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

SEMI-ANNUAL PROGRESS REPORT FOR

 **Grants to Indian Tribal Governments Program**

### **Brief Instructions:** This form must be completed for each Grants to Indian Tribal Governments (Tribal Gov- ernments Program) grant received. The grant administrator or coordinator must ensure that the form is completed fully with regard to all grant activities. Grant partners, however, may complete sections relevant to their portion of the grant. Grant administrators or coordinators are responsible for compiling and submitting a single report that reflects all information collected from grant partners.

All grantees should read each section to determine which questions they must answer based on the activi- ties supported under this grant during the current reporting period. Sections B, F, and subsections A1 and C3 of this form must be completed by all grantees. In sections D, E, and subsections A2, C1, C2, C4, C5, C6, and C7, grantees must answer an initial question about whether they supported certain activities during the current reporting period. If the response is yes, then the grantee must complete that section or subsection. If the response is no, the rest of that section or subsection is skipped.

For example, 1) if you are a victim services agency providing training and victim services with staff funded under this grant, you would complete A1, A2, B, C1, C3, D, and F (and answer ‘no’ in C2, C4, C5, C6, C7, and E1-E5); or, 2) if you are a law enforcement agency receiving funds to pay for staff who provide training to other law enforcement officers, you would complete A1, A2, B, C1, C3, and F (and answer ‘no’ in C2, C4, C5, C6, C7, D, and E1-E5).

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

For further information on filling out this form, refer to the separate set of instructions, which contains de- tailed definitions and examples, illustrating how questions should be answered.

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## **GENERAL INFORMATION**

**SECTION**

**A1**

**Grant Information**

### All grantees must complete this subsection.

1. **Date of report *(format date with 6 digits - 01/31/07)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | |  | |  | |
|  |  |  |  |  |  |

### **Current reporting period**

✔ **January 1-June 30**

✔ **July 1-December 31 (Year)**

 **3. Grantee name**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

 **4. Grant number**

(The federal grant number assigned to your Tribal Governments Program grant)

### **5. Point of contact**

(person responsible for the day-to-day coordination of the grant)

### First name MI Last name Address City State Zip code Telephone Facsimile E-mail

 **6. What tribal population(s) is(are) served by this grant?**

 **7. What percentage of your Tribal Government Program funds was directed to each of these areas?**

(Report the area[s] addressed by your Tribal Governments Program grant during the current reporting

period and estimate the approximate percentage of funds [or resources] used to address each area [consider education, training, victim services, etc.]. The grantee may choose how to make this determi- nation.)

### Throughout this form, the term **sexual assault** includes both assaults committed by offenders who are strangers to the victim/survivor and assaults committed by offenders who are known to, related by blood or marriage to, or in a dating relationship with the victim/survivor. The term **domestic violence/ dating violence** applies to any pattern of coercive 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 | |  |  |
| **TOTAL** (must equal 100%) |  | 0% |  |

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## **A2 Staff Information**

**SECTION**

### **Were Tribal Governments Program funds used to fund staff positions during the current reporting period?** Check yes if Tribal Governments Program funds were used to pay staff, including part-time staff and contrac- tors.

**8. Staff**

**Yes—answer question 8 No—skip to section B**

(Report the total number of full-time equivalent (FTE) staff funded by the Tribal Governments Program grant during the current reporting period. Report staff by function(s) performed, not by title or location. Include employees who are part-time and/or only partially funded with these grant funds, as well as consultants/contractors. Report grant-funded overtime. If an employee or contractor was employed

or utilized for only a portion of the reporting period, prorate appropriately. For example, if you hired a full-time administrator in October who was 100% funded with Tribal Governments Program funds, you would report that as .5 FTEs. Report all FTEs in decimals, not percentages. One FTE is equal to 1,040 hours—40 hours per week multiplied by 26 weeks. See separate instructions for examples of how to calculate FTEs.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Staff** | **FTE(s)** | | |
| Administrator *(fiscal manager, executive director, shelter manager)* | |  |  |
| Attorney *(does not include prosecutor)* |  |  |  |
| Batterer intervention program staff | |  |  |
| Case manager |  |  |  |
| Child care worker | |  |  |
| Counselor |  |  |  |
| Court personnel | |  |  |
| Information technology staff |  |  |  |
| Judge | |  |  |
| Law enforcement officer |  |  |  |
| Legal advocate *(does not include attorney or paralegal)* | |  |  |
| Outreach staff |  |  |  |
| Paralegal | |  |  |
| Probation officer/offender monitor |  |  |  |

Program coordinator (CCR coordinator, training coordinator, victim services coordi- nator, transitional housing coordinator, visitation services coordinator)

|  |  |  |  |
| --- | --- | --- | --- |
| Prosecutor |  |  |  |
| Sexual assault forensic examiner/sexual assault nurse examiner *(SAFE/SANE)* | |  |  |
| Security staff |  |  |  |
| Supervised visitation/exchange staff *(visitation and exchange center)* | |  |  |
| Support staff *(administrative assistant, bookkeeper, accountant )* |  |  |  |
| Trainer/educator | |  |  |
| Tribal cultural specialist |  |  |  |
| Victim advocate | |  |  |
| Victim-witness specialist/coordinator |  |  |  |
| Other *(specify):* | |  |  |
| **TOTAL** |  | 0.00 |  |

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## **PURPOSE AREAS**

**SECTION**

**B**

### All grantees must complete this section.

OMB Clearance #1122-0018 Expiration Date: 07/31/2011

### **9. Statutory purpose areas**

(Check all purpose areas that apply to activities supported with Tribal Governments Program funds dur- ing the current reporting period.)

### **Check ALL**

**that apply Purpose areas**

Develop and enhance effective governmental strategies to curtail violent crimes against and increase the safety of Indian women consistent with tribal law and custom.

Increase tribal capacity to respond to domestic violence/dating violence, sexual as- sault, and stalking crimes against Indian women.

Strengthen tribal justice interventions including tribal law enforcement, prosecution, courts, probation, and correctional facilities.

Enhance services to Indian women victimized by domestic violence/dating violence, sexual assault, and stalking.

Work in cooperation with the community to develop education and prevention strate- gies directed toward issues of domestic violence/dating violence and stalking pro- grams and to address the needs of children exposed to domestic violence.

Provide programs for supervised visitation and safe visitation exchange of children in situations involving domestic violence/dating violence, sexual assault, or stalking com- mitted by one parent against the other with appropriate security measures, policies, and procedures to protect the safety of victims and their children.

Provide transitional housing for victims of domestic violence/dating violence, sexual assault, or stalking, including rental or utilities payments assistance and assistance with related expenses such as security deposits and other costs incidental to relo- cation to transitional housing, and support services to enable a victim of domestic violence/dating violence, sexual assault, or stalking to locate and secure permanent housing and integrate into a community.

Provide legal assistance necessary to provide effective aid to victims of domestic violence/dating violence, stalking, or sexual assault who are seeking relief in legal matters arising as a consequence of that abuse or violence, at minimal or no cost to victims.

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## **FUNCTION AREAS**

**SECTION**

**C1**

**Training**

OMB Clearance #1122-0018

Expiration Date: 07/31/2011

### **Were your Tribal Governments Program funds used for training during the current reporting period?** Check yes if Tribal Governments Program-funded staff provided training or if Tribal Governments Program funds were used to directly support training.

**Yes—answer questions 10-13 No—skip to subsection C2**

For purposes of this reporting form, **training** means providing information on sexual assault, domestic violence, dating violence, and stalking that enables professionals to improve their response to victims/ survivors as it relates to their role in the system. **Education** means providing general information that will increase public awareness of sexual assault, domestic violence, dating violence, and stalking. In this subsection, report information on training activities. Education should be reported in subsection C2.

### **10. Training events**

(Report the total number of training events provided during the current reporting period that were ei-

ther provided by Tribal Governments Program-funded staff or directly supported by Tribal Governments Program funds. Training provided to Tribal Governments Program-funded staff should not be counted.)

