

U.S. Department of Justice Office on Violence Against Women

**Semi-Annual Performance Report for
Grants to Prevent and Respond to Domestic Violence, Dating
Violence, Sexual Assault, Stalking, and Sex Trafficking Against
Children and Youth Program**

Brief Instructions

This reporting tool details the Semi-Annual Performance Report questions for the Grants to Prevent and Respond to Domestic Violence, Dating Violence, Sexual Assault, Stalking, and Sex Trafficking Against Children and Youth Program (CY Program). A report must be completed for each grant received. Grant partners may complete sections relevant to their portion of the grant. Grant administrators and coordinators are responsible for compiling and submitting a single report that reflects all information collected from grant partners.

All grantees must complete the required sections. Required questions are marked with an asterisk (*). For all other sections, grantees must answer an initial question about whether they used CY Program funds to support certain activities during the current reporting period. If the response is yes, then the grantee must complete that section. If the response is no, the rest of that section is skipped.

The activities of volunteers or interns should be reported if they were coordinated or supervised by CY-funded staff or if CY Program funds substantially supported their activities.

For further information on filling out this report, refer to the separate instructions, which contain detailed definitions and examples.

Public Reporting Burden

Paperwork Reduction Act Notice. Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. The estimated average time to complete and file this form is 60 minutes per form. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write to the Office on Violence Against Women, U.S. Department of Justice, 145 N Street NE, Washington, DC 20530.

General Information

All grantees must complete the General Information section.

1. Date of report

2. Current reporting period

3. Grantee name

4. Grant number

The federal grant number assigned to your CY Program grant.

5. Point of Contact

Provide information for the person responsible for the day-to-day coordination of the grant.

- First name
- Last name
- Agency/organization name
- Address
- City
- State
- Zip code
- Telephone
- Email

6. Type of funded organization

Check the one answer that best describes the organization receiving the CY Program grant.

- Community-based organization
- Court
- Government agency
- Law enforcement
- Legal services organization
- Probation, parole, or other correctional agency
- Prosecution
- State coalition (domestic violence)
- State coalition (dual - domestic violence/sexual assault)
- State coalition (sexual assault)
- Tribal coalition
- Tribal government
- Tribal sexual assault and/or domestic violence program
- Unit of local government
- University/school
- Victim services (domestic violence)
- Victim services (dual - domestic violence/sexual assault)
- Victim services (sexual assault)
- Other (specify): _____

7. Is this a faith-based organization?

- Yes
- No

8. Is this a culturally-specific community-based organization?

- Yes
- No

9. Does this grant specifically address and focus on tribal populations?

- Yes
 - If yes, which tribes/nations?
- No

10. Does your grant support the creation of products in languages other than English or provide services in languages other than English?

- Yes
 - If yes, what languages?
- No

11. What percentage of your CY Program grant was directed to each of these areas?

Estimate the approximate percentage of funds (or resources) used to address each area with your CY Program grant during the current reporting period. The grantee may choose how to make the determination of how to calculate this. Grantees should consider training, staff time, victims services, etc. when making this determination.

*Throughout this form, the term **sexual assault** means any nonconsensual sexual act proscribed by Federal, tribal, or State law, including when the victim lacks the capacity to consent. The term **domestic violence/dating violence** applies to any pattern of abusive behavior that is used by one person to gain power and control over a current or former intimate partner or dating partner. **Stalking** is defined as engaging in a course of conduct directed at a specific person that would cause a reasonable person to fear for his or her safety or the safety of others, or suffer substantial emotional distress. See separate instructions for more complete definitions.*

| | Percentage of grant funds |
|-----------------------------------|---------------------------|
| Sexual assault | |
| Domestic violence/dating violence | |
| Stalking | |
| Sex trafficking | |
| Total (must equal 100%) | |

Staff Information

1. Were CY Program funds used to fund staff time (at your agency, at a partner agency, contractors, or stipends) during the current reporting period?

- Yes
- No

2. Staff

Report the total number of full-time equivalent (FTE) staff funded by the CY Program grant during the current reporting period.

