provided by SASP Formula subgrantees in 2011 and 2012

Type of service	Victims served			
	2011 (N = 41,484)		2012 (N = 39,256)	
	Number	Percent	Number	Percent
Crisis intervention	25,976	62.6	22,657	57.7
Victim advocacy	19,611	47.3	19,935	50.8
Counseling services/support group	19,100	46.0	18,337	46.7
Criminal justice advocacy/court accompaniment	7,420	17.9	7,175	18.3
Hospital/clinic/other medical response	7,422	17.9	7,004	17.8
Material assistance	5,310	12.8	4,984	12.7
Civil legal advocacy/court accompaniment	3,749	9.0	4,349	11.1
Transportation	3,105	7.5	2,639	6.7
Language services	1,360	3.3	1,284	3.3
Financial counseling	1,250	3.0	835	2.1
Employment counseling	945	2.3	900	2.3
Job training	130	0.3	232	0.6

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

Hotline Calls/Information and Referrals

SASP Formula subgrantees count the number of hotline calls received from primary victims on phone lines paid for with SASP Formula funds or answered by SASP Formula-funded staff. Of the total **244,936** hotline calls that were received in 2011 and 2012, nearly half (**106,137**) were received from victims.²⁹

²⁹ The number of calls is not unduplicated. In addition to victims, hotlines receive calls from intimate partners, family members, friends, and coworkers of victims, and from members of the general public requesting information, some of whom may be victims, but do not identify themselves as such.

Table 11. Hotline calls and information and referrals provided by SASP Formula subgrantees in 2011 and 2012

Type of service	Number of calls/requests from primary victims 2011	Number of calls/requests from primary victims 2012
Hotline calls	45,335	60,802
Walk-in information and referrals	9,084	9,770
Web-based information and referrals	1,307	1,690

Outreach to Victims

Grantees reported a total of **27,449** unsolicited letters, phone calls, and visits to victims in 2011 and 2012.³⁰ This outreach to victims is intended to provide information about available services.

Protection Orders

SASP Formula funds activities, including advocacy in the courtroom, that provide support to victims seeking protection orders. SASP Formula-funded victim services staff assisted sexual assault victims in obtaining **4,993** temporary and final protection orders in 2011 and 2012.

Table 12. Protection orders granted with assistance of SASP Formula-funded staff in 2011 and 2012

	Total	Temporary	Final
2011	2,175	1,224	951
2012	2,818	1,594	1,224

³⁰ The number of outreach activities is not unduplicated.

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Appendix A 2011 and 2012

Table A. Amounts of SASP Formula awards to subgrantees and administrative costs, by state: 2011 and 2012³¹

State	2011 ^{32,33}		2012 ³⁴	
	Amount awarded to subgrantees (\$)	Administrative costs (\$)	Amount awarded to subgrantees (\$)	Administrative costs (\$)
Alabama	174,405	9,179	348,614	11,947
Alaska	118,463	7,602	140,842	13,222
American Samoa	0	0	26,531	1,328
Arizona	385,860	15,140	386,922	2,349
Arkansas	169,305	8,468	169,195	8,460
California	452,060	0	680,082	0
Colorado	196,018	7,866	176,241	10,458
Connecticut	174,241	0	174,002	0
Delaware	145,805	12,533	291,681	15,350
District of Columbia	17,061	0	38,035	0
Florida	285,212	0	988,666	35,172
Georgia	244,034	9,821	488,348	7,217
Guam	31,037	974	25,539	686
Hawaii	0	100	148,811	288
Idaho	142,500	9,222	639,647	877
Illinois	235,043	10,077	355,090	13,719
Indiana	187,190	10,062	213,000	18,276
Iowa	180,211	6,472	245,828	15,771
Kansas	0	9,799	426,895	12,216
Kentucky	171,470	12,945	180,482	0
Louisiana	172,791	14,889	181,817	0
Maine	156,744	0	238,174	0
Maryland	217,534	9,806	249,054	6,195
Massachusetts	188,461	11,101	198,201	0
Michigan	257,425	0	220,218	0
Minnesota	178,361	0	271,100	8,902
Mississippi	198,162	0	154,669	0
Missouri	206,457	9,681	352,539	7,761
Montana	146,564	35	146,442	9,840
Nebraska	152,691	2,304	152,596	8,701

³¹ Data in Table A are based on annual reports submitted by SASP administrators and reflect awards to subgrantees during calendar year 2011 and 2012.

³² American Samoa did not submit a SASP administrator report in 2011.

³³ HI, KS, RI did not award SASP funds to subgrantees in the 2011 reporting period.

³⁴ OH and VI did not award SASP funds to subgrantees in the 2012 reporting period.