### Total number of training events provided

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### **11. Number of people trained**

(Report the number of people trained during the current reporting period by Tribal Governments Pro- gram-funded staff or training supported by Tribal Governments Program funds by type of agency. Use the category that is most descriptive of the people who attended the training event. Tribal Governments Program-funded staff attending training events should not be counted. If you do not know how many people to report in specific categories, you may report the overall number in “Multidisciplinary” but this category should be used only as a last resort. Students, community members, and victims should not be reported as people trained, since they are not professionals responding to victims.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **People trained** | **Tribal** | |  | **Non-tribal** | |  |
| Attorneys/law students *(does not include prosecutors)* | |  |  | |  |  |
| Batterer intervention/offender accountability program staff |  |  |  |  |  |  |
| Correction personnel *(probation, parole, and correctional facility staff)* | |  |  | |  |  |
| Court personnel *(judges, clerks)* |  |  |  |  |  |  |
| Disability organization staff *(non-governmental)* | |  |  | |  |  |
| Educational/child care staff *(teachers, administrators, etc.)* |  |  |  |  |  |  |
| Elder organization staff *(non-governmental)* | |  |  | |  |  |
| Faith-based organization staff |  |  |  |  |  |  |
| Federal law enforcement officers | |  |  | |  |  |
| Government agency staff *(vocational rehabilitation, food stamps, TANF)* |  |  |  |  |  |  |
| Health professionals *(doctors, nurses-- does not include SAFE/SANE)* | |  |  | |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Law enforcement officers |  |  |  |  |  |  |
| Legal services staff *(does not include attorneys)* | |  |  | |  |  |
| Mental health professionals |  |  |  |  |  |  |
| Military command staff | |  |  | |  |  |
| Multidisciplinary *(various disciplines at same training)* |  |  |  |  |  |  |

### Prosecutors

Sexual assault forensic examiners/sexual assault nurse examiner

(SAFE/SANE)

Social service organization staff *(non-governmental-- food bank, home- less shelter)*

**TOTAL**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Spiritual leaders | | |  |  |  |  |  |  |
| Substance abuse treatment staff | | | |  |  | |  |  |
| Supervised visitation and exchange center staff | | |  |  |  |  |  |  |
| Tribal council members | | | |  |  | |  |  |
| Tribal elders | | |  |  |  |  |  |  |
| Tribal government/Tribal government agency staff | | | |  |  | |  |  |
| Victim advocates *(includes sexual assault, domestic violence, and dual)* | | |  |  |  |  |  |  |
| Victim-witness specialists/coordinators | | | |  |  | |  |  |
| Volunteers | | |  |  |  |  |  |  |
| Women’s Advisory Committee members | | | |  |  | |  |  |
| Other *(specify):* |  |  |  |  |  |  |  |  |
|  | | | | 0 |  | | 0 |  |

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### **Training content areas**

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(Indicate all topics covered in training events provided with your Tribal Governments Program funds dur- ing the current reporting period. Check all that apply.)

### **Sexual assault, domestic violence, dating viol- lence, and stalking**

Advocacy for American Indian and/or Alaska Native women

Child witnesses Confidentiality

Cultural issues specific to American Indians and/or Alaska Natives

Dating violence overview, dynamics, and services

Domestic violence overview, dynamics, and services

Dynamics and history of violence against American Indian and/or Alaska Native women

Historical trauma Indian Child Welfare Act

Mandatory reporting requirements Response to victims who are incarcerated Safety planning for victims

Sexual assault overview, dynamics, and services

Stalking overview, dynamics, and services Supervised visitation and exchange

Tribal strategies to address sexual assault, do- mestic violence/dating violence, or stalking

Other *(specify)*:

### **Other underserved populations**

Issues specific to American Indian or Alaska Native victims/survivors who:

are elderly

are geographically isolated

are homeless or living in poverty

are lesbian, gay, bisexual, transgender, or intersex

have disabilities

have mental health issues have substance abuse issues live in rural areas

live in urban areas

Other *(specify):*

### **Justice system**

Civil court procedures Criminal court procedures Dispatcher response

Firearms and domestic violence/dating vio- lence

Identification and arrest of predominant aggressor

Judicial response

Jurisdictional issues *(local, tribal, federal, state)*

### Law enforcement response

Offender accountability programs/BIP Pro-arrest policies

Probation response Prosecution response

Protection orders *(including full faith and credit)*

### Sexual assault statutes/codes Sexual assault forensic examinations Stalking statutes/codes

Tribal jurisdiction and Public Law 280

Other *(specify):*

### **Community response**

Community response to sexual assault Coordinated community response Response teams *(DART, DVRT, SART)* Technology

Volunteer training

Other *(specify):*

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### **(Optional) Additional information**

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(Use the space below to discuss the effectiveness of training activities funded or supported by your Tribal Governments Program grant and to provide further explanation on how these activities increase the safety of American Indian/Alaska Native women.) (Maximum 2,000 characters)

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## **C2 Community Education**

**SECTION**

OMB Clearance #1122-0018 Expiration Date: 07/31/2011

### **Were your Tribal Governments Program funds used for community education activities during the current**

**reporting period?**

Check yes if any Tribal Governments Program-funded staff engaged in community education activities or if Tribal Governments Program funds directly supported community education.

**Yes—answer questions 14-16 No—skip to subsection C3**

For purposes of this reporting form, **education** means providing general information that will increase public awareness of sexual assault, domestic violence, dating violence, and stalking. **Training** means providing information on sexual assault, domestic violence, dating violence, and stalking that enables professionals to improve their response to victims/survivors as it relates to their role in the system. In this subsection, report information on community education activities. Training should be reported in subsection C1.

### **14. People educated with Tribal Governments Program funds**

(Report the number of people attending community education events during the current reporting pe-

riod. Use the category that is most descriptive of the people who attended the event.)

|  |  |  |  |
| --- | --- | --- | --- |
| **People attending event** | **Number** | | |
| Child care providers | |  |  |
| Community businesses *(casinos, retail stores)* |  |  |  |
| Community groups *(service or social groups)* | |  |  |
| Community members |  |  |  |
| Educators *(teachers, administrators, etc.)* | |  |  |
| Faith-based groups |  |  |  |
| Men’s groups | |  |  |
| Parents/guardians |  |  |  |
| Students | |  |  |
| Tribal elders |  |  |  |
| Victims/survivors | |  |  |
| Women’s groups |  |  |  |
| Other *(specify):* | |  |  |
| **TOTAL** |  | 0 |  |

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### **15. Topics of education events provided with Tribal Governments Program funds**

(Indicate all topics covered in education events provided with your Tribal Governments Program funds

during the current reporting period. Check all that apply.)

### **Domestic violence, dating violence, and stalking** Child witness overview, dynamics and services Dating violence overview, dynamics and services

Domestic violence/dating violence prevention program

Domestic violence overview, dynamics and ser- vices

Healthy relationships/domestic violence/dating violence prevention *(6-12th grade)*

Healthy relationships/domestic violence/dating violence prevention *(university)*

Healthy relationships/domestic violence/dating violence prevention *(community)*

Indigenous prevention programs Mandated reporting of child victimization Response to victims who are incarcerated Safety planning

Sexual assault overview, dynamics, and services Stalking overview, dynamics, and services

Youth awareness of sexual assault, domestic vio- lence/dating violence, and stalking

Workplace violence

Other *(specify):*

### **16. Outreach activities**

**How to help American Indian or Alaska Native victims/survivors who:**

are elderly

are geographically isolated

are homeless or living in poverty are isolated or institutionalized

are lesbian, gay, bisexual, transgender, or intersex

have disabilities

have mental health issues have substance abuse issues live in rural areas

live in urban areas

Other *(specify):*

(Indicate the number of outreach activities supported with Tribal Governments Program funds during the current reporting period.)

### **Activities Number**

Community organizing/community events *(rallies, speak outs, Take Back the Night, vigils)*

|  |  |  |  |
| --- | --- | --- | --- |
| Educational exhibits *(Clothesline Project, silent witness, information tables)* |  |  |  |
| Media campaigns *(press conferences, public service announcements, articles)* | |  |  |
| Productions for public awareness *(video series, theater productions)* |  |  |  |
| Other *(specify):* | |  |  |
| **TOTAL events** |  | 0 |  |

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## **Coordinated Community Response**

**SECTION**

**C3**

All grantees must complete this subsection.

**Are you an Indian victim services provider organization? Are you a Tribal Coalition?**

**Yes No Yes No**

 **17. Coordinated community response activities**

(*Check the appropriate boxes to indicate the agencies or organizations that you: provided victim/survivor*

*referrals to, received victim/survivor referrals from, engaged in consultation with, provided technical as- sistance to, and/or attended meetings with, during the current reporting period, according to the usual fre- quency of the interactions. If the interactions were not part of a regular schedule, you will need to estimate the frequency with which these interactions occurred during the current reporting period. In the last col- umn, indicate the agencies or organizations with which you have a mandatory collaboration for purposes of your Tribal Governments Program grant. If Tribal Governments Program-funded staff participated in a task force or work group, indicate that under “Meetings” by checking the frequency of the meetings and the types of organizations participating.)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Agencies or groups** | **Victim/survivor refer- rals, consultations, technical assistance** | **Meetings** | **Collaborative partners** |

Non-profit, non-governmental Indian victim services program

Non-profit, tribal domestic violence/ dating violence or sexual assault coalition

Women’s advisory committee

Batterer intervention/offender moni- toring program

Community advocacy organization

Corrections *(probation, parole and correctional facility staff)*

Court *(federal)* Court *(local or state)* Court *(tribal)*

Educational institutions/youth pro- grams

Faith-based organization Health/mental health organization Law enforcement *(federal)*

Law enforcement *(local or state)*

Law enforcement *(tribal)*

Legal organization *(legal services, bar association, law school)*

Prosecutor *(federal)* Prosecutor *(local or state)* Prosecutor *(tribal)*

Social service organization Tribal council

Tribal elders

Tribal government agency Tribal housing authority

Other *(specify):*

**Daily Weekly Monthly Weekly Monthly Quarterly**

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### **18. (Optional) Additional information**

(Use the space below to discuss the effectiveness of coordinated community response activities funded

or supported by your Tribal Governments Program grant and to provide further explanation on how these activities increase the safety of American Indian/Alaska Native women.) (Maximum 2,000 charac- ters)

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**C4 Policies**

**SECTION**

OMB Clearance #1122-0018 Expiration Date: 07/31/2011

**Were your Tribal Governments Program funds used to develop, substantially revise, or implement policies or protocols during the current reporting period?**

Check yes if Tribal Governments Program-funded staff developed, substantially revised, or implemented policies or protocols, or if Tribal Governments Program funds directly supported the development, revision, or implementa- tion of policies, protocols.