- *Reporting 1.00 FTEs means a staff person worked full-time and was 100% funded by the grant for the entire reporting period. Typically, one FTE is equal to 1,040 hours (40 hours per week multiplied by 26 weeks).*
- *FTEs should be prorated to reflect when a staff person did not work-full time and/or when was not 100% funded by the CY Program grant for the entire reporting period.*
- *Report staff by the function(s) they performed, not by title.*
- *Round and report FTEs to the second decimal place. For example, if you calculate an FTE to be 0.66667, then rounding to the second decimal would mean this FTE would be reported as 0.67 FTE.*

| Staff Function | FTE(s) |
|--|--------|
| Administrator | |
| Attorney <i>(does not include prosecutor)</i> | |
| Counselor | |
| Case manager | |
| Child advocate | |
| Information technology staff | |
| Legal advocate <i>(does not include attorney or paralegal)</i> | |
| Outreach worker | |
| Paralegal | |
| Program coordinator | |
| Support staff | |
| Trainer | |
| Translator/interpreter | |

| Staff Function | FTE(s) |
|---|--------|
| Victim advocate (<i>non-governmental</i>) | |
| Victim assistant (<i>governmental</i>) | |
| Other (specify): | |
| Total | |

SAMPLE

Training

1. Were CY Program funds used to support training activities during the current reporting period?

Select yes if CY Program-funded staff provided training or if CY Program funds directly supported the training.

Training means providing information on sexual assault, domestic violence, dating violence, and stalking that provides professionals (or volunteers acting in the role of professionals) with a tool, skill, or resource that better allows them to support victims/survivors.

- Yes
- No

2. Live training events

Report the total number of live training events that were provided by CY Program-funded staff or directly supported by CY Program funds during the current reporting period. Include both virtual and in-person live events. Do not include training provided to CY Program-funded staff.

3. Total number of people trained at live training events

Report the total number of people trained at both virtual and in-person live training events that were supported with CY Program funds during the current reporting period. CY Program-funded staff who attended training events should not be counted as people trained.

4. Most frequently trained

Report the top three types of professionals trained at the CY Program-funded live training events. Select the type of professional from the dropdowns.

Dropdown options:

- Advocacy organization staff
- Attorneys/law students (does not include prosecutors)
- Abuser intervention program staff
- Child care staff
- Corrections personnel (probation, parole, and correctional facilities staff)
- Court personnel (judges, clerks)
- Disability organization staff (non-governmental)
- Educators (teachers, administrators, etc.)
- Elder organization staff (non-governmental)
- Faith-based organization staff
- Government agency staff (vocational rehabilitation, food stamps, TANF)
- Health professionals (doctors, nurses, does not include SANEs or SAFEs)
- Immigrant organization staff (non-governmental)
- Law enforcement officers
- Legal services staff (does not include attorneys)

- Mental health professionals
- Prosecutors
- Sex offender treatment providers
- Sexual assault nurse examiners/sexual assault forensic examiners
- Social service organization staff (non-governmental)
- Substance abuse organization staff
- Supervised visitation and exchange center staff
- Translators/interpreters
- Tribal government/Tribal government agency staff
- Victim advocates (non-governmental)
- Victim assistants (governmental, includes victim-witness specialists/coordinators)
- Volunteers
- Other (specify)

5. Describe the content of the CY Program-funded live training events.

6. Were CY Program funds used to develop, create, and/or launch pre-recorded trainings during the current reporting period?

- Yes
- No

7. Number of pre-recorded trainings

Report the number of pre-recorded trainings developed, created, and/or launched with CY Program funds during current reporting period.

8. Describe the target audience and content of the pre-recorded trainings supported with CY Program funds during the current reporting period.

9. Did you collect any post-training feedback surveys/questionnaires for the CY Program-funded trainings?

Report yes if CY Program-funded live or pre-recorded trainings had any post-training questionnaires or evaluations completed.

