



A POST PANDEMIC LOOK

Meeting the Moment and Moving Beyond

JUNE 2023



FAIRFAX COUNTY DEPARTMENT OF
FAMILY SERVICES



A POST PANDEMIC LOOK MEETING THE MOMENT AND MOVING BEYOND

A LETTER FROM THE DOMESTIC AND SEXUAL VIOLENCE SERVICES DIVISION DIRECTOR

In the 1990s, psychologists Richard Tedeschi and Lawrence Calhoun coined the term “post-traumatic growth,” which can be defined as a transformation that occurs after a life crisis or traumatic event. Post-traumatic growth isn’t about denying deep distress or psychological trauma; it’s the unintentional *bumper crop* of resilience, gratitude, and personal growth that can be experienced only after surviving adversity. I witnessed this post-traumatic growth in 2005 when I volunteered to help survivors of Hurricane Katrina resettle after evacuation. At the time, I didn’t know I was witnessing post-traumatic growth as person after person recounted finding joy in things such as a warm, dry bed or the laughter of a small child.

Post-traumatic growth certainly doesn’t happen immediately and not all at once. It is a gradual awakening to new possibilities as survivors of trauma begin to recognize their own inner strength. It is a blossoming that occurs usually after the pain and suffering abate.

The COVID-19 pandemic and the murder of George Floyd collectively pushed us to the edge. To watch this death by murder while thousands of people were dying daily

marked a breaking point for the nation. We’d had enough. To add to our collective trauma, many helping professionals were frightened by the silence of survivors during the lockdown as we recognized the quandary they were in. They were between the “rock” of the stay-at-home mandate for health reasons and the “hard place” of knowing that, for safety reasons, staying at home was not at all in their best interest. Organizations experienced high turnover and staff vacancies. Those who remained quickly became overwhelmed by the sheer volume of need while also trying to attend to their own needs and to the needs of their families. Shortly after the lockdown ended, crisis lines, shelters, and other domestic and sexual violence programs began bursting with families experiencing more severe violence and greater physical, mental health, and economic challenges.

On behalf of Domestic and Sexual Violence Services, thank you to the partners and stakeholders that stood in the gap throughout the pandemic. Some of you provided support through direct services such as advocacy, shelter, legal assistance, counseling, or basic needs. Some of you supported survivor safety by intervening and providing compassionate accountability for those who cause harm. Some of you held space and grace for staff by being

thoughtful and supportive leaders. No matter the part you played, your work saved lives and restored hope.

With all the devastation we have experienced over the past three years, we are surviving and, hopefully, heading toward post-traumatic growth. Perhaps, more of us are embracing ways to prioritize our own well-being. Maybe our organizations are adopting more flexible ways of working using technology born out of necessity. Maybe we are reaching more clients or examining our policies and practices to make sure we don't continue to unduly burden some of our residents more than others. Maybe we forged new partnerships to share the load and created better solutions to our workforce challenges and resource constraints.

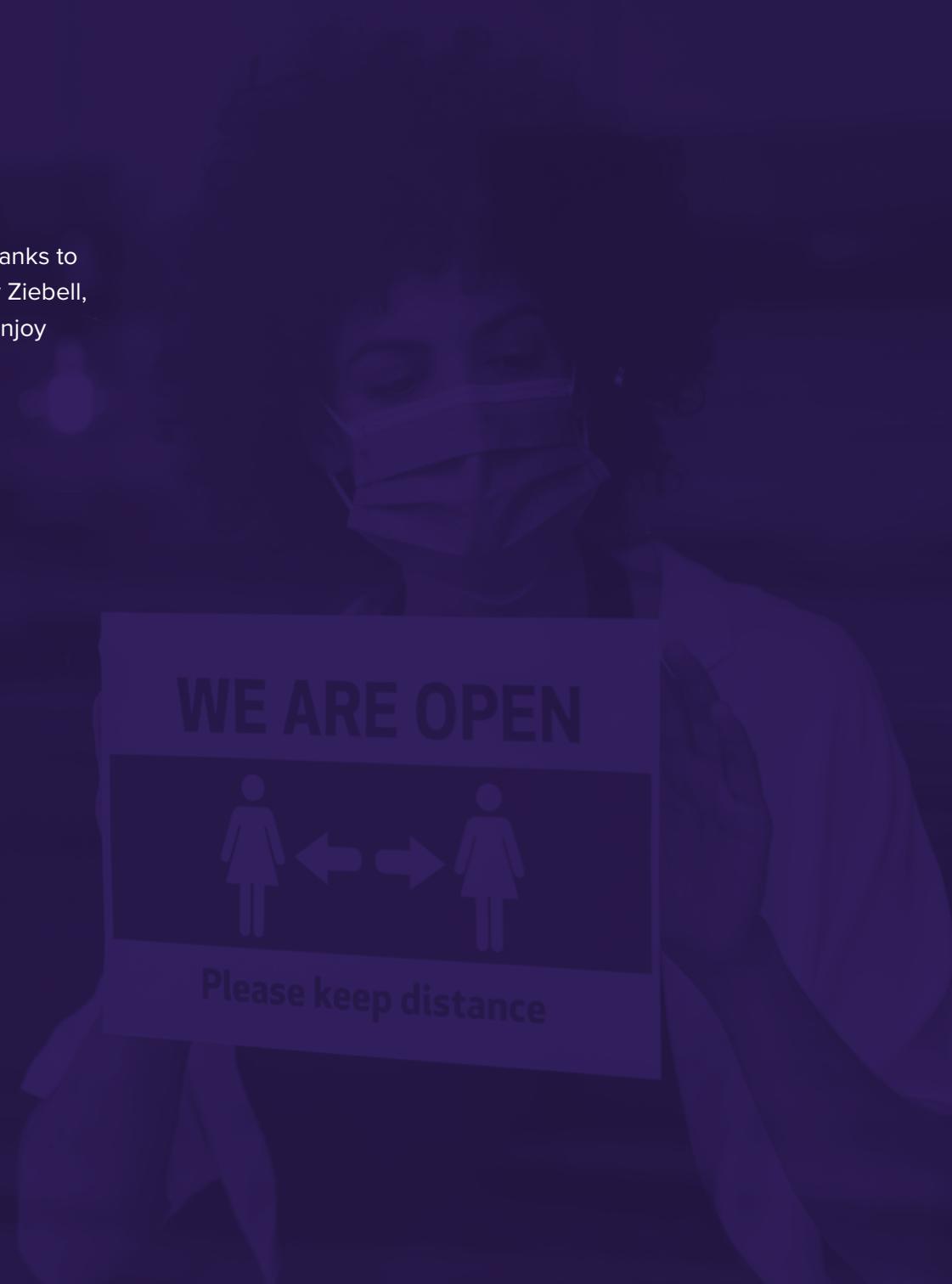
Just maybe, over time, we will look back and see that through these tremendously challenging times, we deepened relationships or cultivated our inner strength, or we gained a greater appreciation for the beauty around us. It is my hope for myself, for each of you, and for every person you work alongside that we experience post-traumatic growth. ***We've been through a lot. We deserve it.***

I am also eternally grateful for all the staff of DSVS who supported each other and worked so hard throughout the

pandemic to meet the needs of clients. A special thanks to Abigail Picard, Brittany Vera, Kendra Lee, and Stacy Ziebell, who authored this county-wide report. I hope you enjoy reading it as much as I did.

Sincerely,

Toni Zollicoffer
Division Director
Domestic and Sexual Violence Services



A LETTER FOR THE COMMUNITY

Dear Community,

The past two and half years have been unprecedented and highly challenging. We as a community have been faced with meeting needs as never before, and our coordinated community response has demonstrated its resiliency and flexibility to meet the moment.

As you will read in this report, staff from various agencies and organizations across the community demonstrated their creativity in meeting the basic needs of survivors, flexibility and ingenuity when it came to reaching clients, and safety planning; it felt like at times it was sheer grit and determination that kept the work moving.

Despite the ongoing threat of the global pandemic, staff provided advocacy and case management, legal assistance, shelter, counseling, crisis intervention, and more in an environment completely virtual and unknown. This community rose to the challenge again and again.

This report highlights the importance of the robust collaborative response we have in Fairfax County, especially in dealing with intersecting forms of violence. We know so much more about violence at an early age and how it can have the potential to change life trajectory if we don't

provide early intervention to the entire family. Preventing and ending violence in all forms across the lifespan can be achieved through the work of a coordinated multi-disciplinary community response.

The pandemic highlighted ongoing systemic racism for many communities, including the disparate impact of COVID-19 and experiences of interpersonal and structural violence. Many agencies across the county's coordinated community response stepped up to address racial injustice throughout their organizational practices and policies, including the Council to End Domestic Violence. As set out in the report, the pandemic brought into sharp focus the needs that have always existed in our community but were magnified as individuals across the community faced the loss of jobs, income, and access to supports alongside specific sexual and domestic violence services. Staff continue to pivot quickly to serve clients in creative and innovative ways.

We are proud to share with you some of the work accomplished in FY2022—from training and technical assistance on domestic and sexual violence including training Guardians Ad Litem and Magistrates, to revising and streamlining the JDRDC Protective Order packet for petitioner

accessibility, and from enhancing community engagement practices to adopting a remote filing procedure for protective orders, custody, visitation, and child support petitions—the Fairfax County sexual and domestic violence community has been enhancing and implementing creative approaches and strategies to prevent and end interpersonal violence. We continue to shape our response and make changes that contribute to a safer and more resilient community.