**Yes—answer questions 19-20 No—skip to subsection C5**

 **19. Types of policies or protocols developed, revised, or implemented during the current reporting period.**

*(Check all that apply.)*

**Victim services**

Appropriate response to victims/survivors with substance abuse issues and/or mental health diagno- ses

Appropriate services for victims/survivors who are American Indian or Alaska Native Appropriate services for victims/survivors who are elderly or have disabilities Confidentiality

Mandatory training standards for staff and volunteers

Procedures for anonymous, confidential, or Jane Doe reporting of sexual assault Victims/survivors informed about Crime Victim’s Compensation and Victim Impact Statements Other *(specify):*

**Health care**

Advocate response to emergency room

Appropriate response to victims/survivors to avoid or eliminate re-traumatization Appropriate services for victims/survivors who are American Indian or Alaska Native Appropriate services for victims/survivors are who are elderly or have disabilities Forensic exams not billed to victims/survivors

Mandatory training on sexual assault, domestic violence/dating violence, and/or stalking

Routine screening and referrals for sexual assault, domestic violence/dating violence, and/or stalking Other *(specify):*

**Law enforcement**

Appropriate response to other underserved populations

Appropriate response to victims/survivors who are American Indian or Alaska Native Appropriate response to victims/survivors who are elderly or have disabilities Identifying primary aggressor/discouraging dual arrest

Immediate access to protection order information

Mandatory training on sexual assault, domestic violence/dating violence, and/or stalking No charge to sexual assault victims/survivors for any cost associated with forensic exam

No charge to victims/survivors for any costs related to the investigation of sexual assault, domestic vio- lence/dating violence, and/or stalking offenses

No charge to victims/survivors for service of protection orders, warrants, or subpoenas No victims/survivors polygraphed

Procedures for anonymous, confidential, or Jane Doe reporting of sexual assault Protection order enforcement *(including full faith and credit)*

Providing information to victims/survivors about victim services Report writing and investigation guidelines

Sexual assault response and protocols Stalking response and protocols

Other *(specify):*

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### **Prosecution**

Appropriate response to other underserved populations

Appropriate response to victims/survivors who are American Indian or Alaska Native Appropriate response to victims/survivors who are elderly or have disabilities

Child witness strategies Evidence-based prosecution

Protection order enforcement *(including full faith and credit)*

### Mandatory training on sexual assault, domestic violence/dating violence, and/or stalking

No charge to victims/survivors for any costs related to the prosecution of sexual assault, domestic violence/dating violence, and/or stalking

No victims/survivors polygraphed Sexual assault response and protocols Stalking response and protocols Victim witness notification

Other *(specify):*

### **Court**

Accelerated trial schedules

Appropriate response to other underserved populations

Appropriate response to victims/survivors who are American Indian or Alaska Native Appropriate response to victims/survivors who are elderly or have disabilities

Full faith and credit for protection orders

Judicial monitoring of sexual assault, domestic violence/dating violence, and/or stalking offenders Mandatory training on sexual assault, domestic violence/dating violence, and/or stalking

No charge to victims/survivors for any costs related to the prosecution of sexual assault, domestic violence/dating violence, and/or stalking

Policy against mediation

Policy against mutual restraining orders Procedures for courtroom security

Other *(specify):*

### **Probation and parole**

Appropriate response to victims/survivors who are American Indian or Alaska Native Appropriate response to victims/survivors from other underserved populations Appropriate response to victims/survivors who are elderly or have disabilities

Mandatory training on sexual assault, domestic violence/dating violence, and/or stalking Strategies to assist and protect victims/survivors during probation and parole Victim/survivor notification

Other *(specify):*

### **CCR**

Interagency response

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OMB Clearance #1122-0018

Expiration Date: 07/31/2011

### **Supervised visitation and exchange policies**

**Center operations**

Confidentiality

Flexible hours of operation Income-based fees *(sliding scale)* Program does not charge fees

Protocol between advocacy organization and supervised visitation program Recordkeeping and report writing

Other *(specify):*

### **Service provision**

Appropriate response to underserved populations Child-friendly *(toys, games, appropriate décor)* Court feedback procedures

### Courtesy monitoring

Document exchange procedures

Mandatory training on domestic violence/dating violence, sexual assault, child abuse, and stalking

Out-of-jurisdiction referrals Supervised exchange procedures

Other *(specify):*

### **Security and safety**

Different entrances for parties

Escort for children and custodial parent Metal detectors

Panic button(s)

Private, secure drop-off locations for children

Private, secure entrances for children and custodial parent Security guards

Security measures in place *(cameras, staff, etc.)*

### Security staff observations Staggered arrival/departure times

Other *(specify):*

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### **(Optional) Additional information**

Expiration Date: 07/31/2011

(Use the space below to discuss the effectiveness of policies funded or supported by your Tribal Gov- ernments Program grant that you have developed or implemented and to provide further explanation on how these policies increase the safety of American Indian/Alaska Native women.) (Maximum 2,000 characters)

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## **C5 Products and Codes**

**SECTION**

Expiration Date: 07/31/2011

### **Were your Tribal Governments Program funds used to develop, substantially revise, or distribute products**

**or codes during the current reporting period?**

Check yes if Tribal Governments Program-funded staff developed, revised, and/or distributed products or codes or if Tribal Governments Program funds directly supported the development, revision, or distribution of products or codes.

**Yes—answer question 21 No—skip to subsection C6**

 **21. Use of Tribal Governments Program funds for product or code development, substantial revision, or distribution**

(Report the number of products or codes developed, substantially revised, or distributed with Tribal Governments Program funds during the current reporting period. Report the number of new prod- ucts or codes developed or substantially revised during the current reporting period; the title/topic; the intended audience for each product or code developed, revised, or distributed; and the number of

products or codes used or distributed. If a product or code was created in or translated into a language other than English, including Braille, indicate the language. Report on products or codes that were newly developed during the current reporting period whether or not they were used or distributed, and on products or codes that were previously developed or revised but were used or distributed during the current reporting period. Do not report the number of products printed or copied; only report the num- ber developed or revised—in most cases that number will be one for each product described—and/or the number used or distributed. See separate instructions for examples of how to report under “devel- oped or revised” and “used or distributed.”)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Products** | **Number developed or revised** | **Title/topic** | **Intended audience** | **Number used or distributed** | **Other languages** |
| Brochures |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Manuals |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Training curricula |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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### **Use of Tribal Governments Program funds for product or code development, substantial revision, or distribution (cont.)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Products** | **Number developed or revised** | **Title/topic** | **Intended audience** | **Number used or distributed** | **Other languages** |
| Training materials |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Tribal codes |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Other  *(specify):* |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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## **C6 Data Collection and Communication Systems**

**SECTION**

### **Were your Tribal Governments Program funds used for data collection systems or communication sys- tems or for the purchase of hardware or other equipment during the current reporting period?**

Check yes if Tribal Governments Program funds or Tribal Governments Program-funded staff were used to develop, install, or expand data collection and/or communication systems.

**Yes—answer questions 22-23 No—skip to subsection C7**

 **22. Use of Tribal Governments Program funds for data collection and/or communication systems**

(Check all that apply.)

### Develop new data collection/communication systems Install data collection/communication systems

Expand existing data collection/communication systems Link existing data collection/communication systems Share information with other community partners Manage data collection and communication

Purchase computers and other equipment

 **23. Purpose of data collection and/or communication systems**

(Indicate all types of information being identified or tracked with this technology by checking all that ap-

ply.)

### Arrests/charges Bail/bond orders Calls to police Case management

Compliance with court-ordered sanctions Convictions

Court docket management Evaluation/outcome measures Incident reports

Information sharing

Probation conditions/violations Prosecutions

Protection orders Recidivism Sentencing

Sex offender registration Stalking and harassment orders Victim/survivor notification

Victim/survivor service availability Violations of protection orders Warrants

Other *(specify):*

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## **C7 System Improvement**

**SECTION**

### **Were your Tribal Governments Program funds used for system improvement during the current reporting period?**

Check yes if any Tribal Governments Program-funded staff engaged in system improvement activities or if Tribal Governments Program funds directly supported system improvements *(e.g., safety audits, security).*

**Yes—answer question 24 No—skip to section D**

 **24. Use of Tribal Governments Program funds for system improvement**

(Check all that apply for the current reporting period.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Victim services** | **Law enforcement** | **Prosecution** | **Court** | **Probation or parole/offender monitoring** |

### Meetings between tribal and non- tribal entities

Safety and accountability audits Security personnel or equipment Translation of forms and documents Other *(specify):*

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## **SERVICES TO VICTIMS/SURVIVORS AND FAMILIES**

**SECTION**

**D1**

**Victim Services/Transitional Housing Services/Legal Services**

### **Were your Tribal Governments Program funds used to provide victim services, transitional housing ser- vices, and/or legal services to victims/survivors during the current reporting period?**

Check yes if Tribal Governments Program-funded staff provided any of these victim services or if Tribal Gov- ernments Program funds were used to support any of these victim services during the current reporting period. Report all victims/survivors served, and services provided with Tribal Governments Program funds, whether by a victim services agency, a legal services organization, or by staff providing victim services within law enforcement, prosecution, or the court system in subsection D1. Report supervised visitation and ex- change services in subsection D2 only. Report criminal justice activities, such as 911 calls, cases investi- gated, and cases prosecuted in section E only.