Table A. Amounts of SASP Formula awards to subgrantees and administrative costs, by state: 2011 and 2012³¹

State	2011 ^{32,33}		2012 ³⁴	
	Amount awarded to subgrantees (\$)	Administrative costs (\$)	Amount awarded to subgrantees (\$)	Administrative costs (\$)
Nevada	175,985	7,007	320,540	16,100
New Hampshire	149,014	4,812	148,828	9,683
New Jersey	153,000	16,524	265,809	11,025
New Mexico	316,644	14,580	154,246	8,118
New York	599,135	13,024	451,280	18,186
North Carolina	531,442	14,873	771,666	9,601
North Dakota	350,958	6,019	144,025	7,580
N. Mariana Islands	12,044	990	18,268	1,381
Ohio	574,681	0	0	0
Oklahoma	167,114	14,179	216,945	9,944
Oregon	162,512	7,013	422,395	11,205
Pennsylvania	490,548	0	372,294	0
Puerto Rico	20,838	0	12,122	0
Rhode Island	0	0	154,748	0
South Carolina	364,771	16,854	459,891	12,329
South Dakota	157,024	13,340	167,580	21,036
Tennessee	170,385	9,802	186,240	12,629
Texas	411,576	0	610,351	0
Utah	202,133	12,043	218,263	1,245
Vermont	143,930	10,987	183,194	5,451
Virgin Islands	17,829	938	0	0
Virginia	485,971	0	399,705	0
Washington	186,143	7,766	188,164	6,314
West Virginia	186,679	16,975	166,694	7,859
Wisconsin	247,726	3,524	320,470	7,700
Wyoming	130,025	0	286,486	2,298
TOTAL	11,593,212	369,326	14,949,465	388,419

Appendix B 2011

Table B1a. SASP Formula subgrantees using funds for victim services and victims seeking/receiving services, by state: 2011³⁵

State	Victims seeking services				Hotline calls from victims	Walk-in information and referrals to victims	Web-based information and referrals to victims	Outreach to victims
	Total	Served	Partially served	Not served				
Alabama	2,071	2,064	5	2	1,433	13	15	507
Alaska	386	386	0	0	662	268	0	125
American Samoa	0	0	0	0	0	0	0	0
Arizona	472	315	0	157	91	12	0	0
Arkansas	162	162	0	0	126	18	1	22
California	633	633	0	0	261	45	0	356
Colorado	375	373	2	0	286	24	7	298
Connecticut	747	747	0	0	290	93	0	219
Delaware	846	831	15	0	298	0	0	0
District of Columbia	1	1	0	0	1	0	0	0
Florida	811	809	2	0	627	0	0	122
Georgia	1,278	1,210	68	0	591	757	305	733
Guam	6	6	0	0	0	0	0	0
Hawaii	217	217	0	0	150	0	0	324
Idaho	488	467	6	15	1,597	672	0	151
Illinois	1,859	1,859	0	0	155	13	0	0
Indiana	284	258	26	0	469	3	0	345
Iowa	816	802	9	5	615	91	4	164
Kansas	453	444	7	2	186	9	20	0
Kentucky	223	223	0	0	93	0	0	27
Louisiana	1,253	1,209	24	20	1,044	96	20	1,355
Maine	606	606	0	0	0	0	0	0

³⁵ No SASP subgrantee reports were received for American Samoa or Virgin Islands in 2011. N. Mariana Islands subgrantees did not use SASP funds for victim service during the 2011 reporting period.

Table B1a. SASP Formula subgrantees using funds for victim services and victims seeking/receiving services, by state: 2011³⁵

State	Victims seeking services				Hotline calls from victims	Walk-in information and referrals to victims	Web-based information and referrals to victims	Outreach to victims
	Total	Served	Partially served	Not served				
Maryland	930	927	0	3	536	40	0	94
Massachusetts	690	671	3	16	1,113	19	2	2
Michigan	192	192	0	0	161	2	4	221
Minnesota	732	693	33	6	329	13	0	7
Mississippi	391	391	0	0	1,116	39	5	127
Missouri	2,230	2,137	73	20	1,426	177	27	392
Montana	531	529	2	0	1,058	47	237	349
Nebraska	1,001	915	26	60	3,095	906	21	410
Nevada	1,919	1,758	0	161	200	828	79	636
New Hampshire	310	310	0	0	72	182	2	0
New Jersey	664	650	13	1	1,145	57	8	0
New Mexico	1,091	1,084	0	7	779	255	3	419
New York	1,668	1,630	34	4	2,755	562	190	474
North Carolina	3,207	3,077	118	12	4,411	835	94	1,135
North Dakota	251	251	0	0	112	35	0	281
N. Mariana Islands	0	0	0	0	0	0	0	0
Ohio	2,747	2,650	82	15	2,993	314	22	720
Oklahoma	326	310	13	3	86	58	0	132
Oregon	389	386	3	0	3,210	357	2	130
Pennsylvania	901	831	57	13	1,310	0	0	0
Puerto Rico	32	32	0	0	0	0	0	0
Rhode Island	367	367	0	0	617	0	0	0
South Carolina	1,473	1,456	13	4	1,061	193	188	282
South Dakota	329	328	1	0	118	24	0	5
Tennessee	589	589	0	0	638	56	4	220
Texas	845	845	0	0	215	0	0	55

Table B1a. SASP Formula subgrantees using funds for victim services and victims seeking/receiving services, by state: 2011³⁵