As we look ahead, we appreciate the way this community continues to rise to meet each moment, and together we continue to work to meet the needs of survivors, their families, and the community as a whole. This work would not be possible without each and every one of you. We look forward to working alongside you this year.

With gratitude,

Rachna Krishnan
Executive Director
The Women's Center

Jim Ferguson
Executive Director
Legal Services of Northern Virginia



ABOUT THIS REPORT

This report compiles Fiscal Year 2022 (July 1, 2021, to June 30, 2022) data volunteered by member organizations of the Fairfax County Council to End Domestic Violence, Domestic Violence Action Center, Domestic Violence Network, Step Up 4 Kids Coalition, and Sexual Assault Response Team—county government and community nonprofits—that work together to prevent and intervene in interpersonal violence (sexual violence, domestic violence, human trafficking, and stalking). This report includes data from 33 programs from 24 organizations and agencies (10 county and 14 community) across Fairfax County working with individuals and families impacted by domestic violence, sexual violence, human trafficking, and stalking. This report also includes qualitative data from surveys and interviews conducted with staff and clients of these agencies in FY2021 and FY2022.

Comparisons of data across agencies are challenging. Data collection practices, types of information collected, breakdown of demographics, and even how organizations define violence can differ from agency to agency. We acknowledge these limitations as we celebrate this effort to highlight services provided by the Fairfax County community. Although research supports interpersonal violence as a significant public health crisis impacting millions of people each year, the data collected for this report does not reflect incidence or prevalence rates of individuals and families in our community who are affected

by interpersonal violence. Many individuals impacted by violence are not reflected in the data we were able to collect for this report because they face personal and structural barriers to accessing formal services. Some people receive services from organizations unable to provide data, and some received support from community organizations not considered traditional interpersonal violence service providers, such as local community centers, private mental health providers, or faith leaders. We honor the voices and experiences represented in the data and recognize there is more work to do to include people who are not reflected in this report.

While the data in this report reflects a diversity of providers that serve the Fairfax community, there is more data available regarding domestic violence services than sexual violence services. These limitations illustrate the need to continue to expand the existing coordinated community response to broaden reach, to include nontraditional partners, and to deepen impact.

This report is a retrospective look at the state of sexual and domestic violence, human trafficking and stalking in Fairfax County during the pandemic years 2020 - 2022, including data from fiscal year 2022. This is the most up to date information available at the time of publication. A countywide report and data compilation will be released every three years.



WHEN FORMS OF VIOLENCE CONVERGE

Intersecting Forms of Violence: Interpersonal violence is a broad term, which includes multiple forms of violence. Domestic violence, sexual violence, human trafficking, and stalking affect victims, families, and communities across the lifespan in ways that often intersect. Violence rarely occurs in isolation and often happens within the context of families and relationships. Survivors also often experience the co-occurrence of interpersonal violence and issues such as homelessness, mental health challenges, substance use, and economic difficulties. Instability in these areas only increases the risks for a victim or survivor.

In this report, we highlight the ways in which the many forms of interpersonal violence are interconnected and how preventing and ending violence in all forms can be achieved through the work of a coordinated, multi-disciplinary community response.

According to the National and Intimate Partner and Sexual Violence Survey by the Centers for Disease Control and Prevention, about 1 in 3 women and 1 in 8 men who experience rape in their lifetime were raped by an intimate partner, and 1 in 6 people of any gender who experienced

rape in their lifetime were raped by a family member.¹ 1 in 3 transgender and nonbinary people who have experienced sexual assault were assaulted by a current or former intimate partner and 1 in 4 by a family member.² Human trafficking and sexual exploitation are also frequently perpetrated by family members and intimate partners, particularly when the victim is a child or adolescent.³

Intersecting Forms of Violence Across the Lifespan: While violence can happen across an entire lifespan, many children experience or are exposed to violence at a very early age. Trauma experienced early and repeatedly in childhood, including sexual or physical abuse; witnessing domestic violence; and other adverse childhood experiences (ACEs), can have serious impacts on the trajectory of a child's life. Research on ACEs shows children who witness domestic violence toward a parent are at the highest risk of experiencing other ACEs, such as physical or emotional neglect, parents dealing with mental illness or substance abuse, or incarceration of a family member. Children exposed to frequent domestic violence are as much as four to six times more likely as their non-victimized peers to experience other ACEs.⁴

¹ Centers for Disease Control and Prevention (2022). The National Intimate Partner and Sexual Violence Survey.

² James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). The Report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality.

³ Polaris. Human Trafficking Trends in 2020.

⁴ Dube SR, Anda RF, Felitti VJ, Edwards VJ, Williamson DF (2002). Exposure to abuse, neglect, and household dysfunction among adults who witnessed intimate partner violence as children: implications for health and social services. *Violence and Victims*.

Witnessing domestic violence and experiencing physical or sexual abuse can have long lasting effects on a child's mental and physical health. The younger the child is at the age of their first victimization, the greater the possible impact over their lifetime. Without quick and direct intervention, normal development is disrupted and can create a shaky foundation for the rest of the child's life.

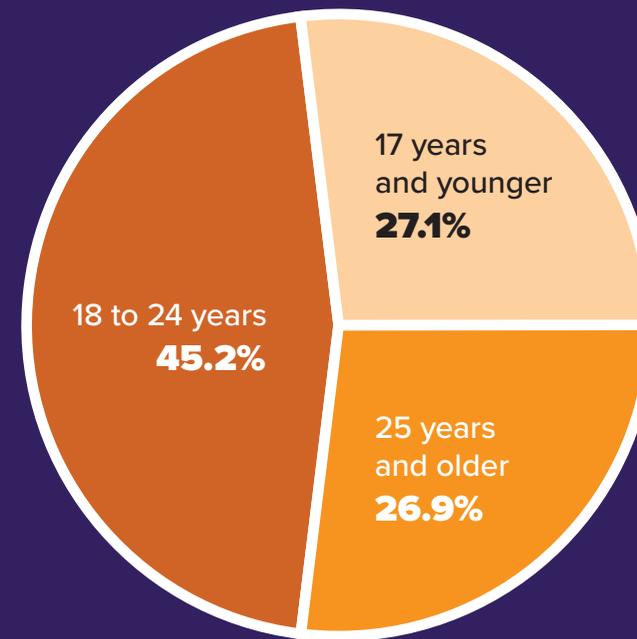
As the chart to the right shows, violence in all forms can often start at an early age. In the National and Intimate Partner and Sexual Violence Survey by the CDC, almost three-quarters of victims of intimate partner violence reported their first victimization occurred before the age of 25, and one-quarter experienced their first victimization before age 18. Victims of rape also reported higher rates, about 80%, of victimization prior to age 25, and nearly half of people who experienced sexual violence reported victimization before age 18.

Since children are more likely to be victimized by a family member or someone they know, their experiences of victimization often go unreported or unaddressed. Lack of effective intervention can set the stage for poor boundaries, underdeveloped communication skills, and poor emotional regulation in relationships. Whether witnessing or experiencing violence firsthand, children who are victims of violence early in life may learn to believe violence is a normal part of relationships. Prevention and early

AGE AT FIRST INTIMATE PARTNER VIOLENCE VICTIMIZATION

(Contact Sexual Violence, Physical Violence, or Stalking by an Intimate Partner) Among Female Victims, NISVS 2016/2017 Annualized Estimates^{1,2,3}

The age of first intimate partner violence victimization is younger than most people think. This graph shows the age at which girls first experienced intimate partner violence victimization. The data for this chart is from the National Intimate Partner and Sexual Violence Survey-Report on Intimate Partner Violence, 2016-17.



Almost three-quarters of female victims of intimate partner violence reported that they were first victimized before **age 25**, and more than **1 in 4** were first victimized before **age 18**.

National Intimate Partner and Sexual Violence Survey-Report on Intimate Partner Violence, 2016-2017 *The National Intimate Partner and Sexual Violence Survey: 2016/2017 Report on Intimate Partner Violence (cdc.gov)*

- ¹ Victims with unknown age at first victimization (estimated percentage is not statistically stable) are not represented in the figure.
- ² This is the youngest known age reported for the first intimate partner violence victimization.
- ³ All percentages are weighted to the U.S. adult population.

intervention are key to reducing intergenerational trauma marked by violence.

As children grow into adults and enter dating and intimate relationships, research shows a person's history of abuse and neglect may increase the risk of greater severity of violence experienced as adults.⁵ Adolescents with a history of childhood abuse or involvement with child welfare or criminal justice are more vulnerable to being exploited for commercial sex, being a victim of teen dating violence, or using violence toward a dating partner.⁶ A majority of adult victims of intimate partner or family violence and adults who use violence toward partners or family members have a history of experiencing or witnessing abuse in childhood.⁷

Intimate partner and family violence continue to impact families and communities across the entire lifespan. While data gathered for this report show victims ages 20 to 40 years old are more commonly served, this may reflect who is likely to access services in the county rather than the rates at which county residents of different age groups experience violence. For example, in the Fairfax County Community Assessment Survey for Older Adults conducted by the Fairfax Area Commission on Aging, 1 in 12 respondents

indicated experiencing some form of violence by a family member. Yet, victims older than 60 were 4% of people served. Similarly, nearly 1 in 10 student respondents to the Fairfax County Youth Behavior Survey who had dated in the past 12 months reported an experience of sexual assault by a dating partner, but data for teens is difficult to track accurately. The agencies surveyed for this report do not track teen dating violence consistently because categorization of clients by age group varies.