**Yes—answer questions 25-37 *(as relevant)*, and 44 No—skip to D2**

### **25. Number of victims/survivors served, partially served, and victims/survivors seeking services who were not served**

Please do not answer this question without referring to the separate instructions for further explana- tion and examples of how to distinguish among these categories. (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 was seeking or who received services during the current reporting period should be counted only once in that reporting period. For purposes of this question, **victims/survivors** are those against whom the sexual assault, domestic violence, dating violence, and/or stalking was directed. If the victim/survivor experienced more than one victimization, that person should be counted only once under the primary victimization. Do not report secondary victims here.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Number of victims/survivors** | | | |
| **Sexual assualt** | **Domestic vio- lence/dating violence** | **Stalking** | **Total** |

* 1. **Served:** Victims/survivors who received the grant- funded service(s) they requested, if those services were funded by your Tribal Governments Program grant.
  2. **Partially served:** Victims/survivors who received some grant-funded service(s), but not all of the grant-funded services they requested, if those services were funded by your Tribal Governments Program grant.

### **TOTAL SERVED and PARTIALLY SERVED (25A + 25B)**

* 1. **Victims/survivors seeking services who were not served:** *Victims/survivors who sought grant-funded services and did not receive the grant-funded service(s) they were seeking, if those services were funded by your Tribal Governments Program grant.*

0

0

0 0 0 0

0

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### **26. Reasons that victims/survivors seeking services were not served or were partially served**

(Check all that apply.)

### Conflict of interest

**Reasons not served or partially served**

Did not meet statutory requirements Hours of operation

Insufficient or lack of culturally appropriate services

Insufficient or lack of language capacity *(including sign language)*

### Insufficient or lack of services for people with disabilities Lack of child care

Program reached capacity

Program rules not acceptable to victim/survivor

Program unable to provide service due to limited resources/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 not appropriate for victim/survivor

Services not available for victim/survivor accompanied by male adolescents Transportation

Other *(specify):*

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### **27. Demographics of victims/survivors served or partially served**

(Based on the victims/survivors reported in questions 25A and 25B, report the total numbers for all de-

mographic categories that apply. Because victims/survivors may identify in more than one category of race/ethnicity, the total for “Race/ethnicity” may exceed the total number of victims/survivors reported in questions 25A and 25B. However, the total number of victims/survivors reported under “Race/ ethnicity” should not be less than the total number of victims/survivors reported in questions 25A and 25B. The total number of victims/survivors reported under “Gender” and the total number reported under “Age” should equal the total number of victims/survivors reported in questions 25A and 25B. Those victims for whom gender, age, and/or race/ethnicity is not known should be reported in the “Un- known” category. Do not report demographics for children.)

**Race/ethnicity** (Victims/survivors should be counted once in each category of race/ethnicity that applies. Victims/survivors should not be counted more

than once in either the category “American Indian and Alaska Native” or in the category “Native Hawaiian and other Pacific Islander.”)

### **Victims/survivors**

|  |  |  |  |
| --- | --- | --- | --- |
| American Indian and/or Alaska Native | |  |  |
| Asian |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Black or African American | |  |  |
| Hispanic or Latino |  |  |  |
| Native Hawaiian and other Pacific Islander | |  |  |
| White |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Unknown | |  |  |
| **TOTAL RACE/ETHNICITY** (should not be less than sum of25A and 25B) |  | 0 |  |
| **Gender** | **Victims/survivors** | | |
| Female | |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Male |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Unknown | |  |  |
| **TOTAL GENDER** (should equal sum of 25A and 25B) |  | 0 |  |
| **Age** | **Victims/survivors** | | |
| 0-12 | |  |  |
| 13-17 |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 18-24 | |  |  |
| 25-59 |  |  |  |
| 60 + | |  |  |
| Unknown |  |  |  |
| **TOTAL AGE** (should equal sum of 25A and 25B) | | 0 |  |
| **Other demographics** | **Victims/survivors** | | |
| People with disabilities | |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| People with limited English proficiency |  |  |  |

People who live in rural areas

1. **Victims/survivors’ relationships to offenders** by victimization

(For those victims/survivors reported as served and partially served in Questions 25A and 25B, report the victim/survivor’s relationship to the offender by type of victimization. If a victim/survivor experi- enced more than one type of victimization and/or was victimized by more than one perpetrator, count the victim/survivor in all categories that apply. The total number of relationships in the sexual assault column must be at least the sum of sexual assault victims reported in Questions 25A and 25B; the total number in the domestic violence/dating violence column must be at least the sum of domestic violence victims reported in Questions 25A and 25B; and the total number in the stalking column must be at least the sum of stalking victims in Questions 25A and 25B. Do not report relationships

to offender for children.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Victim/survivor’s relationship to offender** | **Number of victim/survivor relationships by victimization** | | |
| **Sexual assault** | **Domestic violence/ dating violence** | **Stalking** |

### Current or former spouse or intimate partner

Dating relationship

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Other family or household member |  | | |  |  |
|  | |  |  | | |

Acquaintance (neighbor, employee, co- worker, student, schoolmate, etc.)

### Stranger

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  |  | |  |  | |  |  |
| Relationship unknown |  | | |  | | |  | | |

**TOTAL**

0 0 0

### **29. Number of services provided to children of victims**

(Report the number of children of victims/survivors reported as served or partially served in questions

25A and 25B who also received services and the number of times the services were provided during the current reporting period. Do not report demographic information in question 27 for the children served.)

|  |  |  |
| --- | --- | --- |
|  | **Number of children** | **Number of times service was provided** |
| **Children’s services** *(refers to services provided to children of victims/survivors, including child care, transportation, counseling, etc.)* |  |  |

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### **30A. Victim services**

OMB Clearance #1122-0018 Expiration Date: 07/31/2011

(Report the number of victims/survivors from questions 25A and 25B who received Tribal Governments Program-funded services during the current reporting period. Count each victim/survivor only once for each type of service that victim/survivor received during the current reporting period in the column for the number of victims/survivors and report the number of times that service was provided to the vic- tim/survivor. The total for each type of service should not be higher in the number of victims/survivors

column than the total of questions 25A and 25B [0

]. Transitional housing and shelter services

should be reported in questions 32-34. Do not report children receiving services in this question.)

|  |  |  |
| --- | --- | --- |
| **Type of service** | **Number of victims/ survivors** | **Number of times service was provided** |

Civil legal advocacy/court accompaniment (Assisting a victim/survivor with civil legal issues, including preparing paperwork for protection orders; accompanying a victim/survivor to a protection order hear- ing, administrative hearing, or other civil proceeding; and all other advocacy within the civil justice system. Does not include services provided by an attorney or paralegal.)

Counseling services/support group *(Individual or group counseling or support provided by a volunteer, peer, or professional.)*

Criminal justice advocacy/court accompaniment (Assisting a victim/ survivor with criminal legal issues including notifying the victim/sur- vivor of case status, hearing dates, plea agreements, and sentencing terms; preparing paperwork such as victim/survivor impact state- ments; accompanying a victim/survivor to a criminal court proceed- ing or law enforcement interview; and all other advocacy within the criminal justice system.)

Crisis intervention (A process by which a person identifies, assesses, and intervenes with an individual in crisis so as to restore balance and reduce the effects of the crisis in her/his life. In this category, report crisis intervention that occurs in person and/or over the tele- phone.)

Cultural advocacy (Activities such as sweat lodge, talking circles, well- ness gatherings, cultural ceremonies, etc.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Forensic exam |  |  |  |  |  |  |

Hospital/clinic/medical response *(Accompanying a victim/survivor to or meeting a victim/survivor at the hospital, clinic, or medical office.)*

|  |  |  |
| --- | --- | --- |
| Transportation |  |  |

Victim/survivor advocacy (Actions designed to assist the victim/sur- vivor in obtaining support, resources, or services including employ- ment, housing, shelter services, health care, victim’s compensation, etc.)

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### **30B. Hotline calls**

(Report the total number of hotline calls received on phone lines paid for with Tribal Governments

Program funds or answered by Tribal Governments Program-funded staff, during the current reporting period. Primary victims whose calls are reported here should not be reported as victims served in Question 25 unless they also received at least one of the services listed in Question 30A Victim Services. Victims/survivors who receive services such as crisis intervention or victim advocacy over the telephone, in addition to basic hotline information and/or referrals, should also be reported in Question 30A. Hotline calls that include victim advocacy or crisis intervention services are those that require more time than the average call and involve a more intensive focus on the immediate needs and situation of the victim. For examples of when to report only the hotline call and when to report both the hotline call and a service or services in Question 30A, see separate instructions.)

|  |  |
| --- | --- |
|  | **Total number of calls** |
| Hotline calls *(Crisis or information and referral calls received by an agency’s hotline or office telephone)* |  |

### **30C. Victim witness notification/outreach to victims/survivors**

(Report the number of unsolicited letters, phone calls, or visits to victims/survivors of specific incidents

of sexual assault, domestic violence, dating violence, and stalking incidents identified in police reports or court documents, informing them of services and/or providing information about the criminal justice system. Victims/survivors who are the recipients of these notification/outreach activities should not be reported as victims/survivors served in question 25 unless they also received at least one of the servic- es reported in question 30A Victim Services or questions 32-34, Shelter Services/Transitional Housing Assistance.)

|  |  |
| --- | --- |
|  | **Number of notification/outreach activities to victims/survivors** |
| Victim witness notification/outreach to victims/ survivors *(unsolicited letters, phone calls or visits)* |  |

### **31. Protection orders**

(Report the total number of temporary and/or final protection orders requested and granted for which

Tribal Governments Program-funded victim services staff provided assistance to victims/survivors during the current reporting period. These orders may also be referred to as protection from abuse, protection from harassment, or anti-harassment orders, restraining orders, or no-contact or stay-away orders.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Temporary protection orders** | | | **Final protection orders** | | |
| Number of protection orders requested |  |  |  |  |  |  |
|  | | |  | | |
| Number of protection orders granted |  |  |  |  |  |  |
|  |  |

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## **Shelter/Transitional Housing Assistance**

### **Were your Tribal Governments Program funds used to provide shelter and/or transitional housing assis- tance to victims/survivors during the current reporting period?**

Check yes if Tribal Governments Program-funded staff provided any of these services or if Tribal Govern- ments Program funds were used to support any of these services during the current reporting period.