- Yes
- No

10. Detail the findings/responses to the post-training feedback surveys/questionnaires.

Detail any change in knowledge, skills, and perceptions of participants based on the training content.

11. Discuss any additional information about CY Program-funded trainings you would like to share.

Examples might include an improved system response to victims/survivors with disabilities following a multidisciplinary training provided to advocates, law enforcement, and prosecution agencies on issues specific to victims/survivors with disabilities.

SAMPLE

Coordinated Community Response

1. Coordinated community response activities

This question is required. Select all agencies/organizations that you provided referrals to/received referrals from, met with, or engaged in consultation with during the current reporting period. Also indicate if the agency/organization is an MOU partner. If CY Program-funded staff participated in a task force or work group, check all attendees.

| Agency/organization | Provided referrals to/received referrals from, met with, or engaged in consultation with | MOU Partner |
|---|--|-------------|
| Advocacy organization | | |
| Abuser intervention program | | |
| Corrections (<i>probation, parole, and correctional facility staff</i>) | | |
| Court | | |
| Domestic violence organization | | |
| Educational institutions/organizations | | |
| Faith-based organization | | |
| Governmental agency | | |
| Health/mental health organization | | |
| Law enforcement | | |
| Legal organization | | |
| Prosecutor's office | | |
| Sex offender management/sex offender treatment provider | | |
| Sexual assault organization | | |
| Social service organization (<i>non-governmental</i>) | | |
| Tribal government/Tribal governmental agency | | |
| Other (specify): _____ | | |

- 2. Discuss the effectiveness of CCR activities funded or supported by your CY Program grant and provide any additional information you would like to share about your CCR activities.**

SAMPLE

Policies and Legislation

1. **Were CY Program funds used to develop, substantially revise, or implement policies or protocols or to develop or promote State, local, or tribal legislation and policies during the current reporting period?**

- Yes
- No

2. **Type of organizations/agencies in which policies or protocols were developed, substantially revised, or implemented**

Indicate the organizations/agencies in which policies or protocols were developed, substantially revised, or implemented using CY Program funds during the current reporting period.

- Courts
- Healthcare
- Law enforcement
- Legal services
- Probation, parole, or another correctional agency
- Prosecution
- Supervised visitation
- Transitional housing
- Victim services
- Other (specify)

3. **Describe the protocols and/or policies developed, substantially revised, or implemented with CY Program funds during the current reporting period.**

4. **Describe the development or promotion of State, local, or tribal legislation and policies with CY Program funds during the current reporting period.**

Use the space below to discuss the development or promotion of State, local, or tribal legislation and policies that were supported with CY Program funds.

Products

1. Were CY Program funds used to develop or substantially revise products during the current reporting period?

Select yes if CY Program-funded staff developed or revised products or if CY Program funds directly supported the development or revision of products.

- Yes
- No

2. Describe the products developed or substantially revised with CY Program funds during the current reporting period.

Describe what type of product it was, the title/topic of the product, as well as its intended audience. Also provide information on if the product was translated into a language other than English (including Braille).

SAMPLE

Victim Services

1. **Were CY Program funds used to provide victim services (including legal services provided by an attorney or paralegal) during the current reporting period?**

Select yes if CY Program funds were used to support victim services during the current reporting period. Report all victims served and victim services provided with CY Program funds, whether by a victim services agency or victim services within law enforcement, prosecution, or the court system in this section. If the grantee is funding a victim assistant or victim-witness coordinator within law enforcement, prosecution, or the court system, they should complete the victim services section to capture that staff's grant-funded work.

- Yes
- No

2. **Number of victims/survivors who were fully served, partially served, and not served**

Report the following, to the best of your ability, as an unduplicated count for each category during the current reporting period. This means that each victim/survivor who requested or accepted CY Program-funded services during the current reporting period should be counted only once in that reporting period. If the victim/survivor experienced more than one victimization, that person should be counted only once under the presenting victimization. Do not report secondary victims here.

Served: A victim/survivor should be reported as served if they requested and/or accepted grant-funded services and the program was able to provide all of those services.