COORDINATING A COMMUNITY RESPONSE TO VIOLENCE

Developing and maintaining a coordinated community response that addresses violence across the lifespan is key to preventing and responding to interpersonal violence.

Addressing and preventing interpersonal violence is a multidisciplinary effort which must include direct intervention and supportive services for everyone affected by domestic and sexual violence. Using a multi-faceted approach to reduce domestic violence provides individuals and families with the support they need to interrupt generational and community cycles of interpersonal violence and harm.

In FY22, programs across the county reported 4,480 service contacts for victims/survivors of domestic violence and 1,714 direct services provided to children exposed to domestic violence. During that same period, 276 individuals who used violence against a partner or family member were served by accredited Domestic Violence Intervention Programs. These programs, which focus on accountability, compassionate intervention, and emotional regulation, are key components of a robust coordinated community response designed to reduce interpersonal violence and enhance victim/survivor safety.

Sexual assault, abuse, and exploitation have significant impacts on the health and well-being of survivors. Sexual victimization can be perpetuated by a stranger or acquaintance and can occur within the context of intimate partner violence, family violence, and/or human trafficking. Over 1,300 calls reporting sexual violence were made to Fairfax County Police Department in FY22, leading to 283 arrests for forcible sex offenses (rape, sexual battery, and forced sodomy). One hundred ninety-four calls to the Domestic and Sexual Violence 24-Hour Hotline and 38 individuals seeking DSVS Advocacy Services identified sexual assault as their primary concern.

5 Fredland, N., Symes, L., Gilroy, H., Paulson, R. (2015). Connecting partner violence to poor functioning for mothers and children: Modeling for intergenerational outcomes. *Journal of Family Violence*. Whitfield, C. L., Anda, R. F., Dube, S. R., & Felitti, V. J. (2003). Violent childhood experiences and the risk of intimate partner violence in adults: Assessment in a large health maintenance organization. *Journal of Interpersonal Violence*, 18(2), 166–185.

6 Franchino-Olsen, H. (2021). Vulnerabilities relevant for commercial sexual exploitation of children/domestic minor sex trafficking: A systemic review of risk factors. *Trauma, Violence & Abuse*.

7 Smith-Marek, E.N., Cafferky, B., Dharnidharka, P., Mallory, A.B., Dominguez, M., High, J., Stith, S.M., Mendez, M. (2015). Effects of childhood experiences of family violence on adult partner violence: A meta-analytic review. *Journal of Family Theory & Review*. Lünemann, M.K.M., Van der Horst, F.C.P., Prinzie, P., Luijk, M.P.C.M., Steketee, M. (2019). The intergenerational impact of trauma and family violence on parents and their children. *Child Abuse & Neglect*.

ELEVATING SEXUAL VIOLENCE SERVICES

While the data on sexual violence in Fairfax County shows a significant need for sexual violence services, data on sexual violence services in FY22 is significantly lower than domestic violence services data across the community response. While two-thirds of all incidents of sexual violence is perpetrated outside the context of intimate partner violence, historically, funding streams have separated these issues with more resources dedicated to domestic violence. Through education and advocacy, this has changed in recent years, yet services for survivors are still typically domestic violence focused, particularly for adult survivors.

As discussed earlier in this report, 1 in 3 rapes are perpetrated by a current or former intimate partner and up to half of all women who experience intimate partner violence within a marriage experience marital rape.⁸ Local data is incongruent with the national research that purports about 33% of victims of domestic violence also experience sexual violence. There may be several explanations for this discrepancy. While intimate partner sexual violence (IPSV) is common, it can often go unreported or unrecognized by domestic violence advocates, law enforcement, counselors, and other service providers. In Fairfax County, 58% of victims identified as high risk through the Lethality Assessment Protocol did not answer or were not asked about the presence of sexual violence in their relationship. Of 851 individuals served by DSVS Advocacy Team with a primary concern of domestic violence, only 37 identified sexual violence as a secondary concern. The low numbers may reflect a lack of knowledge by survivors and service providers about what behaviors constitute sexual violence, particularly in cases of sexual coercion or assault within marriage or dating relationships.

Domestic and Sexual Violence Services has incorporated elevating sexual violence services, coordination, outreach, and data collection across the county to improve the countywide response to sexual violence. Increased training for helping professionals on the correlation between domestic violence and sexual abuse, in addition to community education about sexual violence and healthy sexuality, are key components to realizing those goals.



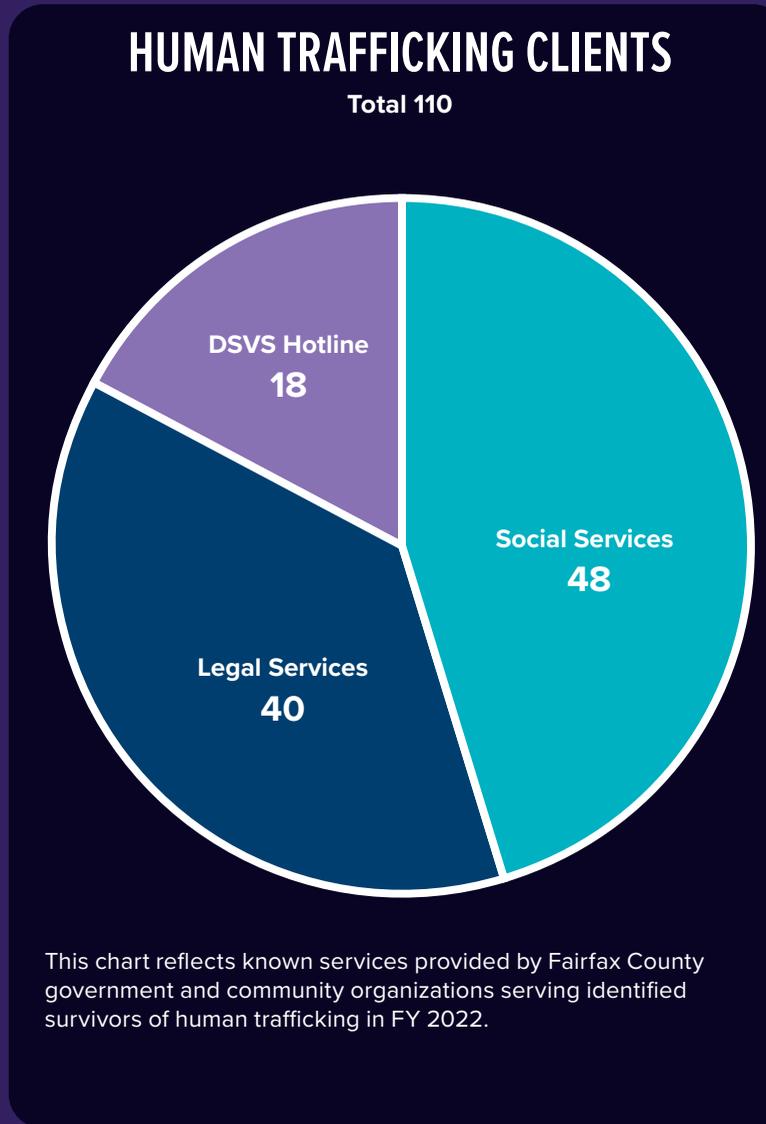
DSVS Elevating Sexual Violence Services Team wears teal for Sexual Assault Awareness Month 2022.

⁸ Centers for Disease Control and Prevention (2022). The National Intimate Partner and Sexual Violence Survey. Martin, E.K., Taft, C.T., Resick, P.A. (2007). A review of marital rape. Aggression and Violent Behavior.

RECOGNIZING HUMAN TRAFFICKING

Human trafficking statistics can be particularly difficult to measure due to low reporting rates and victims' lack of self-identification as such. Victims of human trafficking can experience labor exploitation, sexual exploitation, or both. Additionally, some forms of human trafficking, such as forced marriage, sexual exploitation in intimate partner relationships, and forced labor within a family, can be identified and recorded as sexual violence, domestic violence, or child abuse data. Legal and law enforcement statistics around trafficking also can be difficult to identify, as some victims may be misidentified as people responsible for the perpetration of violence or they may be charged with alternate crimes, such as prostitution. These issues highlight the importance of a multidisciplinary response to identifying and addressing trafficking in the community.

Countywide bodies, such as the Domestic Violence Network, Sexual Assault Response Team, Step Up 4 Kids Coalition, Firearms Surrender Workgroup, and Countywide Human Trafficking, provide opportunities for professionals and community leaders who serve individuals impacted by violence to connect, exchange perspectives, and collaborate on strategies to systematically prevent and address interpersonal violence.