**Yes--answer questions 32-34**

**No--skip to Legal Services section**

 **32. Shelter and transitional housing services**

(Report the total number of victims/survivors and accompanying family members who received emer-

gency shelter or transitional housing provided with Tribal Governments Program funds during the cur- rent reporting period. This should be an unduplicated count for both victims/survivors and for family members. This means that each victim/survivor and each family member who received shelter ser- vices during the current reporting period should be counted only once. Report the total number of bed nights provided in emergency shelter or transitional housing to victims/survivors and family members. Emergency shelter can be safe houses or hotel/motel accommodations. The number of bed nights is determined by multiplying the number of victims and family members by the number of nights they stayed in the shelter. The number of bed nights will typically be significantly higher than the number of victims and family members. For example, one victim and her three children all stayed in the shelter for 10 nights. The number of bed nights would be 4 multiplied by 10, or 40.)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Shelter service** | **Number of victims/ survivors** | | | **Number of family members** | | | **Number of bed nights** | | |
| Emergency shelter |  |  |  |  |  |  |  |  |  |
|  | | |  | | |  | | |
| Transitional housing |  |  |  |  |  |  |  |  |  |

### **33. Type and number of housing units**

(Report the number and type of housing units supported with grant funds. Section B, number of units,

should be an unduplicated count of the units available. See the separate set of instructions for defini- tions.)

### Scattered

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of housing units** | **A. Number of units/subsidies** | | | | | | | | | **B. Number of single/family units** | | | | | |
| **Tribal/program- owned units** | | | **Program-rented units** | | | **Vouchers/ rent subsidies** | | | **Available to families** | | | **Available to single victims/ survivors** | | |
|  | |  |  | |  |  | |  |  | |  |  | |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Clustered |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Co-located with domestic vio- lence/dating vio- lence emergency shelter

Co-located with homeless emer- gency shelter

Other *(specify):*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TOTAL** |  | 0 |  |  | 0 |  |  | 0 |  |  | 0 |  |  | 0 |  |

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### **34. Housing assistance**

(For those victims/survivors reported in questions 25A and 25B, report the number provided with each type of housing assistance during the current reporting period. Each person may be counted once

for each type of housing assistance they received during the current reporting period. See separate set of instructions for examples.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of service** | **Total cost** | **Number of victims/ survivors** | **Total number of months** |

### Childcare Clothing Food

Household furnishings *(purchased with grant funds)*

### Rent subsidy Relocation expenses

Rental unit fees *(security deposit, appli- cation fees, credit report fees)*

### Transportation

Utilities (including electricity, heat and telephone)

Other *(specify):*

### **TOTAL**

0.00 0 0.00

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## **Legal Services**

### **Were your Tribal Governments Program funds used to provide legal services to victims/survivors during the current reporting period?**

Check yes if Tribal Governments Program-funded staff provided any of these services or if Tribal Govern- ments Program funds were used to support any of these services during the current reporting period.

**Yes--answer questions 35-37. No--skip to subsection D2**

Answer questions 35-37 only if your Tribal Governments Program funds supported lawyers, paralegals, or specially appointed advocates who provided legal services to victims/survivors during the current reporting period.

### **35. Legal issues**

(Report the total number of new and pending matters in which the following legal issues were ad-

dressed by Tribal Governments Program-funded lawyers, paralegals, or specially appointed advocates during the current reporting period. Count a victim/survivor once for each category of legal issue for which they received assistance. A pending matter is one that was open as of the first day of the cur- rent reporting period; a new matter is one that was opened during the current reporting period.)

|  |  |  |
| --- | --- | --- |
| **Legal issues** | **Number of victims/survivors** | |
| **Pending** | **New** |

* 1. Protection orders *(temporary and final, enforcement of existing PO)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **B.** Family law matters |  |  |  |  |  |  |
|  |  |
|  |  |

### Divorce Custody/visitation

Establishment of paternity

|  |  |  |
| --- | --- | --- |
| Child/spousal support |  |  |

Other family law matters

1. Consumer/finance *(credit, debt, bankruptcy, tax, etc.)*

### Employment

1. Income maintenance *(TANF, disability, food stamps, unemployment)*

### Housing

1. Victims’/suvivors’ rights within the criminal justice system *(Does not include defending victims accused of criminal activities.)*
2. Other *(specify):*

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### **35A. Number of victims/survivors who received assistance with legal issues in question 35**

(Report an unduplicated count for the number of victims/survivors who received assistance with at

least one legal issue in question 35. If they received assistance with more than one legal issue, count them only once in this question and report them below in question 36.)

### Total number of victims/survivors who received assistance with legal issues

 **36. Number of victims/survivors who received assistance with multiple legal issues**

(Report the number of victims/survivors who received Tribal Governments Program-funded services in

more than one of the categories [A-H] listed in question 35 during the current reporting period. Con- sider all family law matters as one category.)

### Total number of victims/survivors who received assistance with multiple legal issues

 **37. Legal outcomes**

(For all cases closed or issues resolved during the current reporting period for which services were provided by Tribal Governments Program-funded lawyers, paralegals, or lay legal advocates, report the number and type of outcome for each issue addressed and resolved. Include all outcomes in all mat-

ters.)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Legal issue** | **Information/ referral/ advice only** | **Brief services** | **Admin- istrative decision** | **Court decision** | **Negotiated resolution** | | **Victim/ survivor withdrew** | **Other result** |
| **Filed action** | **No filed action** |

Protection orders *(temporary and fi- nal, enforcement of existing PO)*

|  |  |  |
| --- | --- | --- |
|  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Divorce |  |  |  |  |  |  |  |  |

Custody/visita- tion

|  |  |  |
| --- | --- | --- |
|  |  |  |

Establishment of paternity

Child/spousal support

|  |  |  |
| --- | --- | --- |
|  |  |  |

Other family law matters

Consumer/ finance *(credit, debt, bankruptcy, tax, etc.)*

|  |  |  |
| --- | --- | --- |
|  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employment |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

Income main- tenance *(TANF, disability, food stamps, unem- ployment)*

|  |  |  |
| --- | --- | --- |
|  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Housing |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

Victims’/suvivors’ rights in criminal justice system *(Does not include defending victims accused of crimi- nal activities.)*

|  |  |  |
| --- | --- | --- |
|  |  |  |

Other *(specify):*

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## **D2 Supervised Visitation**

**SECTION**

### **Were your Tribal Governments Program funds used to provide supervised visitation and/or exchange**

**services to families during the current reporting period?**

Check yes if Tribal Governments Program-funded staff provided supervised visitation and/or exchange ser- vices during the current reporting period.

**Yes--answer questions 38-44** Provide information only on families served with Tribal Governments Program grant funds.

**No--skip to section E** or Question 44

 **38. Number of families served, partially served, and families seeking services who were not served**

Please do not attempt to answer this question without referring to the separate set of instructions for

further explanation and examples of how to distinguish among these categories. (Report the follow- ing, to the best of your ability, as an unduplicated count for each category during the current reporting period. This means that each family who were seeking or who received services during the current re- porting period should be counted only once in that reporting period.)

1. **Served:** Families who received the grant-funded service(s) they re- quested, if those services were funded by your Tribal Governments Program grant.
2. **Partially served:** Families who received some grant-funded service(s), but not all of the grant-funded services they requested, if those ser- vices were funded by your Tribal Governments Program grant.

### **TOTAL SERVED AND PARTIALLY SERVED (38A + 38B)**

1. **Families seeking services who were not served:** *Families who sought grant-funded services and did not receive the grant-funded service(s) they requested, if those services were funded by your Tribal Govern- ments Program grant.*

### **39. Reasons families seeking services were not served or were partially served**

(Check all that apply.)