State	Victims seeking services				Hotline calls from victims	Walk-in information and referrals to victims	Web-based information and referrals to victims	Outreach to victims
	Total	Served	Partially served	Not served				
Utah	1,357	1,351	0	6	692	583	16	877
Vermont	211	195	16	0	911	0	6	0
Virgin Islands	0	0	0	0	0	0	0	0
Virginia	1,129	1,104	16	9	1,137	181	18	289
Washington	469	460	0	9	322	6	0	0
West Virginia	429	392	36	1	420	44	0	60
Wisconsin	230	230	0	0	67	8	3	16
Wyoming	418	416	2	0	4,255	1,149	4	347
TOTAL	42,035	40,779	705	551	45,335	9,084	1,307	12,428

Sexual Assault Services Program

Table B2a. Race/ethnicity, gender, and age of victims receiving SASP Formula-funded services, by state: 2011³⁶

State	Race/ethnicity							Gender			Age						
	American Indian/ Alaska Native	Asian	Black/African - American	Hispanic/Latino	Native Hawaiian/ Pacific Islander	White	Unknown	Female	Male	Unknown	0-6	7-12	13-17	18-24	25-29	60+	Unknown
Alabama	1	3	795	33	1	1,200	38	1,871	198	0	1	10	154	578	1,257	29	40
Alaska	243	2	13	7	11	108	9	347	37	2	29	21	38	103	184	8	3
American Samoa	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Arizona	3	0	9	218	1	81	3	302	13	0	6	6	40	101	137	13	12
Arkansas	1	0	19	28	3	110	1	159	3	0	5	6	32	24	86	8	1
California	4	1	44	221	1	332	30	619	14	0	50	77	101	121	195	12	77
Colorado	6	1	5	173	4	146	44	319	49	7	42	29	65	83	109	5	42
Connecticut	4	2	50	469	1	208	16	695	52	0	26	32	89	106	451	36	7
Delaware	0	3	48	11	0	112	672	193	10	643	0	26	83	45	61	5	626
District of Columbia	0	0	0	0	0	1	0	1	0	0	0	0	0	0	1	0	0
Florida	6	4	179	91	17	490	24	774	33	4	11	25	153	252	311	19	40
Georgia	0	4	534	63	0	643	34	970	307	1	161	187	284	162	445	8	31
Guam	0	1	0	0	5	0	0	6	0	0	0	0	4	1	1	0	0
Hawaii	1	47	11	6	71	56	25	143	69	5	21	45	47	38	64	2	0
Idaho	14	0	2	71	0	354	32	453	10	10	11	30	84	85	194	39	30
Illinois	24	16	310	359	11	1225	89	1711	131	17	135	218	419	346	688	43	10
Indiana	1	1	35	13	0	188	46	275	9	0	16	14	30	42	128	5	49
Iowa	6	24	49	44	2	667	19	712	99	0	15	19	127	250	385	5	10
Kansas	12	10	37	76	4	259	58	439	12	0	4	7	43	102	213	79	3
Kentucky	0	0	16	5	0	185	17	203	20	0	12	29	44	44	83	5	6
Louisiana	9	11	448	26	2	683	57	1,034	175	24	100	137	157	255	426	27	131
Maine	0	0	12	0	0	0	594	521	85	0	0	0	0	0	0	0	606

³⁶ No SASP subgrantee reports were received for American Samoa or Virgin Islands in 2011. N. Mariana Islands subgrantees did not use SASP funds for victim services during the 2011 reporting period.

Table B2a. Race/ethnicity, gender, and age of victims receiving SASP Formula-funded services, by state: 2011³⁶

State	Race/ethnicity							Gender			Age						
	American Indian/ Alaska Native	Asian	Black/African - American	Hispanic/Latino	Native Hawaiian/ Pacific Islander	White	Unknown	Female	Male	Unknown	0-6	7-12	13-17	18-24	25-29	60+	Unknown
Maryland	4	7	217	167	4	518	23	863	64	0	28	54	131	179	498	33	4
Massachusetts	11	6	31	70	8	212	346	388	13	273	0	1	30	109	257	5	272
Michigan	0	0	49	2	4	133	4	173	19	0	6	35	35	24	83	7	2
Minnesota	14	5	47	104	1	368	187	629	78	19	23	45	180	214	176	30	58
Mississippi	0	23	159	10	0	198	1	365	26	0	72	24	53	94	101	43	4
Missouri	11	9	478	113	2	1,375	236	2,123	81	6	21	23	246	475	1,205	66	174
Montana	116	2	5	21	1	350	36	481	50	0	19	36	62	148	224	16	26
Nebraska	23	2	60	123	2	681	54	862	59	20	12	24	83	284	448	20	70
Nevada	15	12	313	185	9	616	629	1,703	55	0	23	58	130	109	794	25	619
New Hampshire	0	3	8	18	0	228	53	260	50	0	34	58	68	28	98	2	22
New Jersey	0	47	165	98	13	180	160	585	38	40	0	10	97	141	242	6	167
New Mexico	52	1	16	391	2	121	501	936	138	10	88	114	144	98	225	17	398
New York	20	30	261	266	18	1,015	62	1,436	193	35	59	123	291	406	611	91	83
North Carolina	98	23	583	389	2	1,783	318	2,967	222	6	148	310	335	599	1,284	82	437
North Dakota	36	3	9	9	0	189	5	227	24	0	16	20	61	70	80	3	1
N. Mariana Islands	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ohio	3	18	448	68	3	1,372	821	2,270	297	165	218	248	209	451	750	54	802
Oklahoma	48	0	17	46	0	229	14	318	4	1	2	0	41	58	217	4	1
Oregon	4	3	3	98	2	183	99	364	25	0	0	1	28	90	243	17	10
Pennsylvania	3	17	151	89	42	500	87	730	140	18	58	68	193	203	311	36	19
Puerto Rico	0	0	0	32	0	0	0	32	0	0	0	0	29	3	0	0	0
Rhode Island	2	2	31	54	1	151	126	311	56	0	29	62	84	49	135	7	1
South Carolina	7	3	438	72	1	855	94	1,243	222	4	189	285	266	196	497	15	21
South Dakota	62	5	29	12	0	149	72	308	20	1	20	16	20	77	175	1	20
Tennessee	2	3	79	84	2	416	3	550	39	0	1	16	116	158	289	7	2
Texas	2	5	76	427	0	296	59	750	95	0	74	48	113	174	418	9	9