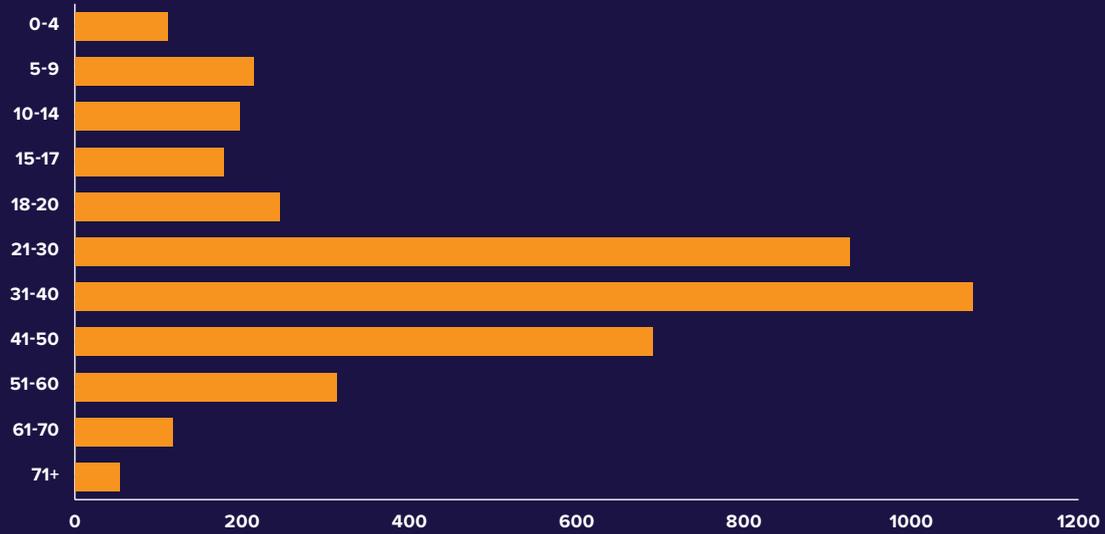
Ayuda staff wear blue for Human Trafficking Awareness Month.



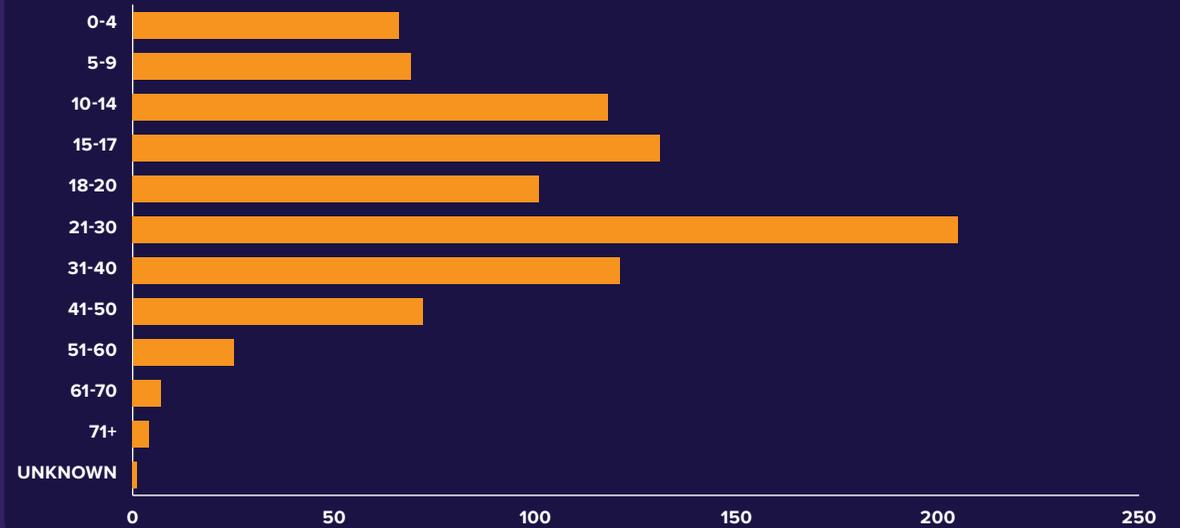
DSVS Advocacy Team wears blue for Human Trafficking Awareness Month.

AGE OF VICTIMS/SURVIVORS IN FAIRFAX COUNTY

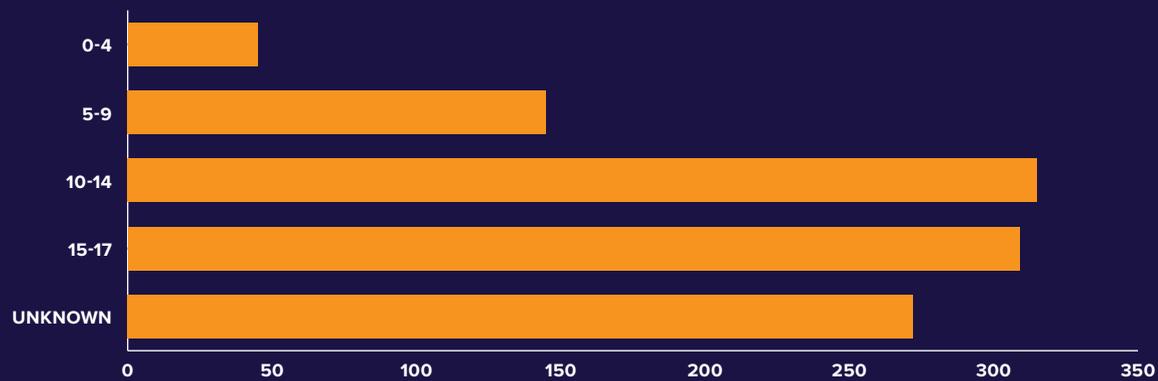
Age—All forms of Gender-Based Violence



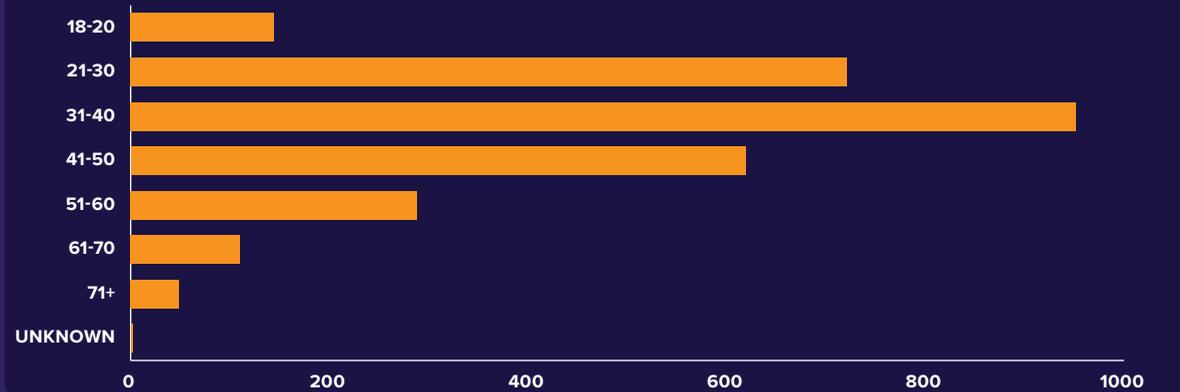
Age—Sexual Violence



Age—Children Exposed to Domestic Violence



Age—Domestic Violence



VICTIMS/SURVIVORS SERVED

BY FAIRFAX COUNTY GOVERNMENT AND COMMUNITY PARTNERS JULY 2021–JUNE 2022

VICTIMS/SURVIVORS RECEIVING SERVICES IN FAIRFAX COUNTY

4,480 Domestic Violence

1,630 Sexual Violence

1,714 Children Exposed to Domestic Violence

LETHALITY ASSESSMENT PROGRAM

365 screened in as at high-risk of danger and spoke with an advocate

OFFICE OF THE CHIEF MAGISTRATE

1,509 Emergency Protective Orders served for Acts of Family Violence

FAIRFAX COUNTY POLICE DEPARTMENT PROVIDED SERVICES

36% homicides in the county in 2022 related to DV

1,302 Domestic Violence Calls

33% increase in arrests due to strangulation

3,583 Sexual Violence calls

ARTEMIS HOUSE

495 people seeking emergency housing

236 households

JUVENILE AND DOMESTIC RELATIONS DISTRICT COURT (JDRDC)

736 Preliminary Protection Orders

285 Protection Orders

FACT (Inova Fairfax's Forensic Assessment and Consultation Team) FORENSIC EXAMS

721 PERK (Physical Evidence Recovery Kit)

210 Intimate Partner Violence (IPV)

DSVS HOTLINE CALLS

899 Domestic Violence

194 Sexual Violence

25 Sexual and Domestic Violence

276 Participants in ADAPT/Batterer Intervention Program (BIP)/ Domestic Violence Intervention Program (DVIP) in the county

Note: Totals may include duplication of individuals accessing supportive services, as many people experiencing sexual or domestic violence are connected with multiple programs or organizations.

EQUITY NOT A LEVEL PLAYING FIELD

While everyone has been impacted by the effects of the global COVID-19 pandemic, its impacts have exacerbated and highlighted inequities, which marginalized people and communities have always faced. Due to systemic oppression, the risks of experiencing interpersonal violence and barriers to accessing services are heightened for people of color, immigrants, people with limited English proficiency (LEP), people with disabilities, and individuals within LGBTQIA+ communities.

Fairfax County residents represent a wide array of diverse cultures and experiences, and the coordination of culturally relevant and accessible services is critical to supporting victims and survivors of violence and their families.