### **Number of families**

0

### Hours of operation

**Reasons not served or partially served**

Insufficient or lack of language capacity *(including sign language)* Insufficient/lack of culturally appropriate services Insufficient/lack of services for people with disabilities

Party(ies) not accepted into program Program reached capacity

Program rules not acceptable to party(ies)

Services inappropriate or inadequate for people with mental health issues Services inappropriate or inadequate for people with substance abuse issues Services not appropriate for party(ies)

Transportation

Other *(specify):*

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**39A. Number of families not accepted into program and reasons**

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*(Report the total number of families who were not accepted into the program during the current reporting period by the reason they were not accepted.)*

**TOTAL**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Reason** | | | **Number of families declined** | | |
| Too dangerous | | | |  |  |
| Conflict of interest | | |  |  |  |
| Client unwilling to agree with program rules | | | |  |  |
| Other *(specify):* |  |  |  |  |  |
|  | | | | 0 |  |

 **40. Demographics of family members served or partially served**

*(Based on the families reported in 38A and 38B, report the total numbers for all demographic categories that*

*apply. Report the numbers of parents and children served and partially-served. These numbers should be based on the individuals in the families counted in question 38A and 38B. This should be an unduplicated count for “gender” and “age”. Parents and children may identify in more than one category for race/ethnicity, however, they may not be counted more than once in each individual category of race/ethnicity. Those victims/survivors for whom gender, age, and/or race/ethnicity is not known should be reported in the “unknown” category.)*

People who live in rural areas

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Race/ethnicity** *(Individuals may be counted for each ethnicity that ap- plies. Individuals should not be counted more than once in either the category “American Indian and Alaska Native” or in the category “Na- tive Hawaiian and other Pacific Islander.”)* | **Custodial parents** | **Non-custodial parents** | | **Children** | |
| American Indian and Alaska Native |  |  |  |  |  |
| Asian |  |  |  |  |  |
| Black or African American |  |  |  |  |  |
| Hispanic or Latino |  |  |  |  |  |
| Native Hawaiian and other Pacific Islander |  |  |  |  |  |
| White |  |  |  |  |  |
| Unknown |  |  |  |  |  |
| **TOTAL RACE/ETHNICITY** (should not be less than sum of 38A and 38B) | 0 |  | 0 |  | 0 |
| **Gender** | **Custodial parents** | **Non-custodial parents** | | **Children** | |
| Female |  |  |  |  |  |
| Male |  |  |  |  |  |
| Unknown |  |  |  |  |  |
| **TOTAL GENDER** (should equal sum of 38A and 38B) | 0 |  | 0 |  | 0 |
| **Age** | **Custodial parents** | **Non-custodial parents** | | **Children** | |
| 0 to 6 |  |  |  |  |  |
| 7 to 12 |  |  |  |  |  |
| 13 to 17 |  |  |  |  |  |
| 18 to 24 |  |  |  |  |  |
| 25 to 59 |  |  |  |  |  |
| 60+ |  |  |  |  |  |
| Unknown |  |  |  |  |  |
| **TOTAL AGE** (should equal sum of 38A and 38B) | 0 |  | 0 |  | 0 |
| **Other demographics** | **Custodial parents** | **Non-custodial parents** | | **Children** | |
| People with disabilities |  |  |  |  |  |
| People with limited English proficiency |  |  |  |  |  |
|  |  |  |  |  |  |

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### **41. Number of families by primary victimization and referral source**

(Report the number of families by primary type of victimization and referral source. This is an undupli-

cated count and each family should only be counted once. This should equal the sum of questions 38A and 38B. Refer to the separate set of instructions for further explanation and examples.)

### **Domestic vio-**

**Referral Source Total number of families**

**Sexual as-**

**sault**

**lence/dating violence**

**Stalking**

Criminal court order Family court order Juvenile court order Protection order

Other civil court order Other *(specify):*

### **TOTAL**

0 0 0 0

### **42. Services provided with Tribal Governments Program funds**

(Report the number of families receiving each of these services and the number of times the services were provided during the current reporting period.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Type of service** | **Number of families** | | | **Number of times services provided** | | |
| Group supervision | |  |  | |  |  |
| One-to-one supervision |  |  |  |  |  |  |
| Supervised exchange | |  |  | |  |  |
| Telephone monitoring |  |  |  |  |  |  |

Other *(specify):*

### **43. Services terminated or completed**

(Report the number of families whose services were terminated or completed during the current report-

ing period. Check the primary reason.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Reason terminated or completed** | **Number of families** | | |
| Cessation of threats/use of violence | |  |  |
| Change in court order |  |  |  |
| Child refuses to participate | |  |  |
| Deceased |  |  |  |
| Habitual non-compliance with program rules | |  |  |
| Habitual no-shows or cancellations |  |  |  |
| Incarcerated | |  |  |
| Moved/relocated |  |  |  |
| Mutual agreement of both parties | |  |  |
| Parent completed treatment program |  |  |  |
| Supervisor's discretion | |  |  |
| Unknown |  |  |  |
| Other *(specify):* | |  |  |
| **TOTAL** |  | 0 |  |

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### **44. (Optional) Additional information**

Expiration Date: 07/31/2011

(Use the space below to discuss the effectiveness of victim services, shelter/transitional housing, legal services, and supervised visitation activities funded or supported by your Tribal Governments Program grant and to provide further explanation on how these activities increase the safety of American In- dian/Alaska Native women.) (Maximum 2,000 characters)

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## **CRIMINAL JUSTICE SYSTEM**

**SECTION**

**E1**

**Tribal Law Enforcement**

Expiration Date: 07/31/2011

### **Were your Tribal Governments Program funds used for Tribal law enforcement activities during the cur- rent reporting period?**

Check yes if Tribal Governments Program funded law enforcement activities. If Tribal Governments Program funds supported only a victim-witness assistant or victim advocate located in a law enforcement agency, then only subsection D1 Victim Services should be completed.

**Yes--answer questions 45-48** Provide information only for Tribal Governments Program-funded law enforcement activities engaged in during the current reporting period.

**No--skip to subsection E2**

 **45. Activities**

(Report the number of Tribal Governments Program-funded activities on sexual assault, domestic vio-

lence, dating violence, and stalking cases/incidents for the current reporting period. If an activity re- lates to a case/incident involving more than one type of crime, the activity should be counted only once under the primary victimization. See instructions for more complete definitions of cases/incidents.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **Sexual assault** | **Domestic violence/ dating violence** | **Stalking** |

Calls for assistance *(All 911 and other calls made to law enforcement.)*

Incident reports *(All responses to an incident as reported on an incident report.)*

Cases/incidents investigated *(All cases in which evidence was collected/witnesses interviewed relating to an inci- dent.)*

Forensic medical evidence *(All cases in which rape kits were processed.)*

Arrests (All arrests made by law enforcement, except dual arrests.)

Dual arrests (Responses by law enforcement in which the two parties involved in the incident are arrested.)

Protection/ex parte/temporary restraining orders served *(All instances in which these types of orders were served on offenders.)*

Arrests for violation of bail bond *(All instances in which ar- rests were made of offenders who violated conditions set out in their bail bonds.)*

Enforcement of warrants *(All Instances in which warrants relating to these incidents were enforced.)*

### Arrests for violation of protection order

Protection orders issued (All orders directly issued by law enforcement, in jurisdictions where law enforcement of- ficers are so authorized.)

### Cases referred to tribal prosecutors

Cases referred to local or state law enforcement or prosecu- tors

Cases referred to federal law enforcement or prosecutors

(Not including federal firearms charges.)

### Referrals of federal firearms charges to federal prosecutor

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### **Victim/survivor referrals to victim services**

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(Report the total number of victim/survivor referrals to victim services by Tribal Governments Program- funded staff during the current reporting period. Victim services refer to services provided by agencies that serve victims/survivors of sexual assault, domestic violence, dating violence, and/or stalking.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Tribal victim services** | | | **Non-tribal victim services** | | |
| Number of victim/survivor referrals |  |  |  |  |  |  |

### **47. Protection orders**

(Report the total number of temporary and/or final protection orders requested and granted for which Tribal Governments Program-funded law enforcement staff provided assistance to victims/survivors during the current reporting period. These orders may also be referred to as protection from abuse, protection from harassment or anti-harassment orders, restraining orders, or no-contact or stay-away orders.)

|  |  |  |
| --- | --- | --- |
|  | **Temporary protection orders** | **Final protection orders** |
| Number of protection orders requested |  |  |
| Number of protection orders granted |  |  |

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### **48. (Optional) Additional information**

(Use the space below to discuss the effectiveness of law enforcement activities funded or supported

by your Tribal Governments Program grant and to provide further explanation on how these activities increase the safety of American Indian/Alaska Native women.) (Maximum 2,000 characters)

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## **E2 Tribal Prosecution**

**SECTION**

### **Were your Tribal Governments Program grant funds used for tribal prosecution during the current report-**

**ing period?**

Check yes if Tribal Governments Program funded prosecution activities. If Tribal Governments funds sup- ported only a victim-witness assistant/specialist or victim advocate located in a prosecution office, then only subsection D1 Victim Services should be completed.

**Yes--answer questions 49-54** Provide the information only for Tribal Governments Program-funded prosecution activities engaged in during the current reporting period.

**No--skip to subsection E3**

 **49. Number of cases received, accepted for prosecution, or declined**

(Report the number of domestic violence, dating violence, sexual assault, or stalking-related case refer-

rals received--including cases already charged before reaching the prosecutor’s office—and of those cases referred, report the number that were accepted and the number that were declined for prosecu- tion during the current reporting period. A case should be characterized by the most serious offense and may include numerous charges or counts. In most instances, a case will refer to one victim, one offender, and one incident. It is strongly suggested that you refer to the separate instructions for ex- amples of how to count and characterize cases.)