Table B2a. Race/ethnicity, gender, and age of victims receiving SASP Formula-funded services, by state: 2011³⁶

State	Race/ethnicity							Gender			Age						
	American Indian/ Alaska Native	Asian	Black/African - American	Hispanic/Latino	Native Hawaiian/ Pacific Islander	White	Unknown	Female	Male	Unknown	0-6	7-12	13-17	18-24	25-29	60+	Unknown
Utah	44	7	103	221	5	862	119	989	362	0	2	5	522	320	397	4	101
Vermont	7	4	10	6	0	161	23	176	31	4	0	0	16	83	92	0	20
Virgin Islands	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Virginia	3	12	238	98	0	738	34	1,044	76	0	15	49	161	303	545	31	16
Washington	19	19	21	72	7	311	11	407	53	0	81	93	145	46	93	2	0
West Virginia	1	2	22	11	0	347	45	371	49	8	30	45	63	75	151	16	48
Wisconsin	3	0	0	104	0	120	3	218	12	0	0	1	12	49	50	111	7
Wyoming	17	2	9	35	2	355	1	393	25	0	1	8	54	257	84	14	0
TOTAL	962	405	6,692	5,409	265	22,060	6,034	36,219	3,942	1,323	1,914	2,798	6,012	8,308	16,192	1,122	5,138

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 Formula-funded services, by state: 2011³⁷

State	Disabled	D/deaf	Limited English proficiency	Immigrants/refugees/asylum seekers	Live in rural areas
Alabama	195	4	12	5	283
Alaska	47	1	18	5	329
American Samoa	0	0	0	0	0
Arizona	6	0	186	146	221
Arkansas	15	4	21	22	23
California	38	6	187	57	202
Colorado	9	0	56	28	161
Connecticut	110	8	245	11	40
Delaware	18	0	8	7	43
District of Columbia	0	0	0	0	1
Florida	49	2	6	9	99
Georgia	34	0	32	31	591
Guam	0	0	1	0	0
Hawaii	24	6	14	8	29
Idaho	39	0	51	46	172
Illinois	51	7	125	0	59
Indiana	24	0	4	4	107
Iowa	93	2	45	48	434
Kansas	106	4	49	5	43
Kentucky	34	0	1	1	103
Louisiana	284	2	11	2	275
Maine	0	0	12	12	0
Maryland	61	1	143	32	471
Massachusetts	115	1	51	25	32
Michigan	17	0	2	0	122
Minnesota	63	6	96	97	194
Mississippi	18	0	8	5	199
Missouri	277	7	62	7	743
Montana	49	0	4	3	264
Nebraska	98	3	65	35	480
Nevada	48	3	116	155	199
New Hampshire	88	0	1	4	65
New Jersey	38	0	50	54	23

³⁷ No SASP subgrantee reports were received for American Samoa or Virgin Islands in 2011. N. Mariana Islands subgrantees did not use SASP funds for victim services during the 2011 reporting period.

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 Formula-funded services, by state: 2011³⁷

State	Disabled	D/deaf	Limited English proficiency	Immigrants/refugees/asylum seekers	Live in rural areas
New Mexico	122	2	147	30	287
New York	191	24	31	49	613
North Carolina	235	15	301	186	1,507
North Dakota	26	1	0	0	58
N. Mariana Islands	0	0	0	0	0
Ohio	153	8	27	149	639
Oklahoma	26	1	29	28	162
Oregon	23	1	91	54	79
Pennsylvania	0	0	10	0	325
Puerto Rico	2	0	0	2	0
Rhode Island	19	1	3	0	34
South Carolina	79	1	37	8	303
South Dakota	46	1	6	3	228
Tennessee	48	0	80	63	297
Texas	11	0	68	3	39
Utah	100	4	31	24	502
Vermont	65	0	2	1	61
Virgin Islands	0	0	0	0	0
Virginia	138	1	76	38	420
Washington	41	0	15	14	135
West Virginia	46	2	17	0	230
Wisconsin	14	0	85	13	124
Wyoming	37	1	11	4	135
TOTAL	3,470	130	2,749	1,533	12,185