Partially Served: A victim/survivor should be reported as partially served if they accepted and/or requested grant-funded services and the program was able to provide some, but not all, of those services.

Not Served: A victim/survivor should be reported as not served if the program could not provide any of the grant-funded services that the victim accepted and/or requested.

| | Sexual assault | Domestic violence/ dating violence | Stalking | Sex trafficking | Total |
|--|----------------|---------------------------------------|----------|-----------------|-------|
| Served | | | | | |
| Partially served | | | | | |
| Total Served & Partially Served | | | | | |
| Not served | | | | | |

3. Number of victims/survivors who received CY Program-funded services for multiple victimizations

Report an unduplicated count of victims/survivors reported in the previous question who received CY Program-funded support for more than one victimization.

4. Select all the additional victimization types, including specific forms of abuse, for which these victims/survivors received CY Program-funded services:

- Sexual assault
- Domestic/dating violence
- Stalking
- Female genital mutilation/cutting
- Adult survivor of child sexual abuse
- Sex trafficking
- Labor trafficking
- Economic abuse
- Technological abuse
- Forced marriage

5. Describe how CY Program funds were used to serve victims/survivors who received grant-funded services for multiple victimizations.

6. Number of secondary victims served

Secondary victims must have received CY Program-funded services in order to be reported in this question. Secondary victims should correspond to the category of victimization of the primary victim/survivor. They may be children, siblings, spouses or intimate partners, parents, grandparents, and other affected relatives.

| | Sexual assault | Domestic violence/ dating violence | Stalking | Sex trafficking | Total |
|--------------------------|-----------------------|---|-----------------|------------------------|--------------|
| Secondary victims served | | | | | |

7. Select all of the reasons primary victims/survivors who requested CY Program-funded services were partially or not served:

- Conflict of interest
- Did not meet statutory requirements
- Hours of operation
- Insufficient or lack of culturally appropriate services
- Insufficient or lack of agency capacity to provide language access (including sign language or assistive communication devices)
- Insufficient or lack of services for people with disabilities

- Insufficient or lack of services for people who are D/deaf or hard of hearing
- Lack of childcare
- Program reached capacity
- Program rules not acceptable to victim/survivor
- Program unable to provide service due to limited resources/priority setting
- Services inappropriate or inadequate for victims/survivors with mental health issues
- Services inappropriate or inadequate for victims/survivors with substance abuse issues
- Services otherwise not appropriate for victim/survivor
- Transportation
- Other (specify)

8. Describe why grant-funded services were not provided, including barriers/challenges your agency faced when providing CY Program-funded services, and how those barriers impacted victims/survivors.

9. Race/ethnicity

Report the demographic information for the victims/survivors reported as served and partially served with CY Program funds. Do not report demographics for secondary victims.

Report victims/survivors in each category they identify as. At least one race/ethnicity must be reported for each victim/survivor reported as fully served and partially served. Those victims for whom the race/ethnicity is not known should be reported in the “unknown” category.

| Race/ethnicity | Number of victims/survivors |
|---|------------------------------------|
| American Indian or Alaska Native | |
| Asian | |
| Black or African American | |
| Hispanic, Latino, or Spanish origin | |
| Middle Eastern or North African | |
| Native Hawaiian or Pacific Islander | |
| White | |
| People of a race, ethnicity, or origin not listed (<i>specify</i>): | |
| Unknown | |
| Total | |

10. Gender

Report victims/survivors in each category they identify as. At least one gender identity must be reported for each victim/survivor reported as fully and partially served. Those victims for whom the gender identity is not known should be reported in the “unknown” category.

| Gender Identity | Number of victims/survivors |
|---------------------------------|-----------------------------|
| Women or girls | |
| Men or boys | |
| Transgender | |
| Non-binary or non-conforming | |
| Two-spirit | |
| A gender not listed Specify: | |
| Unknown | |
| Total | |

11. Age

Report the age of each victim/survivor reported as fully and partially served. Exactly one age must be reported for each victim/survivor reported as fully and partially served. Those victims for whom the age is not known should be reported in the “unknown” category.