Domestic violence cases may include any assaults, battery, vandalism, or other offenses that oc- curred in a domestic violence incident. Your tribal code does not have to name an offense ‘‘domestic violence’’ for a case addressing that offense to be counted here. Similarly, cases addressing sexual assault, dating violence and stalking offenses should be counted, even if your tribal code uses other names for these types of offenses, such as ‘‘sexual battery’’ or ‘‘harassment.’’

### **Received/accepted/declined Domestic violence/**

**dating violence**

**Sexual assault Stalking**

* 1. Number of case referrals received
  2. Number of cases accepted for prosecution
  3. Number of cases declined
  4. Number of cases declined due to jurisdic- tional limitations

**d1.** Cases referred to local, state, or federal entity for prosecution

**d2.** Cases not referred to local, state, or federal entity for prosecution

 **49A. Reasons for declining cases**

(Of those cases reported in question **49c** as declined and question **49d2** as not referred, report only

the primary reason for the decision to decline or not refer for prosecution. Please see separate instruc- tions for further explanation of the reasons and for examples of how to apply them.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Reason for declining** | **Domestic violence/ dating violence** | **Sexual assault** | **Stalking** |

Insufficient evidence *(returned for further inves- tigation)*

### Insufficient evidence or victim/survior unavail- able

Request of victim/survivor or victim/survivor safety

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Other *(specify):* |  |  |  |  |  |  |  |  |  |

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### **50. Disposition of cases**

(Report the dispositions of all cases resolved during the current reporting period.)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of case** | **Number dismissed** | **Number of deferred adjudica- tions** | **Number convicted** | | | | **Number acquitted** |
| **Guilty as charged** | **Guilty of lesser** | **Plead as charged** | **Plead to lesser** |

### Sexual assault

Domestic violence/ dating violence

Stalking

Violation of protection order

Violation of bail

Violation of probation

Violation of other court order

Other

(specify):

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### **51. (Optional) Other issues present in cases that reached disposition**

(If possible, use the space below to discuss the extent to which cases that were characterized as do-

mestic violence, dating violence, sexual assault, and/or stalking also included additional charges or elements of domestic violence, dating violence, sexual assault, and/or stalking beyond that case char- acterization. For example, cases reported above as domestic violence cases may also have included counts of sexual assault, and cases reported as sexual assaults may also have included stalking charg- es. The purpose of this question is to gather information on how often multiple crimes were present in the cases reported. If detailed information is not available, feel free to provide estimates based on your experience.) (Maximum 2,000 characters)

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 **52. Victim/survivor referrals to victim services**

*(Report the total number of victim/survivor referrals to victim services by Tribal Governments Program-fund-*

*ed staff during the current reporting period. Victim services refer to services provided by agencies that serve victims/suvivors of sexual assault, domestic violence, dating violence, and/or stalking.)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Tribal victim services** | | | **Non-tribal victim services** | | |
| Number of victim/survivor referrals |  |  |  |  |  |  |

 **53. Protection orders**

*(Report the total number of temporary and/or final protection orders requested and granted for which Tribal*

*Governments Program-funded tribal prosecutors provided assistance to victims/survivors during the current reporting period. These orders may also be referred to as protection from abuse, protection from harass- ment or anti-harassment orders, restraining orders, or no-contact or stay-away orders.)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Temporary protection orders** | | | **Final protection orders** | | |
| Number of protection orders requested |  |  |  |  |  |  |
| Number of protection orders granted |  |  |  |  |  |  |

 **54. (Optional) Additional information**

*(Use the space below to discuss the effectiveness of prosecution activities funded or supported by your*

*Tribal Governments Program grant and to provide further explanation on how these activities increase the safety of American Indian/Alaska Native women.) (Maximum 2,000 characters)*

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## **E3 Tribal Courts**

**SECTION**

### **Were your Tribal Governments Program funds used for tribal courts during the current reporting period?**

Check yes if Tribal Governments Program funds directly supported court activities. If Tribal Governments funds supported only a victim advocate located in a court, then only section D Victim Services would be com- pleted.

**Yes--answer questions 55-62** Provide the information only for Tribal Governments Program-funded court activities engaged in during the current reporting period.

**No--skip to subsection E4**

 **55. Number of criminal cases**

(Report the total number of new sexual assault, domestic violence, dating violence and stalking-related

cases filed during the current reporting period.)

Your tribal code or state law does not have to name the offense “sexual assault”, “domestic violence or dating violence,” or “stalking” for it to be counted here. Your code may use other names for these types of offenses, such as sexual battery or harassment. Similarly, domestic violence or dating violence of- fenses include any assaults, battery, vandalism, or other offenses that occurred in a domestic violence or dating violence incident.

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of case** | **New cases filed during the current reporting period** | | |
| Sexual assault | |  |  |
| Domestic violence/dating violence |  |  |  |
| Stalking | |  |  |
| Violation of protection order |  |  |  |
| Violation of bail | |  |  |
| Violation of probation |  |  |  |
| Violation of other court order | |  |  |
| **TOTAL** |  | 0 |  |

### **56. Disposition of criminal cases**

(Report the disposition of sexual assault, domestic violence, dating violence, and/or stalking cases re-

solved during the current reporting period.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of case** | **Number dismissed** | **Number of deferred adjudications** | **Number convicted** | **Number acquitted** |

### Sexual assault

Domestic violence/ dating violence

Stalking

Violation of protection order

Violations of bail

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Violation of probation |  |  |  |  |

Violation of other court order

**TOTAL number of dispositions**

0 0 0 0

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### **57. Judicial monitoring**

(Report the number of sexual assault, domestic violence, dating violence, and stalking offenders whose

cases were reviewed by the court for compliance with conditions of probation or other court-ordered conditions, or for violations of those conditions. Also, report the total number of review hearings con- ducted. The number of review hearings is the number of individual hearings held for each offender, even when that offender is reviewed during the same monitoring sessions as other offenders. For example,

if 10 offenders were reviewed at the same three sessions during the reporting period, the number of offenders reviewed would be 10 and the number of review hearings conducted would be 10 multiplied by 3, or 30.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Number of offenders reviewed** | | | **Number of review hearings conducted** | | |
| **TOTAL** |  |  |  |  |  |  |

### **58. Dispositions of violations**

(Report the number of sexual assault, domestic violence, dating violence, and stalking cases in which there were dispositions of violations during the current reporting period. The violation does not have to have occurred during this reporting period, only the disposition. A case may be counted more than once if there were multiple violations.)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Violation** | **No action taken** | **Verbal/writ- ten warning** | | **Fine** | **Conditions added** | **Partial re- vocation of probation** | | **Probation revoked/in- carcerated** | |
| Protection order |  |  |  |  |  |  |  |  |  |
|  |  | |  |  |  | |  | |
| New criminal behavior |  |  | |  |  |  | |  | |
|  |  |  |  |  |  |  |  |  |

### Failure to attend man- dated batterers inter- vention program *(BIP)*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Failure to attend man- dated offender treat- ment *(does not include BIP)* |  |  | |  |  |  | |  | |
|  |  |  |  |  |  |  |  |  |
|  |  | |  |  |  | |  | |

Other condition of probation

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TOTAL** |  |  |  |  |  |  |  |  |  |  |
| 0 | 0 | 0 | 0 | 0 | 0 |

 **59. Victim/survivor referrals to victim services**

(Report the total number of victim/survivor referrals to victim services by Tribal Governments Program-

funded staff during the current reporting period. Victim services refer to services provided by agencies that serve victims/survivors of sexual assault, domestic violence, dating violence, and/or stalking.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Tribal victim services** | | | **Non-tribal victim services** | | |
| Number of victim/survivor referrals |  |  |  |  |  |  |

### **60. Civil protection orders**

(Report the total number of temporary and/or final civil protection orders requested and granted for

domestic violence, dating violence, sexual assault, or stalking, by the court during the current reporting period. These orders may be referred to as protection from abuse or protection from harassment or anti-harassment, or restraining orders. Include only civil orders.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Domestic violence/dating violence** | **Temporary protection orders** | | | **Final protection orders** | | |
| Number of protection orders requested |  |  |  |  |  |  |
| Number of protection orders granted |  |  |  |  |  |  |

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### **61. Criminal protection orders**

(Report the total number of criminal protection orders requested and the total number granted by the

court to victims/survivors of domestic violence, dating violence, sexual assault, or stalking during the current reporting period. These orders may be referred to as no-contact or stay-away orders.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Requested** | |  | **Granted** | |  |
| Number of protection orders |  |  |  |  |  |  |

### **62. (Optional) Additional information**

(Use the space below to discuss the effectiveness of court activities funded or supported by your Tribal

Governments Program grant and to provide further explanation on how these activities increase the safety of American Indian/Alaska Native women.) (Maximum 2,000 characters)

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## **E4 Tribal Probation/Offender Monitoring**

**SECTION**

### **Were your Tribal Governments Program funds used for probation during the current reporting period?**

Check yes if Tribal Governments Program funds directly supported probation activities.

**Yes--answer questions 63-67** Provide the information only for Tribal Governments Program- funded probation/offender monitoring activities engaged in during the current reporting period. **No--skip to E5**

 **63. Number of offenders**

(Report the total number of continuing and new offenders charged with sexual assault, domestic vio-

lence, dating violence, and/or stalking. This is an unduplicated count. If you have not previously filed a semi-annual report, include all pending offenders at the beginning of the current reporting period as “Number of continuing offenders.”)