Table B4a. Relationship to offender of victims served with SASP Formula funds, by state: 2011³⁸

State	Current/ former spouse or intimate partner	Other family or household member	Dating	Acquaintance	Stranger	Relationship unknown
Alabama	182	90	505	992	233	151
Alaska	50	99	29	146	38	31
American Samoa	0	0	0	0	0	0
Arizona	87	97	35	67	23	35
Arkansas	119	14	5	12	11	1
California	63	89	115	251	20	95
Colorado	63	119	39	86	31	41
Connecticut	99	193	40	208	68	139
Delaware	14	29	14	75	22	692
District of Columbia	1	0	0	0	0	0
Florida	73	119	76	253	162	128
Georgia	206	328	63	372	87	226
Guam	2	3	0	1	0	0
Hawaii	16	58	8	87	20	28
Idaho	132	103	36	89	47	107
Illinois	87	607	104	511	144	429
Indiana	90	49	48	48	15	56
Iowa	319	96	78	196	23	99
Kansas	39	99	43	141	40	128
Kentucky	49	102	9	33	6	24
Louisiana	143	491	73	320	156	113
Maine	0	0	0	0	0	606
Maryland	203	275	53	112	50	240
Massachusetts	114	56	43	81	36	344
Michigan	6	33	65	46	39	3
Minnesota	74	133	41	196	26	256
Mississippi	47	129	42	159	11	3
Missouri	590	208	214	678	311	311
Montana	154	81	56	153	47	44
Nebraska	340	108	114	251	67	70
Nevada	1,158	138	215	153	39	63
New Hampshire	58	136	11	68	16	21
New Jersey	99	94	55	159	52	212
New Mexico	61	77	37	87	28	794

³⁸ No SASP subgrantee reports were received for American Samoa or Virgin Islands in 2011. N. Mariana Islands subgrantees did not use SASP funds for victim services during the 2011 reporting period.

Table B4a. Relationship to offender of victims served with SASP Formula funds, by state: 2011³⁸

State	Current/ former spouse or intimate partner	Other family or household member	Dating	Acquaintance	Stranger	Relationship unknown
New York	295	458	145	418	130	221
North Carolina	434	788	286	828	183	686
North Dakota	31	81	44	64	10	24
N. Mariana Islands	0	0	0	0	0	0
Ohio	491	434	229	548	104	929
Oklahoma	149	140	22	143	31	29
Oregon	89	30	71	101	17	81
Pennsylvania	62	285	117	257	52	148
Puerto Rico	3	20	0	9	0	0
Rhode Island	31	147	4	115	16	54
South Carolina	91	394	107	345	81	463
South Dakota	50	32	21	21	12	193
Tennessee	214	119	88	129	29	22
Texas	47	175	52	216	137	296
Utah	290	350	169	205	45	315
Vermont	26	38	39	70	18	23
Virgin Islands	0	0	0	0	0	0
Virginia	310	339	138	307	46	46
Washington	30	184	1	159	43	54
West Virginia	94	148	55	61	36	34
Wisconsin	63	32	24	6	1	104
Wyoming	220	40	59	69	8	24
TOTAL	7,758	8,487	3,937	10,102	2,867	9,236

Appendix B 2012

Table B1b. SASP Formula subgrantees using funds for victim services and victims seeking/receiving services, by state: 2012³⁹

State	Victims seeking services							
	Total	Served	Partially served	Not served	Hotline calls from victims	Walk-in information and referrals to victims	Web-based information and referrals to victims	Outreach to victims
Alabama	1,028	1,023	5	0	857	4	7	437
Alaska	350	349	1	0	334	1,164	1	7
American Samoa	0	0	0	0	0	0	0	0
Arizona	399	365	0	34	147	79	0	0
Arkansas	374	373	1	0	302	128	0	327
California	786	749	37	0	413	236	29	317
Colorado	702	700	2	0	314	33	13	258
Connecticut	336	336	0	0	159	0	0	149
Delaware	778	752	5	21	336	0	0	65
District of Columbia	353	353	0	0	280	0	0	0
Florida	1,014	1,012	1	1	275	4	0	70
Georgia	723	698	25	0	998	581	0	662
Guam	9	9	0	0	0	0	0	0
Hawaii	60	60	0	0	22	0	0	0
Idaho	692	670	2	20	1,097	697	24	199
Illinois	2,375	2,367	4	4	1,122	333	0	187
Indiana	186	179	6	1	200	6	5	283
Iowa	1,149	1,129	20	0	1,114	73	24	323
Kansas	413	394	17	2	152	16	28	0
Kentucky	164	164	0	0	50	0	0	10
Louisiana	1,290	1,278	2	10	4,878	81	13	628
Maine	590	590	0	0	343	0	0	187
Maryland	1,108	1,077	28	3	1,203	40	9	42

³⁹ No SASP subgrantee reports were received for American Samoa in 2012. Ohio did not award SASP funds to subgrantees in 2012. Virgin Islands did not apply for SASP funds in 2012.