| Age | Number of victims/survivors |
|--------------|-----------------------------|
| 0-6 | |
| 7-10 | |
| 11-17 | |
| 18-24 | |
| Unknown | |
| Total | |

12. Additional demographics

Report the number of victims/survivors who were served and partially served who identify with these additional demographics if they were willingly disclosed/identified by the victims/survivors. These additional demographics are not required.

| Additional demographics | Number of victims/survivors |
|--|-----------------------------|
| People who are lesbian, gay, bisexual, transgender, or queer (LGBTQ) | |
| People with disabilities | |
| People whose primary language is not English | |
| People who are D/deaf or hard of hearing | |
| People who are immigrants/refugees/asylum seekers | |
| People who live in rural areas | |

13. Victim services

Report the CY Program-funded services provided to the victims/survivors reported fully and partially served victims. Do not capture legal assistance provided by grant-funded attorneys or paralegals in this question, as that information will be asked for in future questions. Refer to the separate instructions document for service definitions.

The first column “Number of victims/survivors served” is an unduplicated count of the number of victims/survivors who received each type of grant-funded service. No individual service category should have a number of victims served greater than the total number of victims served and partially served.

The second column “Number of times service was provided” is a total of the number of times each victim in the first column received that services type during the 6-month reporting period.

| Type of Service | Number of victims/survivors served | Number of times service was provided |
|---|------------------------------------|--------------------------------------|
| Civil legal advocacy/court accompaniment | | |
| Counseling/support group | | |
| Criminal justice advocacy/court accompaniment | | |
| Crisis intervention | | |
| Culturally specific services | | |
| Hospital/clinic/other medical response | | |
| Language services | | |
| Transportation | | |
| Victim/survivor advocacy | | |
| Other (specify): _____ | | |

14. Hotline support, information, and referral

Report the number of hotline requests received from primary victims and the total number of hotline requests received on phone lines paid for with CY Program funds or answered by CY Program-funded staff, during the current reporting period. If grant funds are supporting a portion or percentage of the hotline budget, prorate the total hotline calls to reflect only what percentage of the budget is supported by the CY Program grant. Hotline calls should not be reported as victims/survivors served or partially served unless they also received at least one of the services reported in Victim services questions.

| | Number of requests from primary victims | Total number of requests |
|--|--|---------------------------------|
| Hotline support, information and referral requests | | |

15. Victim witness notification/unsolicited outreach activities to victims

Report the number of grant-funded victim witness notification activities and unsolicited outreach activities. Victims/survivors who are the recipients of these notification/outreach activities should not be reported as victims/survivors served or partially served unless they also received at least one of the services reported in Victim Services questions.

16. Victim services staff assistance with protection orders

Report the total number of temporary and/or final protection orders granted that CY Program-funded victim services staff helped with obtaining. These orders may also be referred to as restraining orders, anti-harassment orders, no contact orders, or stay-away orders.

| | Temporary | Final |
|---------------------------|------------------|--------------|
| Protection orders granted | | |

17. Number of non-abusing parents/caregivers receiving support

Report the unduplicated number of non-abusing parents/caregivers who received CY Program-funded support during the current reporting period. For purposes of this form, non-abusing parents/caregivers have the primary responsibility for the child's day-to-day care.

18. Support provided to non-abusing parents/caregivers

Report the number of non-abusing parents and caregivers who received CY Program-funded support during the current reporting period. Count each non-abusing parent or caregiver only one for each type of support. Do not report the number of times that support was provided.

| Type of support | Non-abusing parents/caregivers receiving support |
|---|--|
| Advocacy | |
| Case management | |
| Child care | |
| Civil legal advocacy/court accompaniment | |
| Civil legal assistance | |
| Counseling services/support group | |
| Criminal justice advocacy/court accompaniment | |
| Crisis intervention | |
| Education advocacy | |
| Employment counseling | |
| Home visitation | |
| Hospital/clinic/other medical accompaniment | |
| Housing assistance | |
| Language services | |
| Material assistance | |
| Parent education or classes | |
| Respite services | |
| Transportation | |
| Other (specify) | |

