

Fairfax County Department of Family Services

DSVS

**Domestic & Sexual
Violence Services**



<https://www.fairfaxcounty.gov/familyservices/domestic-sexual-violence>

Department of Family Services

Mission, Vision and Equity Statement

VISION

Fairfax County is a community where everyone lives their success story and thrives.

MISSION

The Department of Family Services (DFS) strengthens the well-being of our diverse community by protecting and improving the lives of all children, adults, and families through partnership, advocacy, outreach, and quality services..

Equity Impact Statement

The Department of Family Services (DFS) is committed to addressing institutional racism in its core responsibility to support the safety, health and wellness of county residents. DFS recognizes systemic oppression and institutional racism have contributed to disparities in opportunities for county residents to succeed. DFS will support equitable outcomes by examining its policies, practices and procedures to eliminate disparities in service delivery and outcomes for county residents.

A refresher

WHAT IS GENDER-BASED VIOLENCE?



Public Health and Public Safety issues



Deeply rooted in historical oppression and gender inequality



Most pervasive form by intimate partners



Includes physical, sexual, verbal, emotional, and psychological abuse, threats, coercion, and economic or educational deprivation



Perpetuated by lack of justice, dearth of resources, and lack of economic opportunities

Did You Know?

Experienced by nearly $\frac{1}{4}$ of all women and $\frac{1}{2}$ of all homicides

Marginalized groups disproportionately impacted

Domestic-violence-related homicide remains steady or is rising

55% of homicides of women due to IPV

Children exposed at risk for PTSD and health problems

Cost estimates - \$5.8 billion (\$4.2 billion for physical violence, \$320 million for partner rape, and \$342 million for partner stalking)



Did You Know?

Over 15.5 million children in the U.S. exposed annually

Estimated 30-60% some form of child maltreatment

27% elderly reporting physical abuse by partner

IPV increases probability of material hardship by 10-25%

Overrepresentation of victims of IPV in programs to alleviate economic hardship



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Programs and Services

- ADAPT- a certified 18-week domestic abuse intervention program.
- Advocacy Services (DVAC)- information, referrals and support including safety planning, options counseling, housing assistance, and court accompaniment
- Artemis House- 90 bed Emergency Shelter through contract with Shelter House
- Community Education, Outreach and Prevention- workshops, talks, and table displays for community groups, organizations, schools and others.
- Training and Technical assistance – for people who work with or on behalf of victims and survivors , consultation and education

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Programs and Services

- Exam Accompaniment- Staff or volunteers meet victims at Inova Ewing Fairfax Hospital to provide support and information
- 24-Hour Domestic and Sexual Violence Hotline (703) 360-7273 - information, referrals, guidance and support
- Emergency Shelter: Artemis House - Emergency shelter and support for victims and survivors
- Counseling Services – Individual, group, and family counseling for adults, teens, and children
- Volunteer Services - Volunteers are an important part of our mission in providing support to the community
- Liaison and staff support for Commission for Women

What's New with DSVS

DSVS STRATEGIC PLAN

	Old	New	Different
Mission	Prevent & end DV and SV, stalking, human trafficking; prevention and intervention, community engagement and awareness, policy, and advocacy	Transform society; challenge oppression, collaborate; equitable access to traumainformed support; advocacy, education, and space for healing	Community partnerships, community ownership; understanding intersectionality, systemic oppression and interpersonal violence
Vision	All forms of violence and oppression are not tolerated; open access to services; rebuild lives	Peaceful, thriving communities; oppressionfree, fear-free, and violencefree	Uncover root causes; show up as community partners

DSVS STRATEGIC PLAN

Strategic Priorities	Old	New	Different
Strategic Priority #1		Integrate equity and social justice lens	Increase knowledge and skills to permeate equity; courageous conversations; selfcare; relevant and impacting services
Strategic Priority #2		Assess, improve, deepen partnerships	Embrace partnerships; strengthen agency-to-agency work; partnership engagement, community asset mapping to reach underserved
Strategic Priority #3		Improve and elevate services	Coordinated community response to SV, DV, trafficking and stalking
Strategic Priority #4		Become more data -informed	Make data-informed decisions; documentation; provide impact feedback to stakeholders; support with tools and resources; ensure data integrity
Strategic Priority #5		Update technology, systems and processes	Pursue best possible solutions
Strategic Priority #6		Streamline services	Provide services that yield greatest impact through strategic process; align programs with goals of DSVS

FY21
Data
indicators

1,849

Statewide claims made from Sexual Assault Forensic exam programs to cover expenses

126/ month

The average number of calls to the DSVS hotline

117

Arrests due to strangulation (a predictor of lethality)

61

Homeless due to domestic violence (Point InTime)

881 (929 children)

Families Served at DVAC

2,841

The number of domestic violence calls PD responded to

146

The number of families placed in hotels because of bed shortage, family size, location, etc.

90 (including 200 children)

Households in homeless shelters that reported DV hx

The Impact of COVID-19 on Victims of Interpersonal Violence

- Initially, decrease in domestic violence calls —Recent uptick in calls back to pre-pandemic levels;
- Pandemic worsened the situations for victims and survivors
 - Time to exposure (Stay-at-Home orders; not able to find privacy to access services)
 - Financial Strain
 - Worsening mental health, physical health and substance use
 - More stress
- The murder of George Floyd further fractured trust in communities of color and immigrant communities
- Reports of sexual assaults and requests for hospital accompaniment significantly decreased; Slight uptick as social gathering increases
- Huge court backlog; compromised access to court during pandemic
 - Anecdotal reports of disturbing practices of victim-blaming by some magistrates and judges
- High staff turnover in the field and staff exhaustion

HOW DSVS responded

- ✓ DFS masterful pivot to allow staff to work remotely without compromising client services
- ✓ Used new realities to frame Strategic planning and priorities
- ✓ Implemented tele-health in all client-facing programs
- ✓ Mass outreach to underserved communities - DSVS is still here
- ✓ Virtual education and training events allowed for more participation

Implications- the Work Ahead

- Hybrid Service Model ideal
- Alternate responses to established systems are key to provide true victim choice and must include a range of accountability practices
- Disparities in social determinants of health outcomes are exacerbated by interpersonal violence

Applying an Equity Lens to our Work

Reevaluating philosophical approach and applicability to diverse populations

- Victim choice, access, and agency
- No common language across databases
- Black and Hispanic persons (of any race) over-represented in ADAPT/Emergency Shelter, recent stats are more equitable
- Blacks under-represented in counseling services—trending in the right direction

DSVS Focus

- Messaging
- User-friendly language
- Historical oppression as foundational
- Tailored services.