Table B1b. SASP Formula subgrantees using funds for victim services and victims seeking/receiving services, by state: 2012³⁹

State	Victims seeking services				Hotline calls from victims	Walk-in information and referrals to victims	Web-based information and referrals to victims	Outreach to victims
	Total	Served	Partially served	Not served				
Massachusetts	589	582	5	2	1,417	22	0	1
Michigan	277	277	0	0	26	0	0	26
Minnesota	627	627	0	0	144	152	0	275
Mississippi	574	574	0	0	537	52	575	151
Missouri	1,084	1,028	0	56	576	104	1	170
Montana	541	506	34	1	1,065	165	1	162
Nebraska	682	678	4	0	3,129	1,040	15	701
Nevada	1,315	1,304	10	1	16,296	148	3	705
New Hampshire	285	285	0	0	90	19	5	0
New Jersey	974	919	2	53	1,275	14	1	40
New Mexico	1,154	1,144	0	10	928	149	3	887
New York	1,282	1,267	15	0	997	34	0	97
North Carolina	2,597	2,486	100	11	3,237	326	244	2,769
North Dakota	321	321	0	0	226	257	0	17
N. Mariana Islands	9	9	0	0	83	1	0	0
Ohio	0	0	0	0	0	0	0	0
Oklahoma	408	380	26	2	90	27	0	102
Oregon	364	364	0	0	1,526	181	0	249
Pennsylvania	2,607	2,301	207	99	2,350	192	134	1,173
Puerto Rico	27	0	27	0	0	0	0	0
Rhode Island	304	304	0	0	234	0	0	0
South Carolina	1,147	1,099	48	0	855	582	65	838
South Dakota	169	169	0	0	197	77	10	33
Tennessee	524	524	0	0	363	21	5	708
Texas	2,431	2,431	0	0	2,881	352	2	227
Utah	1,540	1,531	6	3	717	219	357	787

Table B1b. SASP Formula subgrantees using funds for victim services and victims seeking/receiving services, by state: 2012³⁹

State	Victims seeking services				Hotline calls from victims	Walk-in information and referrals to victims	Web-based information and referrals to victims	Outreach to victims
	Total	Served	Partially served	Not served				
Vermont	255	238	17	0	1,168	0	40	0
Virgin Islands	0	0	0	0	0	0	0	0
Virginia	951	932	15	4	1,341	53	17	127
Washington	524	512	0	12	321	51	0	116
West Virginia	517	490	19	8	693	556	2	113
Wisconsin	140	137	3	0	104	0	0	0
Wyoming	522	509	7	6	3,340	1,501	57	396
TOTAL	39,620	38,555	701	364	60,802	9,770	1,690	15,021

Sexual Assault Services Program

Table B2b. Race/ethnicity, gender, and age of victims receiving SASP Formula-funded services, by state: 2012⁴⁰

State	Race/ethnicity							Gender			Age						
	American Indian/ Alaska Native	Asian	Black/African - American	Hispanic/Latino	Native Hawaiian/ Pacific Islander	White	Unknown	Female	Male	Unknown	0-6	7-12	13-17	18-24	25-29	60+	Unknown
Alabama	8	4	357	11	0	602	48	961	64	3	1	9	105	269	523	49	72
Alaska	151	3	12	13	10	138	25	320	29	1	15	26	43	86	152	15	13
American Samoa	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Arizona	12	3	15	249	1	85	0	358	7	0	2	6	17	55	278	3	4
Arkansas	4	1	37	44	1	285	2	346	28	0	5	10	31	107	199	15	7
California	5	11	50	290	1	324	106	728	58	0	86	80	102	139	258	10	111
Colorado	4	1	7	170	1	249	270	552	126	24	9	28	76	113	217	14	245
Connecticut	0	0	26	236	0	69	5	317	19	0	1	3	26	62	230	11	3
Delaware	0	0	0	50	20	96	591	211	11	535	0	0	61	59	85	1	551
District of Columbia	17	0	188	88	1	59	0	335	18	0	0	0	13	123	216	0	1
Florida	9	10	200	137	13	578	66	966	43	4	1	9	170	304	456	19	54
Georgia	0	3	90	64	0	381	185	457	97	169	116	140	106	46	103	11	201
Guam	0	0	0	0	9	0	0	9	0	0	1	4	4	0	0	0	0
Hawaii	0	10	3	4	18	24	1	46	14	0	6	10	16	14	13	1	0
Idaho	27	1	14	115	1	460	54	639	33	0	11	17	72	126	409	16	21
Illinois	23	17	381	328	4	1,542	232	2,061	161	149	112	188	455	479	945	40	152
Indiana	7	1	7	11	0	151	8	165	20	0	30	32	37	28	53	0	5
Iowa	72	18	90	111	2	779	78	1,060	89	0	28	46	165	279	566	15	50
Kansas	13	8	31	38	0	318	9	388	23	0	6	8	28	67	290	11	1
Kentucky	0	1	6	5	0	140	13	139	25	0	21	20	37	19	59	0	8
Louisiana	5	6	397	15	1	730	132	1,112	167	1	112	214	234	231	445	21	23
Maine	2	1	42	0	1	284	266	519	71	0	18	6	35	69	158	32	272
Maryland	1	4	270	106	1	660	64	992	93	20	50	98	172	215	377	12	181
Massachusetts	8	8	57	76	3	204	238	435	21	131	0	1	19	109	278	14	166

⁴⁰ No SASP subgrantee reports were received for American Samoa in 2012. Ohio did not award SASP funds to subgrantees in 2012. Virgin Islands did not apply for SASP funds in 2012.