19. Shelter services

Report the total number of non-abusing parents/caregivers and accompanying family member who received emergency shelter services provided by CY Program funds during the current reporting period. Under the “Non-abusing parents/caregivers” and “Accompanying family members,” provide an unduplicated count of the number of non-abusing parents/caregivers and family members who received CY Program-funded shelter services. Under the “Number of bed nights,” provide a total number of nights for those parents/caregivers and family members during the 6-month reporting period.

| | Non-abusing parents/caregivers | Accompanying family members | Number of bed nights |
|-------------------|--------------------------------|-----------------------------|----------------------|
| Emergency shelter | | | |

20. Discuss the effectiveness of victim services and legal services supported by your CY Program grant and provide any additional information you would like to share.

SAMPLE

Legal Services

1. Were CY Program funds used to provide legal service to victims/survivors during the current reporting period?

Select yes if CY Program-funded staff (i.e., attorneys or paralegals) provided these services or CY Program funds were used to support these services during the current reporting period. If you select yes, be sure you also fill out the Victim Services section.

- Yes
- No

2. Number of victims/survivors who received assistance with legal issues

Report an unduplicated count of victims/survivors who received assistance with at least one legal issue.

3. Number of victims who received assistance with multiple legal issues

Of the victims/survivors who received assistance with legal issues, report the number of victims/survivors who received assistance with more than one type of legal issue during the current reporting period.

4. Legal issues

Under “Number of victims/survivors receiving legal assistance,” report the number of primary victims/survivors who received legal assistance from CY Program-funded attorneys or paralegals during the current reporting period. Count a victim/survivor once in each legal issue category for which they received assistance with CY Program grant funds.

Under “Number of cases closed or issues resolved,” report each case that was closed and each legal issue that was resolved during the current reporting period for which services were provided by CY Program-funded attorneys or paralegals. Do not include cases that are pending or were not yet closed during the reporting period. It is okay if “Number of cases closed or issues resolved” is less than “Number of victims/survivors receiving legal assistance.”

| Legal Issues | Number of victims/survivors receiving legal assistance | Number of cases closed or issues resolved |
|----------------------------|--|---|
| Protection orders | | |
| Divorce | | |
| Custody/visitation | | |
| Establishment of paternity | | |
| Child/spousal support | | |
| Other family law matters | | |
| Consumer/finance | | |
| Employment | | |
| Income maintenance | | |
| Housing | | |
| VAWA self-petition | | |
| Cancellation of removal | | |
| U visa | | |
| T visa | | |
| Other immigration matters | | |
| Criminal issues | | |
| Educational issues | | |
| Other (specify): | | |

Narrative

- 1. Report on the status of your CY Program grant goals and objectives as of the end of the current reporting period.**

This question is required. Report on the status of the goals and objectives as they were identified in your grant proposal or as they have been added or revised.

- 2. What do you see as the most significant areas of remaining need, with regard to improving services to victims/survivors, increasing victims/survivors' safety, and enhancing community response (including offender accountability)?**

This question is required for the January-June reporting period. Consider geographic regions, underserved populations, service delivery systems, types of victimization, and challenges and barriers unique to your jurisdiction.

- 3. What has CY funding allowed you to do that you could not do prior to receiving this funding?**

This question is required for the January-June reporting period.

- 4. Provide additional information regarding the effectiveness of your grant-funded program.**

If you have any other data or information that you have not already reported that demonstrate the effectiveness of your CY Program grant, please provide it below.

- 5. Provide additional information to explain the data submitted on this form.**

If you have any information that could be helpful in understanding the data you have submitted in this report, please answer this question. For example, if you submitted two different performance reports for the same reporting period, you may explain how the data was apportioned to each report; if you reported staff but did not report any corresponding activities, you may explain why; or if you did not use CY Program funds to support either staff or activities during the reporting period, please explain how program funds were used.

STANDARD