### Misdemeanor and felony domestic violence and/or dating violence offenses include any assaults, bat- tery, vandalism, or other offenses that occurred in a domestic violence, dating violence incident. Your tribal law does not have to name the offense "domestic violence or dating violence" for it to be counted here. Similarly, sexual assault and stalking offenses should be counted, even if your tribal law uses an- other name for these types of offenses, such as "sexual battery" or "harassment."

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Number of continuing offenders** | **Number of new offenders** | **Number who completed probation** | |
| **Without violations** | **With violations** |

Total unduplicated count of sexual assault offend- ers

Total unduplicated count of domestic violence/ dating violence offend- ers

Total unduplicated count of stalking offenders

**TOTAL**

0 0 0 0

### **64. Monitoring activities**

(For new and continuing offenders reported in question 63, report the number of monitoring activities

engaged in during the current reporting period. Report only those offenders who were monitored using the specific activity under “number of offenders.” Report the total number of contacts for all offend- ers for the specific activity under “total contacts.” For example, out of a total caseload of 50, a proba- tion officer/offender monitor has face-to-face contact 5 times each with 20 of those offenders during the reporting period. Multiplying those offenders by the number of face-to-face meetings an officer/ monitor had with each offender, the total contacts amounts to 100. The number of offenders reported as having face-to-face meetings would be 20, and the number of total face-to-face contacts would be 100.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Number of offenders** | | | **Total contacts** | | |
| Face-to-face meeting with offender |  |  |  |  |  |  |
| Telephone contact with offender |  |  |  |  |  |  |
| Unscheduled surveillance of offender |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Number of victims/survivors** | | | **Total contacts** | | |
| Outreach to victims/survivors |  |  |  |  |  |  |

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### **65. Disposition of probation violations**

(Report the total number of sexual assault, domestic violence, dating violence, and/or stalking cases in

which there were dispositions of violations during the current reporting period. The violation does not have to have occurred during this reporting period, only the disposition. A case may be counted more than once if there were multiple violations.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Violation** | **No action taken** | **Verbal/ written warning** | **Fine** | **Conditions added** | **Partial revocation** | **Probation revoked/ incarcerated** |

### Protection order

New criminal behavior

Failure to attend mandated bat- terer intervention program *(BIP)*

Failure to at- tended offender treatment pro- gram *(does not include BIP)*

### Other condition of probation

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **TOTAL** | 0 | 0 | 0 | 0 | 0 | 0 |

 **66. Victim/survivor referrals to victim services**

(Report the total number of victim/survivor referrals to victim services by Tribal Governments Program-

funded staff during the current reporting period. Victim services refer to services provided by agencies that serve victims of sexual assault, domestic violence, dating violence, and/or stalking.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Tribal victim services** | | | **Non-tribal victim services** | | |
| Number of victim/survivor referrals |  | | |  | | |
|  |  |  |  |  |  |

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### **67. (Optional) Additional information**

(Use the space below to discuss the effectiveness of probation activities funded or supported by your

Tribal Governments Program grant and to provide further explanation on how these activities increase the safety of American Indian/Alaska Native women.) (Maximum 2,000 characters)

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## **E5 Batterer Intervention Program (BIP)**

**SECTION**

### **Were your Tribal Governments Program funds used for BIP activities during the current reporting period?**

Check yes if Tribal Governments Program-funded staff or Tribal Governments Program directly supported funded BIP activities.

**Yes--answer questions 68-71** Provide the information only for Tribal Governments Program- funded BIP activities.

**No--skip to subsection F**

 **68. Offenders in program**

(Report the number of continuing and new offenders in your BIP during the current reporting period. If

you have not previously filed an semi-annual report, include all cases at the beginning of the current report- ing period as “offenders continuing in BIP.”)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Number of offenders continuing in BIP from last reporting period** | | | **Number of offenders entering BIP during current reporting period** | | |
| Offenders in program |  |  |  |  |  |  |
|  |  |

### **69. Outcomes**

Report the total number of domestic violence or dating violence offenders in your program who suc-

cessfully completed the program, who were terminated from the program, and who returned to the pro- gram after termination during the current reporting period.)

Other *(specify):*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Number of Offenders** | | |
| Completed program |  |  |  |
| Terminated from program | |  |  |
| Returned to program after termination |  |  |  |
|  | |  |  |

### **70. Length of BIP in weeks**

(Report the number of weeks batterers are expected to remain in the program in order to complete it.

If your BIP has more than one program length and/or curriculum, provide the length for each type of program.)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **A** | |  | **B** | |  | **C** | |  |
| **Number of weeks** |  |  |  |  |  |  |  |  |  |

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### **71. (Optional) Additional information**

(Use the space below to discuss the effectiveness of BIP activities funded or supported by your Tribal Governments Program grant and to provide further explanation on how these activities increase the safety of American Indian/Alaska Native women.) (Maximum 2,000 characters)

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# **F**

**SECTION**

### **All grantees must answer question 72.**

**NARRATIVE**

PLEASE LIMIT YOUR RESPONSE TO THE SPACE PROVIDED.

 **72. Report on the status of your Tribal Governments Program grant goals and objectives as of the end of the current reporting period.** (Report on the status of the goals and objectives for your grant as of the end of the current reporting period, as they were identified in your grant proposal or as they have been added or revised. Indicate whether the activities related to your objectives for the current report- ing period have been completed, are in progress, are delayed, or have been revised. Comment on your successes and challenges, and provide any additional explanation you feel is necessary for us to un- derstand what you have or have not accomplished relative to your goals and objectives. If you have not accomplished objectives that should have been accomplished during the current reporting period, you

must provide an explanation.)

Click here to answer

### **All grantees must answer questions 73 and 74 on an annual basis.** Please submit this on Jan-to-June form

PLEASE LIMIT YOUR RESPONSE TO THE SPACE PROVIDED.

 **73. What do you see as the most significant areas of remaining need, with regard to improving services to victims/survivors of sexual assault, domestic violence, dating violence, and stalking, increasing victims/survivors safety, and enhancing community response (including offender accountability for both batterers and sex offenders)?** *(Consider geographic regions, service delivery systems, types of*

victimizations, jurisdictional issues, and challenges and barriers unique to your service area.) Click here to answer

 **74. What has the Tribal Governments Program funding allowed you to do that you could not do prior to receiving this funding?** *(For example, expand services to victims/survivors, increase coordination be-*

tween tribal and local law enforcement, etc.)

### **Questions 75, 76, and 77 are optional.**

Click here to answer

### PLEASE LIMIT YOUR RESPONSE TO THE SPACE PROVIDED.

 **75. Non-tribal criminal justice dispositions**. (If you have information about the dispositions of sexual as- sault, domestic violence, dating violence, and/or stalking offenses that occurred in Indian country and were referred to local, state, or federal law enforcement or prosecutors, please report that information

here. If available, include information on whether the offenders and victims/survivors were tribal mem-

bers.)

Click here to answer

 **76. 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 in answer to previous questions that demonstrate the effectiveness of your Tribal Governments Program grant, please provide it below.*

Refer to separate instructions for a fuller explanation and examples.)

Click here to answer

**77. Provide any additional information that may provide explanation about the data submitted.** (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 progress reports for the same reporting period, you may explain how the data was apportioned to each report; or if you funded staff— e.g., victim advocates, law enforcement officers, etc.-- but did not report any corresponding victim servic- es or law enforcement activities, you may explain why; or if you did not use program funds to support either staff or activities during the reporting period, please explain how program funds were used, if you

have not already done so.)

Click here to answer

**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, 800 K Street, NW, Washington, DC 20531.

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### Report on the status of your Tribal Governments Program grant goals and objectives as of the end of the cur-

rent reporting period. **- Question #72 Goals/Objectives**

**Status**

Back to Question

### **Key Activities**

**Comments**

**Goals/Objectives**

**Status**

**Key Activities**

**Comments**

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### Report on the status of your Tribal Governments Program grant goals and objectives as of the end of the cur-

rent reporting period. **- Question #72** (cont. 1)

**Goals/Objectives**

**Status**

Back to Question

### **Key Activities**

**Comments**

**Goals/Objectives**

**Status**

**Key Activities**

**Comments**

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### Report on the status of your Tribal Governments Program grant goals and objectives as of the end of the cur-

rent reporting period. **- Question #72** (cont. 2)

**Goals/Objectives**

**Status**

Back to Question

### **Key Activities**

**Comments**

**Goals/Objectives**

**Status**

**Key Activities**

**Comments**

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### What do you see as the most significant areas of remaining need, with regard to improving services to victims/survivors of sexual assault, domestic violence, dating violence, and stalking, increasing victims/sur- vivors safety, and enhancing community response *(including offender accountability for both batterers and*

*sex offenders)*? **- Question #73**

Back to Question

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What has the Tribal Governments Program funding allowed you to do that you could not do prior to receiving this funding? - **Question #74** !1 Back to Question=i!

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What has the Tribal Governments Program funding allowed you to do that you could not do rior to receiving this funding? - **Question #74** (cont.) BacR to Question

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Non-tribal criminal justice dispositions - **Question** #75 11-sacl<to Question-I

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Non-tribal criminal justice dispositions - **Question** #75 (cont )

! to Question !

|  |  |  |  |
| --- | --- | --- | --- |
|  | csacR |  | |
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I BacR to Question **j**

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I Bae!< to Question **J**

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(cont.) I Back to Question :J!

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