Table B2b. Race/ethnicity, gender, and age of victims receiving SASP Formula-funded services, by state: 2012⁴⁰

State	Race/ethnicity							Gender			Age						
	American Indian/ Alaska Native	Asian	Black/African - American	Hispanic/Latino	Native Hawaiian/ Pacific Islander	White	Unknown	Female	Male	Unknown	0-6	7-12	13-17	18-24	25-29	60+	Unknown
Michigan	4	2	74	14	0	169	20	243	34	0	11	38	44	44	128	7	5
Minnesota	38	5	68	117	0	322	77	565	61	1	14	41	145	212	174	5	36
Mississippi	4	10	302	4	0	214	40	508	66	0	39	64	125	127	145	36	38
Missouri	9	5	131	66	0	687	146	994	34	0	20	19	65	229	517	25	153
Montana	83	2	3	21	2	385	44	491	49	0	5	7	50	152	241	51	34
Nebraska	33	4	39	134	1	439	38	641	40	1	11	27	84	179	346	18	17
Nevada	16	30	310	201	15	614	160	1,257	57	0	75	134	150	200	630	30	95
New Hampshire	5	2	11	3	1	210	53	236	47	2	22	28	53	59	97	3	23
New Jersey	1	37	164	122	2	322	273	802	56	63	1	4	109	212	278	19	298
New Mexico	44	1	17	313	0	149	620	904	123	117	128	127	116	72	145	3	553
New York	40	43	151	268	2	626	152	1,117	163	2	51	81	169	321	485	35	140
North Carolina	17	15	542	467	1	1,395	149	2,420	164	2	80	166	278	668	1,110	88	196
North Dakota	37	1	13	16	0	231	23	290	31	0	7	39	64	97	105	9	0
N. Mariana Islands	0	8	0	0	1	0	0	9	0	0	0	0	0	1	4	0	4
Ohio	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Oklahoma	71	4	31	64	0	221	15	362	44	0	2	6	89	48	223	11	27
Oregon	3	3	7	157	3	181	10	352	12	0	0	0	83	54	189	5	33
Pennsylvania	4	10	242	542	2	1,456	257	2,125	383	0	123	206	364	612	996	62	145
Puerto Rico	0	0	0	27	0	0	0	23	4	0	0	0	0	0	27	0	0
Rhode Island	4	4	26	48	0	186	36	252	52	0	36	84	56	36	84	8	0
South Carolina	2	16	424	87	1	560	57	936	211	0	93	203	188	276	353	12	22
South Dakota	64	0	4	5	0	84	12	159	10	0	3	6	19	35	87	2	17
Tennessee	1	4	61	56	0	391	11	495	29	0	2	6	97	105	301	12	1
Texas	7	9	190	1,046	2	696	533	2,137	256	38	98	98	226	386	964	30	629
Utah	70	14	42	242	13	901	299	1,340	197	0	9	22	277	372	576	8	273
Vermont	6	8	14	9	1	192	25	216	35	4	0	0	35	94	125	1	0

Table B2b. Race/ethnicity, gender, and age of victims receiving SASP Formula-funded services, by state: 2012⁴⁰

State	Race/ethnicity							Gender			Age						
	American Indian/ Alaska Native	Asian	Black/African - American	Hispanic/Latino	Native Hawaiian/ Pacific Islander	White	Unknown	Female	Male	Unknown	0-6	7-12	13-17	18-24	25-29	60+	Unknown
Virgin Islands	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Virginia	5	10	267	78	3	573	17	896	51	0	18	20	90	246	517	43	13
Washington	11	20	24	39	7	369	42	435	63	14	65	105	155	97	85	5	0
West Virginia	1	4	22	10	0	442	30	446	54	9	29	53	70	100	204	14	39
Wisconsin	0	7	0	132	0	0	1	135	5	0	0	4	11	17	101	6	1
Wyoming	20	0	18	53	0	402	24	477	36	3	9	17	38	152	267	30	3
TOTAL	968	389	5,477	6,502	145	20,575	5,557	34,379	3,584	1,293	1,582	2,560	5,274	8,202	15,814	888	4,936

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 Formula-funded services, by state: 2012⁴¹

State	Disabled	D/deaf	Limited English proficiency	Immigrants/refugees/asylum seekers	Live in rural areas
Alabama	79	1	9	6	212
Alaska	38	1	8	4	189
American Samoa	0	0	0	0	0
Arizona	0	2	113	52	243
Arkansas	25	2	28	25	161
California	61	3	128	49	112
Colorado	33	0	94	44	263
Connecticut	19	1	169	0	30
Delaware	117	0	11	6	46
District of Columbia	14	0	6	0	8
Florida	92	0	22	10	70
Georgia	47	0	34	25	183
Guam	0	0	0	0	0
Hawaii	7	0	0	0	13
Idaho	100	1	65	52	170
Illinois	149	10	80	0	352
Indiana	5	0	6	2	84
Iowa	149	29	72	73	541
Kansas	192	5	26	0	32
Kentucky	33	1	0	1	86
Louisiana	342	2	5	1	466
Maine	67	0	35	37	186
Maryland	71	3	76	22	500
Massachusetts	161	1	56	14	28
Michigan	17	0	3	0	149
Minnesota	63	3	97	98	211
Mississippi	46	1	4	6	184
Missouri	121	1	52	11	466
Montana	48	3	5	2	357
Nebraska	80	4	89	62	466
Nevada	301	0	23	20	223
New Hampshire	84	0	3	10	52
New Jersey	63	5	73	34	125