The disparate impacts of the pandemic on marginalized communities have been visible through greater economic inequality, lack of access to basic needs such as food and housing, and practical barriers to accessing services. This

has been particularly difficult for survivors who speak primary languages other than English. Survivors with language barriers struggle more to access culturally and linguistically relevant services for themselves and their families. This has had even greater impacts on survivors with complex mental health needs (including substance use), survivors experiencing homelessness or housing insecurity, and for survivors with a history of involvement with the criminal justice system.⁹

Many programs that support victims/survivors and families impacted by sexual and domestic violence saw increased need for financial support during the COVID-19 pandemic, particularly assistance with rent and housing costs. Families experiencing poverty lost avenues to accessing programs such as free-and-reduced-fee school lunches, and many organizations focused on domestic and sexual violence had to shift to providing basic needs. These issues disproportionately impacted people of color; immigrant

⁹ *Fairfax County General Overview | Demographics.*



39%

of residents, age 5 and older, speak a language other than English at home.

<https://www.fairfaxcounty.gov/demographics/fairfax-county-general-overview>

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Several BIPOC callers to the Domestic and Sexual Violence 24/7 Hotline reported being fearful of law enforcement or not considering a resource due to numerous media highlights of police brutality.

—DSVS Crisis Line Services

communities; people with existing health needs, chronic conditions or disabilities; and people in the LGBTQIA+ community. Previous barriers such as waitlists and difficulties with language access were heightened due to the increased number of people seeking services.

As extra financial support that ramped up for the pandemic began to decrease, clients lost access to stabilizing resources, including housing vouchers and rental assistance. Free school lunches for all children went a long way to feeding many families living on the edge. The end of these and other programs brought renewed instability for families. While it is difficult to make a direct connection between the end of these programs and the continued severity of violence reported, there is a correlation between financial stress and increased violence. The delivery of these resources during the pandemic potentially prevented an unknown number of cases of interpersonal violence. Meeting families' basic needs and reducing access barriers to resources are important strategies to prevent and decrease interpersonal violence and should be integrated into future approaches and prevention strategies in our communities.

In addition to the disparate impact of the COVID-19 pandemic on communities of color, during the height of coronavirus' first summer, the nation watched George Floyd's murder. The national uprising against racial injustice

that ensued brought to the forefront forms of violence experienced by Black and African American communities. There was also an increase in hate crimes toward Asian Americans throughout the COVID-19 pandemic, and immigrants across racial and ethnic groups saw increased xenophobia and violence toward their communities.¹⁰

These issues directly impact survivors and families and increase access barriers to supportive services. These barriers lead to populations being both underserved by voluntary services and overrepresented in mandatory programs, such as those related to law enforcement and court requirements.

Many agencies across the county have bolstered their organizational practices to address equity. Additionally, many teams, including the Fairfax County Council to End Domestic Violence, developed or expanded workgroups focused on assessing and improving service provision with underserved or marginalized people. The findings of these workgroups have led to agencies updating their core values to incorporate social justice, using data to better understand who is seeking and receiving services and developing funding applications focused on improving equitable outcomes. Organizations also reported intentionally changing recruitment and hiring practices to increase diversity.

¹⁰ Center for Study of Hate & Extremism (2021).

REFERRALS AND EMOTIONAL SUPPORT: REBUILDING A LIFE AFTER VIOLENCE

In the middle of night, Laurie was physically assaulted by her husband, who then forced her into the car. Fearing for her life, Laurie felt she had no choice but to jump out of the moving car. A neighbor called the police, and Laurie was rushed to the hospital.

Upon her release, Laurie, an immigrant from South America with no family or support in this country, was lost and didn't know what to do. She contacted The Women's Center and spoke with Boliva Bustamente, the I Break the Cycle Coordinator. Boliva, who is bilingual, was able to help Laurie access emergency domestic violence shelter and coordinated safe transportation.

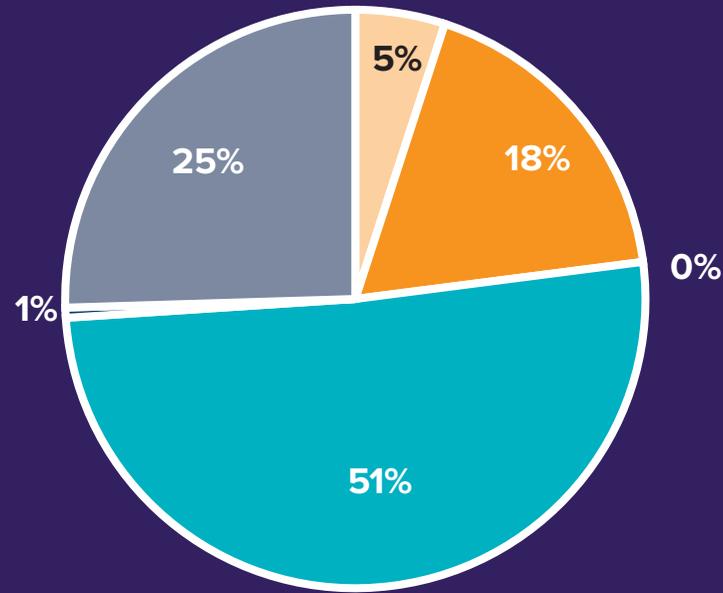
Bolivia connected Laurie to the Juvenile and Domestic Relations District Court to request a preliminary protective order based on strangulation, malicious wounds, sexual assault, and kidnapping. After the order was granted, giving Laurie full possession of the house and car, Boliva and Laurie called Legal Services of Northern Virginia (LSNV) to have Laurie meet with a family law attorney. Boliva also reached out to the Commonwealth's Attorney to discuss the criminal charges and connected Laurie to the victim witness specialist. With Boliva's emotional support, Laurie decided she wanted to move forward with criminal charges and testify in court.

Bolivia then worked with Laurie to reset the home alarm and remove the cameras her husband was using to track her inside the home. Laurie's husband had destroyed her clothes, so Boliva referred her to Women Giving Back, where she obtained new clothes. Boliva also helped Laurie get food from a local food pantry. She received referrals to a mechanic to fix her car and to a counselor to help her manage the symptoms related to these traumatic experiences. Boliva also referred Laurie to Brite Paths to help her find a job. Eventually, Laurie was accepted into the armed forces. Boliva is helping her prepare for exams and will continue to support Laurie as she rebuilds her life!

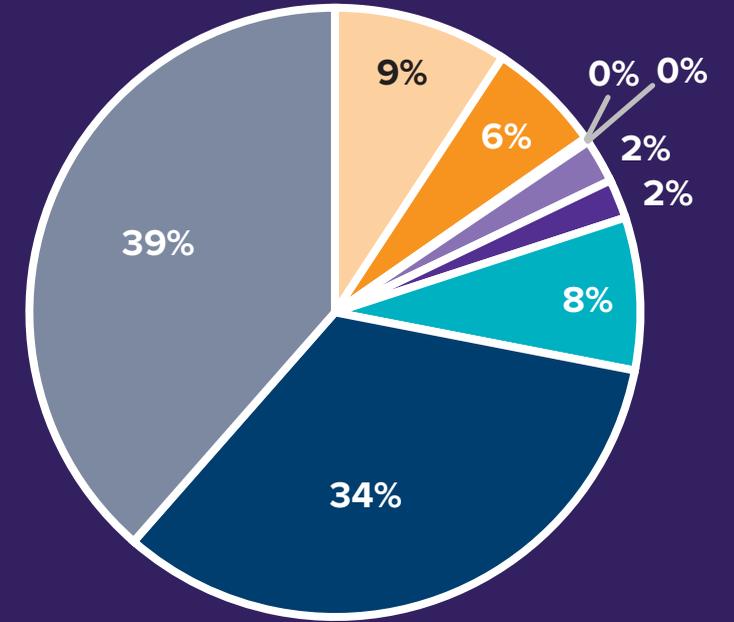
VICTIMS/SURVIVORS BY RACE AND ETHNICITY

These pie charts show the race and ethnicity of victims/survivors (by percentage) served by Domestic and Sexual Violence Services, Fairfax County Police Department, and community partners.

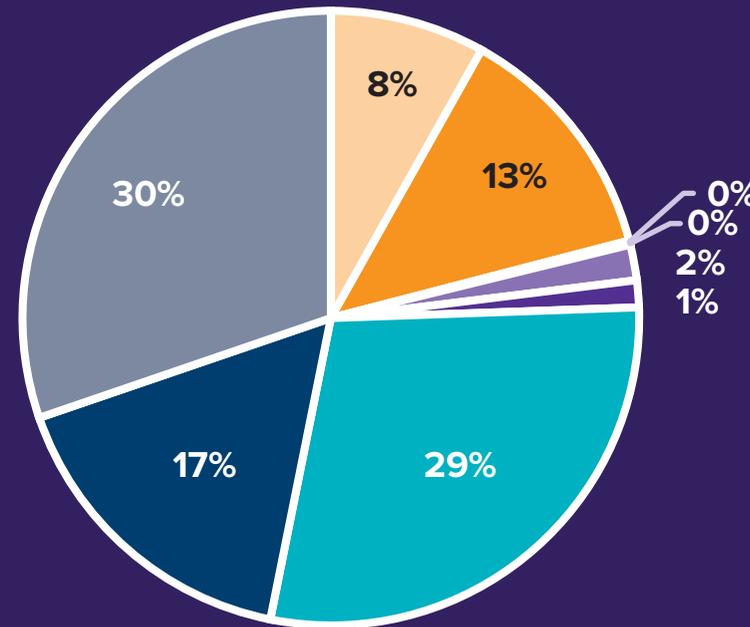
Victims Identified by Fairfax County Police Department



Clients Served by Community Organizations



Total



- Asian
- African American/Black
- Native American/Alaskan Native
- Native Hawaiian/Pacific Islander
- Other
- Two or More Races
- White
- Unknown
- Hispanic

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DSVS has provided training on the history of racism to staff; established an Equity Impact Team and an Equity Allies Team. DSVS developed and is implementing a strategic plan priority area related to equity and social justice that focuses on engaging populations that are underserved by coordinating with communities and providing culturally relevant services when possible. Equity principles are applied to new and existing policies and training is focused on increasing staff competencies about principles of equitable outcomes. DSVS now distributes monthly articles on issues about equity and racial justice to staff and volunteers. DSVS is applying an equity focus to day-to-day, routine work functions.