⁴¹ No SASP subgrantee reports were received for American Samoa in 2012. Ohio did not award SASP funds to subgrantees in 2012. Virgin Islands did not apply for SASP funds in 2012.

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 Formula-funded services, by state: 2012⁴¹

State	Disabled	D/deaf	Limited English proficiency	Immigrants/refugees/asylum seekers	Live in rural areas
New Mexico	51	3	14	7	319
New York	159	1	146	123	292
North Carolina	304	16	294	228	989
North Dakota	20	0	2	2	100
N. Mariana Islands	1	0	8	7	9
Ohio	0	0	0	0	0
Oklahoma	34	4	41	29	163
Oregon	28	0	98	18	216
Pennsylvania	201	11	381	332	666
Puerto Rico	7	0	25	0	8
Rhode Island	7	0	1	0	17
South Carolina	54	0	41	10	359
South Dakota	17	1	1	1	116
Tennessee	66	0	44	34	164
Texas	6	0	36	0	138
Utah	118	2	108	67	228
Vermont	57	0	7	3	85
Virgin Islands	0	0	0	0	0
Virginia	91	2	58	52	286
Washington	46	2	15	15	84
West Virginia	49	0	12	2	240
Wisconsin	1	0	79	83	70
Wyoming	47	0	8	3	254
TOTAL	3,988	121	2,811	1,682	11,011

Table B4b. Relationship to offender of victims served with SASP Formula funds, by state: 2012⁴²

State	Current/ former spouse or intimate partner	Other family or household member	Dating	Acquaintance	Stranger	Relationship unknown
Alabama	171	124	152	341	205	102
Alaska	51	112	19	126	41	84
American Samoa	0	0	0	0	0	0
Arizona	83	25	26	220	11	0
Arkansas	93	58	31	108	18	72
California	90	154	87	256	55	144
Colorado	74	193	59	88	26	262
Connecticut	52	84	29	107	13	51
Delaware	17	23	17	104	32	564
District of Columbia	34	192	44	47	35	1
Florida	85	161	73	297	192	205
Georgia	32	171	61	159	33	267
Guam	0	8	0	1	0	0
Hawaii	1	26	1	23	6	3
Idaho	189	138	97	189	24	35
Illinois	142	574	163	630	185	732
Indiana	37	69	7	48	11	20
Iowa	408	180	97	219	29	219
Kansas	25	73	17	84	23	212
Kentucky	13	72	35	18	3	24
Louisiana	168	530	27	387	222	119
Maine	41	65	12	113	31	340
Maryland	223	324	121	146	82	209
Massachusetts	120	66	52	106	28	216
Michigan	92	54	6	47	25	53
Minnesota	74	98	61	225	24	145
Mississippi	40	177	59	236	23	39
Missouri	319	184	74	223	98	180
Montana	141	87	63	192	38	19
Nebraska	237	93	86	188	30	52
Nevada	513	248	79	97	45	339
New Hampshire	55	84	24	64	10	49
New Jersey	319	123	101	163	70	145
New Mexico	32	122	4	135	50	802

⁴²No SASP subgrantee reports were received for American Samoa in 2012. Ohio did not award SASP funds to subgrantees in 2012. Virgin Islands did not apply for SASP funds in 2012.

Table B4b. Relationship to offender of victims served with SASP Formula funds, by state: 2012⁴²

State	Current/ former spouse or intimate partner	Other family or household member	Dating	Acquaintance	Stranger	Relationship unknown
New York	324	329	112	277	85	155
North Carolina	279	601	221	791	179	537
North Dakota	34	102	10	117	7	51
N. Mariana Islands	9	1	0	0	1	0
Ohio	0	0	0	0	0	0
Oklahoma	187	160	35	105	41	53
Oregon	149	56	87	66	13	9
Pennsylvania	419	618	270	558	171	494
Puerto Rico	0	0	0	0	0	27
Rhode Island	102	68	4	94	18	18
South Carolina	157	369	107	236	63	217
South Dakota	33	44	6	41	22	25
Tennessee	241	94	62	96	29	7
Texas	662	830	64	509	371	280
Utah	154	266	159	470	62	426
Vermont	33	71	41	95	9	25
Virgin Islands	0	0	0	0	0	0
Virginia	262	223	127	239	62	64
Washington	18	198	3	178	76	97
West Virginia	103	157	47	115	52	48
Wisconsin	18	29	20	27	9	37
Wyoming	163	71	77	100	11	95
TOTAL	7,318	8,979	3,236	9,501	2,999	8,369