—*Domestic and Sexual Violence Services*

THE ESCALATING SEVERITY OF VIOLENCE

2020 and 2021 were the years of twin pandemics. The global viral COVID-19 pandemic, which required people to quarantine at home, also created a silent and equally dangerous pandemic of violence for victims and survivors of domestic violence, sexual violence, and human trafficking. Many adult survivors and children were stuck at home with partners and family members who were using violence, and many had even fewer opportunities to reach out for help.

The twin pandemics brought into sharp focus many of the issues families and communities face. As individuals faced the loss of jobs and income en masse and access to social supports and services were compromised due to the global pandemic, these existing problems were magnified. Programs that provided services related to sexual or domestic violence services had to pivot to support individuals and families whose priorities shifted to needing support to access basic needs like food, eviction prevention services, and financial assistance.

Many providers highlighted that clients were reporting violence in relationships co-occurrent with substance use, mental health concerns, or financial stress. Calls to the Domestic and Sexual Violence 24-Hour Hotline were more complex, with callers describing multiple stressors and increased concerns for safety. The Hotline also saw an

increase in callers reporting the presence of firearms and a higher volume of callers reporting that direct threats were made to use firearms to hurt them. Additionally, the type of abuse reported to the Hotline was more violent in nature, including the use of weapons and severity of physical injuries. Organizations across the community echoed this concern and consistently reported more severe violence toward victims. Requests for emergency shelter also rose significantly in FY22, likely due to a combination of both increased danger and more people experiencing financial instability and housing insecurity.

The Juvenile and Domestic Relations Court Supervised Visitation and Exchange program reported a similar trend in the level of violence exacerbated by mental health concerns. Specifically, staff reported more children worried about a parent's or caregiver's access to firearms. Caregiver's behavior toward staff was also more aggressive than in previous years, resulting in more families having to be suspended from program services.

The Fairfax Hospital Inova Ewing Forensic Assessment and Consultation Team (FACT) Department, which collects medical forensic evidence after incidents of sexual violence, domestic violence, or child abuse, reported a rise in the number of cases involving strangulation and homicidal behavior, and generally saw victims with more serious injuries.

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The pandemic created instabilities in health, financial well-being, employment, childcare, and many other domains. People in danger of violence often found themselves more isolated and vulnerable and with fewer options for safety. Children who have been served by DSVS have exhibited greater exposure to trauma from DV and child maltreatment and showed an increased prevalence and degree of suicidal ideation and other behavioral concerns. Counseling and other health care became less accessible and more scarce, especially for children, for people without insurance, and for people with limited English proficiency.

—DSVS Clinical Services

This aligned with data from the Fairfax County Police Department, which reported a 33% increase in arrests due to strangulation in FY22.

The Fairfax County Domestic Violence Fatality Review Team reported more than 1 in 3 homicides in Fairfax County in 2022 were acts of violence against a family member or intimate partner.

Increased severity of violence, including strangulation and access to firearms, raises the risk of intimate partner homicide. The Lethality Assessment Protocol (LAP) is a tool used by Fairfax County Police Department to assess factors that put victims at risk and make an immediate connection with services. In FY22, officers identified 365 individuals at high risk of being murdered by their partner—amounting to one victim every single day.

Data collected across different programs also highlight how individuals were connected to services. LAP calls are disproportionately prevalent in Mason and Mt. Vernon districts. Hotline data, however, do not follow the same pattern across the county, as zip codes in Centreville, Fairfax, Herndon, and Lorton had a high rate of Hotline calls. This could be due to differences in where information about the Hotline is advertised, lack of community knowledge or trust of government resources, distribution of law enforcement across the county, or severity of violence. If someone accesses support through the Hotline before the

violence has become severe, they may be more likely to plan for their safety or leave a dangerous situation before they are at high risk of lethality or in an emergency that leads to a 9-1-1 call.

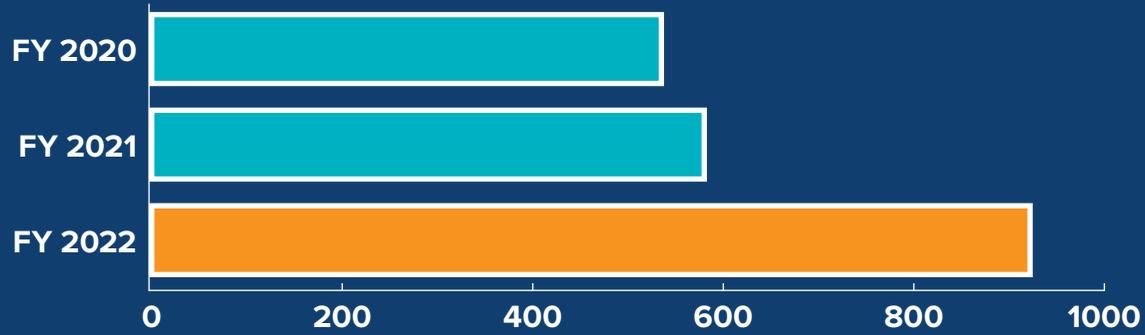
For county residents who chose to seek supportive services, many reported difficulties accessing mental health services for adults and children. Cultural stigmas around accessing mental health supports and difficulty finding providers who accept insurance complicated the complexity of accessing the mental health system. These gaps, coupled with the lack of mental health providers who speak a language other than English while also understanding the dynamics of sexual or domestic violence, made addressing mental health needs an impossible task for many survivors.

In FY22, officers identified
365 individuals at high risk of being murdered by their partner
 amounting to **1 potential victim every single day**

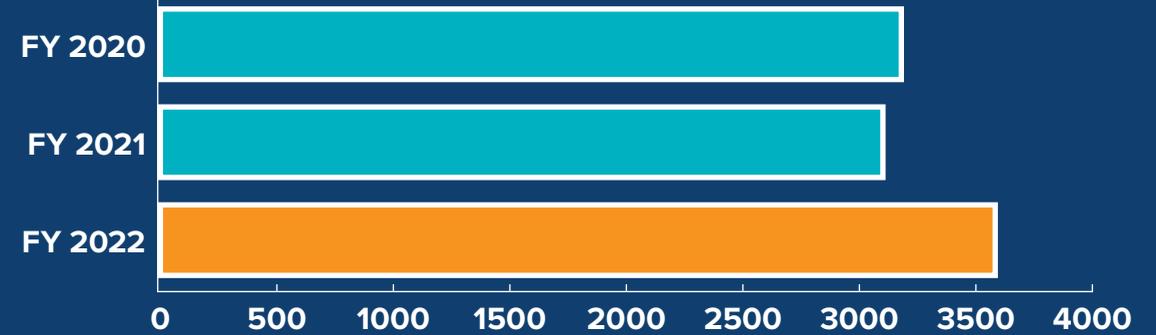
Even when virtual mental health counseling became available, there was a digital divide. Telehealth increased access for some, but not all. Many agencies reported that older adults, people with limited English proficiency,

YEAR-TO-YEAR REQUESTS BY VICTIMS/SURVIVORS FOR EMERGENCY SUPPORT

Emergency Shelter requests



FCPD—DV calls for service



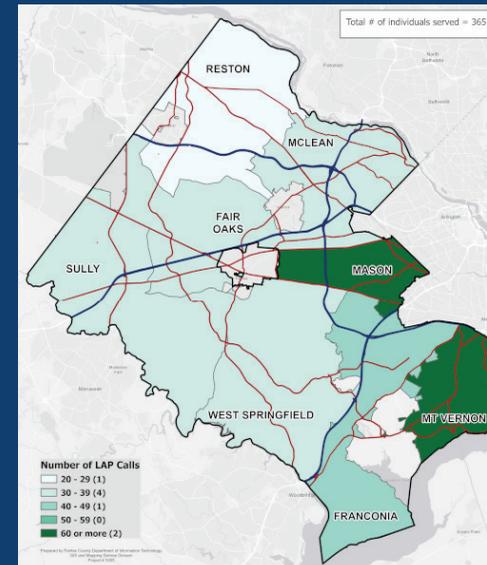
These two graphs show 3-year comparisons of emergency calls from victims/survivors to Shelter House for emergency shelter and the Fairfax County Police Department for domestic violence support.



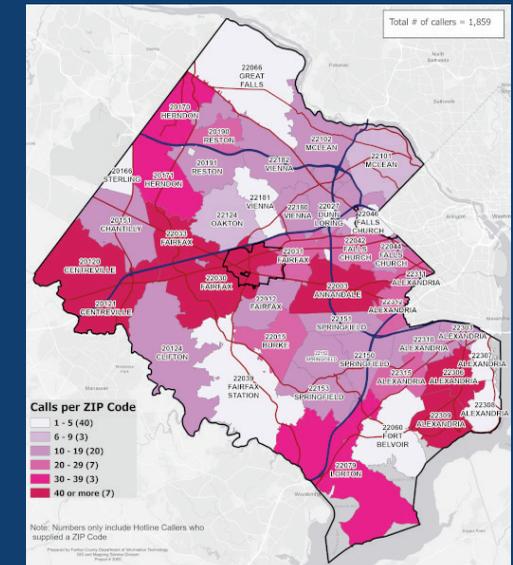
Safety needs significantly increased. A lot of survivors were put in more frequent danger due to their partners working from home, so much so that many would call the Hotline and have to disconnect and call back due to their partner's control and lack of privacy. This made it difficult to provide resources [and] adequately safety plan.

– Shelter House staff

FY 2022 DFS-DSVS LAP Calls by Police District



FY 2022 DFS-DSVS Hotline Calls by ZIP Code



LAP calls are disproportionately prevalent in Mason and Mt. Vernon districts. Hotline data do not follow the same pattern, as zip codes in Centreville, Fairfax, Herndon, and Lorton had a high rate of Hotline calls. (Heatmaps provided by Fairfax County GIS & Mapping Services)

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The COVID-19 pandemic has exacerbated the demand for mental health services in different populations. Specifically, we have seen an increase in the number of referrals related to domestic violence, child abuse, sexual violence, and others. These situations have come in combination with an increased need for help with basic needs coverage such as housing, food, and medical care, due to covid and post-covid changes in the work sector. The high cost of living in the Northern Virginia area continues to pose significant challenges for unemployed clients and clients earning minimum wage. Confronting so many stressors at the same time has not only increased the demand for mental health services, but it has also provoked the need for prolonged therapy services for clients who were already receiving benefits, as well as making clients who were successfully terminated in the past return to re-engage in therapy.

—Northern Virginia Family Service

and people experiencing poverty or homelessness had a more challenging time accessing telehealth services due to lack of familiarity with technology or lack of access to high-speed internet in a private place. The pandemic highlighted unequal access to technology as another area of marginalization. Many clinicians also found it harder to provide therapy to young children through telehealth due to “Zoom fatigue,” diminished attention spans, and difficulty using technology without sustained support from a parent or guardian.

However, telehealth was a useful and convenient alternative for many clients, particularly those with transportation challenges or those who would have had to arrange childcare for in-person sessions. DSVS Anger & Domestic Abuse Prevention & Treatment (ADAPT) program groups, which moved online in 2020, will continue, as facilitators report they have decreased barriers to attendance for both court-ordered and voluntary participants. Domestic and Sexual Violence Services also collaborated with the Fairfax County Sheriff’s Office to provide telehealth counseling services to survivors in the Adult Detention Center, a practice that will continue in addition to the option to request in-person support.

As with adults, the need for mental health support for children has increased since the beginning of the pandemic. Throughout the year, service providers reported challenges

accessing counseling resources, especially in languages other than English. Counselors also reported children accessing mental health services often presented with more serious behavioral health concerns prior to the pandemic, including reported increase in frequency and severity of suicidal ideation. This upward trend in severity of symptoms and lack of access is reflected across the continuum of care in children’s mental health services in Fairfax.

As in-person services resumed in FY22, 89 children exposed to domestic violence, 17 children who experienced sexual violence, and 5 adolescents who experienced teen dating violence were served by DSVS Counseling Services. SafeSpot Child Advocacy Center provided 1,174 counseling sessions to children impacted by sexual assault and exposure to domestic violence and had 23 children graduate from their counseling program.

The Resilient Kids, Thriving Families grant program is a federally funded grant from the Office on Violence Against Women. This program provides counseling services in multiple languages for children ages 4 to 10 who are experiencing domestic violence, as well as training for professionals and prevention workshops for children. In FY22, Northern Virginia Family Service provided individual and group counseling to children (and their families) experiencing domestic violence, serving 26 children through individual sessions and 30 group counseling sessions.



KEEPING KIDS SAFE

Just as adult victims experienced being stuck at home with the person harming them, many children experienced the very same harm and risk.

As the severity of violence increased toward parents or guardians, the number of children exposed to domestic violence also increased during lockdown periods. This uptick was reflected in the data. According to the Lethality Assessment Protocol (LAP) program utilized by the Fairfax County Police Department, nearly 1 in 5 high-risk intimate partner violence calls to 911 involved children who directly witnessed the incident, and 55% of all clients seeking support from Domestic and Sexual Violence Services advocates had children under the age of 18.

Fairfax County Department of Family Services' Children, Youth, and Families division reported that over 1 in 6 cases reported to the Child Protective Services (CPS) Hotline involved known domestic violence at the time of the report. Protection and Preservation Services, which works with families at risk of child abuse or neglect, reported an average of 28% of cases each month involved domestic violence. Additionally, Fairfax Court Appointed Special Advocates (CASA), a program which serves children in foster care or who are court involved due to abuse and neglect, reported nearly half of children on their caseloads had domestic violence as a case component. All programs within Children, Youth, and Families acknowledge these are likely underreported statistics, as prevalence of domestic violence among families is often underrecognized.

Organizations that serve children and adolescents reported the highest percentage of sexual violence clients, potentially related to mandated reporting requirements. SafeSpot Child Advocacy Center conducted 558 forensic interviews with children who were suspected to have experienced sexual abuse, and the FACT Department reported 47% of sexual assault forensic exams were with pediatric patients.

In addition to children exposed to violence identified by government systems, the Fairfax County Youth Survey asks youth in grades 6, 8, 10, and 12 about a variety of behaviors and experiences at home, in school, and in the community. Nearly 1,400 students reported exposure to domestic violence at home and nearly 15,500 reported unhealthy behaviors such as yelling, ridiculing, or bullying within their families or households.

CHILDREN EXPERIENCING INTERPERSONAL VIOLENCE AT HOME

“My parent has had his/her body hurt from actions by a spouse/partner.”

1,392
students

“People in my family often insult or yell at each other.”

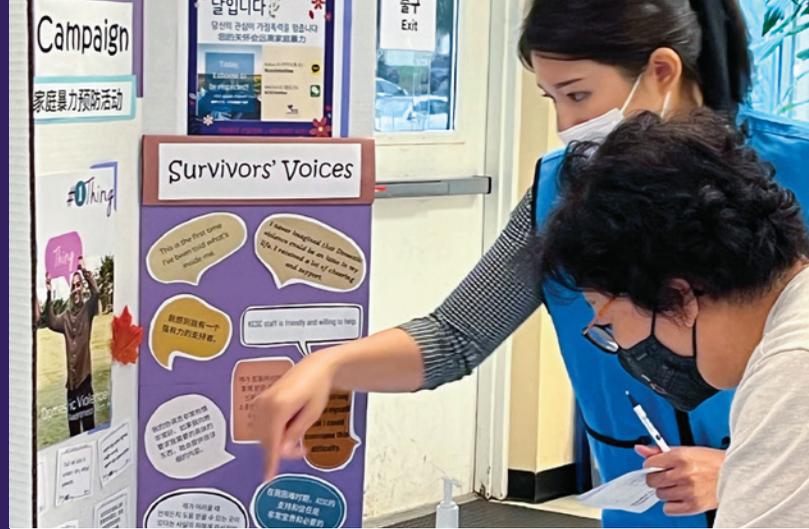
8,411
students

“How many times in the past year has a parent or adult in your household bullied, taunted, ridiculed or teased you?”

(respondent selected 1 or more times)

7,026
students

—2022 Fairfax County Youth Survey



Korean Community Services Center of Greater Washington staff hard at work in the community throughout the pandemic.

County and community partners report access to mental health care for children has improved, but a consistent need remains.

PERSEVERANCE OF WORK

As the COVID-19 pandemic created increasingly complex needs for clients, staff in agencies across the county rose to the challenge to meet these needs. At the start of the pandemic, staff pivoted to continue to serve clients in creative and untried ways. Managers and administrators quickly navigated taking organizations fully virtual and setting up secure platforms to meet with clients by phone and video. Staff became equally creative in their approach to navigating safety.

One specific challenge present on everyone's mind was accounting for clients' safety and communication. One provider described the creativity their staff used in

developing code words with clients to ensure they were in a safe place before talking with staff. Specifically, the provider and a client developed a system in which the case manager could contact the client at a location where they volunteered and ask a specific question the client could answer to signal whether or not they were in a safe space to talk. Staff found creativity was key as they negotiated the delicate task of safety planning with survivors who had fewer opportunities to safely communicate with advocates or attend telehealth therapy sessions without fear of repercussions from the person causing them harm.

THE PANDEMIC TAKES ITS TOLL ON STAFF

While staff showed incredible resilience throughout the pandemic, the collective trauma of COVID-19 had an inevitable impact. Staff across the county and community were experiencing the pandemic themselves, while also supporting clients. The increased need for resources and a decreased ability for staff to provide or refer to those resources often led to burnout, exhaustion, and sometimes vicarious trauma.

Some agencies reported increasing challenges and complexity of client needs as the pandemic wore on. Staff from various organizations and agencies across the county described worrying about being able to provide the resources clients needed, including access to mental health



Fairfax County Domestic and Sexual Violence Services staff volunteer together with Braddock District Supervisor and Chair of the Council to End Domestic Violence James Walkinshaw.

care, housing, and food. Due to the increased severity of violence their clients were experiencing, staff also reported their workload increased, as more clients with symptoms of acute trauma accessed services. Frontline staff in agencies that responded to crisis line calls, emergency shelter, and medical care reported experiencing high rates of stress and vicarious trauma with much greater frequency than prior to the pandemic.

Creatively Connecting: In recognition of what their staff experienced, agencies across the Fairfax community describe supporting staff wellness as an ongoing effort. Many agencies were intentional in planning virtual opportunities to replace the in-person connections lost due to the pandemic. One agency described implementing virtual “hallway chats” to talk about favorite TV shows or

DOMESTIC VIOLENCE KNOWS NO BARRIERS

Jacob* was referred to the Domestic Violence Action Center from the Juvenile and Domestic Relations District Court when his wife stabbed him in the arm. It wasn't the first time his partner had been violent, but this January day it happened in front of their young son.

Jacob had had it and wanted to get himself and his son out of danger. So, he reached out for help.

The court referred him to DVAC for ongoing services, and with the aid of Victim Services, his partner was brought up on criminal charges. With the help of his court advocate, Jacob requested and received a preliminary protective order. Another advocate helped Jacob develop a safety plan and referred him to housing services. The Fairfax County Rental Subsidy and Services Program (a partnership between the Fairfax County Department of Housing and Community Development, the Fairfax County Redevelopment and Housing Authority, the Office to Prevent Homelessness, and Northern Virginia Family Services) assisted Jacob with securing housing.

DVAC advocates also connected Jacob to counseling and legal services for advice about custody, helped him find employment, and supplied him with gift cards and resources from the food pantry.

Jacob had goals in mind, his housing advocate says, things he wanted to achieve. He was proactive about working through the challenges. Now he is in recovery from substance abuse, has temporary custody of his son, has safe and secure housing, and an established income. The choice he made that day to protect his son and himself was the first step in a long journey toward healing.

*Not his real name

TALKING THROUGH TRAUMA

Margaret* sought therapy after experiencing a traumatic domestic violence incident a couple of years ago. This was her first experience with therapy, and she told her therapist her goals were to trust herself more, boost her self-confidence, regain independence, and cope with past trauma by talking it through.

At first, Margaret said she felt like she was in a fog, and she struggled to feel comfortable making decisions or stating her opinions to others. She saw her value only in terms of how others perceived her. Her therapist worked with her to help affirm her value, set boundaries, and develop independence.

Therapy paid off. Over the course of 10 sessions, Margaret and her counselor practiced using self-affirmations and reframing the core negative beliefs she had about herself. Her counselor also provided education about healthy relationships and helped Margaret identify her own “bill of rights” for her life. Margaret showed tremendous growth, increasing her self-awareness and confidence. She began to speak about herself in more positive terms and said she was finally setting healthy boundaries with others.

She said she felt she was “blossoming” and getting back in touch with her “authentic self.” She became her “own cheerleader” and began engaging in multiple forms of self-care—including meditation, deep breathing, and creating vision boards—which led to her showing herself compassion and grace.

Group therapy for domestic violence survivors also played a part in her healing. Margaret said participating had a profound impact on her. She began supporting others, and she now sees her story as one that can motivate other survivors.

During her final therapy session, Margaret said she feels empowered and is excited about what the future holds for her; she is considering public speaking and writing books. Margaret stated that she “has nothing but love” for the services she received through Domestic and Sexual Violence Services.

**Not her real name.*

”

The idea that someone might continue to experience violence no matter how much I tried to help was an overwhelming feeling. But I had to try to continue on and help the next person. Sometimes it felt like I was throwing starfish back into the sea one at a time.”

— Advocate

other topics of interest to replace the casual conversations that might happen in the office. Some staff, such as those working in Domestic Relations Intake in Juvenile and Domestic Relations Court, had to continue to work in person and found safe ways to connect and support each other through socially distanced gatherings.

Multiple agencies introduced or strengthened Employee Assistance Programs (EAPs) for staff. The Inova Ewing Forensic Assessment and Consultation Team (FACT) Department at Inova Fairfax Hospital was often on the front lines of the pandemic, and Inova dispatched on-site mental health EAP counselors to work with individuals and groups of employees. Shelter House similarly identified the importance of EAP support and switched EAP providers so staff could navigate the system more easily and receive a higher quality of care. One agency also provided Trauma Incident Reduction Therapy, an evidence-based intervention, to staff who experienced traumatic events on-site.

Staffing: Every agency and organization in Fairfax continues to be impacted in some way by what many are calling the “Great Resignation.” Organizations across the community describe challenges with staff retention and new recruitment. One organization stated, *“We have seen a decrease in the number of applicants and also applicants with experience and passion.”*

Many staff left the workplace to care for sick family members and themselves, care for children who were learning remotely, or due to other pandemic-related stressors. The pools of qualified applicants dropped significantly, and some organizations found themselves in the middle of hiring freezes. This impact on staffing led to increased stress and burnout for the staff who remain.

As vaccines became available and more staff were able to return to the office, in-person and hybrid services began to resume. Staff and managers continued to find ways to support each other. Agencies found strategies to support a better work-life balance and many continued to support telework options whenever possible. Shelter House promoted this balance by providing staff with work cell phones to eliminate the intrusion of work notifications on personal phones. Even for teams that remain completely remote, organizations have been intentional about creating in-person team-building events.

A NEW “NORMAL”

Staff continue to face challenges in providing services to clients as pandemic relief programs end. As much of the world seems to be returning to “normal,” it’s important to continue to recognize the impact of the pandemic on the workforce and provide adequate support.

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[We] continue to receive an overwhelming number of calls from clients seeking services and referrals from community partners referring uninsured immigrants and underserved and vulnerable populations. As budget allows, we are hiring new professional staff, but it has not always been easy to find good candidates, as the number of applicants these days is very low.

—Northern Virginia Family Service

”

We are finding that the need is greater than the resources now that the pandemic has “ended.” It appears that part of the downside to going back to the way it was is that everyone has gone back to the way it was. The need is still great, but the same resources and protections put in place when the pandemic began are no longer there. Our most vulnerable have always had the need, the pandemic only opened the eyes for the world to see. **We are meeting these challenges by trying to be creative and reach out to the community directly to partner with us to support the population we serve.**

— Shelter House



Staff of Legal Services of Northern Virginia attend an outdoor team building event as pandemic restrictions eased.

Some practices initially developed out of necessity have improved access to services and will continue to be available to county residents. Juvenile and Domestic Relations District Court adopted a remote filing procedure for protective orders, custody, visitation, and child support petitions, a practice that will continue as in-person services resume. Survivors with transportation issues can now access court services without long commutes or missing time from work. Similarly, many agencies adopted telehealth services that will continue.

The new normal includes a world where people are experiencing more acute and complex symptoms of trauma while navigating systems with fewer resources and staff.



Fairfax County Police Department wears teal for Sexual Assault Awareness Month 2022

The COVID-19 pandemic permanently reshaped our lives in ways we know and in ways yet to be discovered. From the panoramic view of disparities in health care and education that came into focus to an explosion in fully remote and hybrid work environments, the world has changed. We have learned a lot about the fragility of life and the importance of gratitude for small miracles. Mostly, we are grateful for the many who supported those through these incredibly difficult times and continue to do so. Thank you for all you do to support survivors, their families, and the community.



Allison Medina (The Women’s Center) and Ambreen Ahmed (FAITH Social Services)



Shelter House purples out for Domestic Violence Awareness Month.



Ayuda purples out for Domestic Violence Awareness Month.



We continued to provide in-person services throughout the pandemic. We never worked from home full-time or had much telework at all. Because the courts were operating so differently, we had fewer clients being able to get in and out of the program, but we continued to serve. Every day our staff showed up to help parents and kids work through the challenges of connecting during the worst episode of disconnection in our lifetime.

— Lori Wymore-Kirkland, Supervised Visitation and Exchange, Juvenile and Domestic Relations District Court

DATA ANNEX

Please note that a complete 45-page Data Annex is available upon request. Thank you to all of the organizations and agencies that collated and shared their data.

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Council to End Domestic Violence

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Children, Youth, and Families
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Domestic Relations District Court

Fairfax County Police Department

Fairfax County Police Department,
Victim Services Division

Fairfax County Sheriff's Office

Fairfax Court Appointed Special Advocates

Foundation for Appropriate and Immediate
Temporary Help Social Services

Inova Fairfax Hospital Ewing Forensic Assessment
and Consultation Team Department

Jewish Coalition Against Domestic Abuse

Korean Community Services Center
of Greater Washington

Legal Services of Northern Virginia

Neighborhood and Community Services

Northern Virginia Family Service

OAR of Fairfax County

Office of the Chief Magistrate

SafeSpot Children's Advocacy Center
of Fairfax County

Shelter House

Tahirih Justice Center

The Women's Center