



**Virginia Sexual and Domestic Violence Action Alliance**  
Virginia's leading voice on sexual and domestic violence



# Advocacy in Virginia 2022

A REPORT ON DATA FROM VIRGINIA'S  
SEXUAL AND DOMESTIC VIOLENCE AGENCIES

Prepared: JUNE 2023



# Executive Summary

VAdata, an electronic data system managed by the Action Alliance, is used by sexual and domestic violence agencies (SDVAs) in Virginia to record various elements of services data. That data includes demographic information of people served; sexual and domestic violence services provided by agencies; and survivor experiences as they were seeking safety. The system also creates summary reports that are used for outreach, strategic planning, and reporting to funders. In 2022, 69 SDVAs used the VAdata system to track some or all their data.

Responses from surveys and interviews of staff at SDVAs show **that requests for services are increasing while agencies have seen consistent or decreased capacity over the past three years.** This report demonstrates how agencies have had to adapt as demand for services continues to increase, presenting violence issues become more complex, and systems of community resources become more difficult to navigate. In addition, **the data illustrates how sexual and domestic violence services can change lives.**

## **The Action Alliance recommends significant investments in Virginia's response to sexual and domestic violence.**

Partnerships to increase community services, resources, and education are essential for survivors and the overall sustainability of Virginia's sexual and domestic violence agencies. We recommend a three-pronged approach to sustain the movement to end gender-based violence:

### **Improve organizational capacity of sexual and domestic violence agencies.**

Healing happens through connection, but this is difficult to achieve when advocates have numerous clients and community resources are stretched. Staffing changes and the subsequent loss of institutional knowledge affects agencies' ability to be effective community partners and leaders.

### **Strengthen ecosystems for community response.**

Advocates and local allied partners must be knowledgeable about all elements that affect distinct aspects of safety planning, from housing to healthcare to protective orders. Meaningful, ongoing collaborations are essential to ensuring these resources match community needs and are responsive to changes in those needs.

### **Implement and evaluate a range of prevention strategies.**

We strive towards preventing violence before it happens. Prevention strategies to promote healthy relationships and healthy sexuality include building awareness, delivering primary prevention educational programs, and community organizing.

# Overview of Services and Impact

This report reflects the work of **69** sexual and domestic violence agencies (SDVAs) using VAdata to track a substantial portion of their services provided between January 1 and December 31, 2022. These service providers consisted of:

- 4** sexual assault crisis centers,
- 14** domestic violence programs, and
- 51** dual sexual and domestic violence agencies.

In the preparation of this report, missing or incomplete data was excluded, and numbers were sometimes rounded. Some data points may have had multiple values; therefore, percentages may not add up to precisely 100%. Services provided by sexual and domestic violence agencies include:



**HOTLINES** are available 24 hours a day, 7 days a week, and may include multilingual support and services such as chat and text. Many survivors first request support, especially emergency services, by contacting a hotline. Others use hotlines for emotional support and information on an ongoing basis.

**Advocates spent 40,899 hours responding to 78,956 hotline contacts by phone, text, chat, and email.**



**ADVOCACY** refers to counseling, support, and accompaniment services provided as desired by survivors. Advocacy is not prescriptive, but responsive to people's needs. This can include safety planning and emotional support; hospital accompaniment; clinical counseling; support groups; assistance with civil and criminal legal processes; childcare; help accessing other community resources; and transportation.

**Agencies provided 281,784 hours of advocacy services to 30,264 adults and children.**

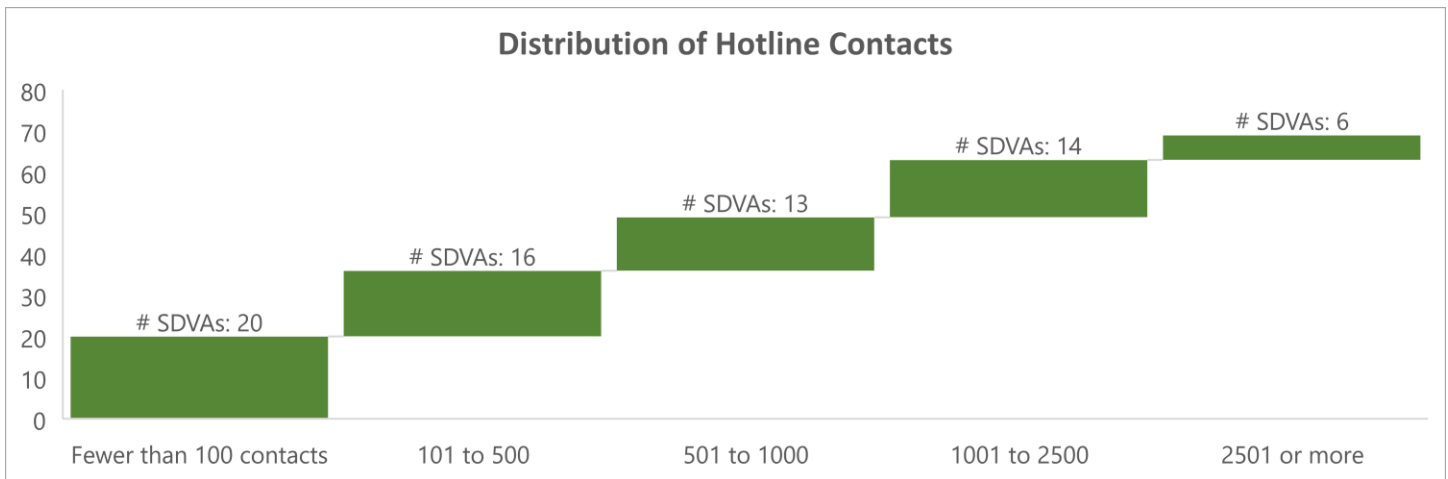


**EMERGENCY SHELTER/HOUSING** offers safety and stability to survivors fleeing violence. While survivors are in shelter, they often work with advocates to secure self-supported housing and meet other basic needs.

**Agencies provided emergency housing to 6,278 adults and children.**

**Overview (continued)** SDVAs may be independent non-profits or projects of larger public or private agencies. For example, sexual and domestic violence service providers may work within culturally specific community-based organizations; others are housed within county or city departments, local social services offices, and community action agencies. Most SDVAs serve multiple localities.

The number of hotline contacts received by each agency reflects this range of structures, as well the as overall experience of accessing available services in the region(s) served by each agency. As such, the Action Alliance cautions against interpreting small numbers of hotline contacts or advocacy services as showing less need for sexual and domestic violence support.



Similarly, **the number of people served by locality varies across Virginia.** The following tables name areas where significantly high and low levels of hotline and advocacy services were provided. Larger numbers of people received hotline or advocacy services in more densely populated areas. In contrast, the localities where fewer residents received services are mostly rural areas.

Number of Residents Using Hotlines	
25 or fewer residents	Amelia Co., Craig Co., Dickenson Co., Highland Co., Rappahannock Co., Surry Co., King and Queen Co., Charles City Co., Powhatan Co., Southampton Co., Poquoson, Cumberland Co., Isle of Wight Co.
3,000 or more	Hanover Co., Virginia Beach, Alexandria, Norfolk, Lynchburg

Number of Residents Receiving Advocacy Services	
10 or fewer residents	Luray Co., Craig Co., Amelia Co., Highland Co., Middlesex Co., Rappahannock Co., Poquoson, Lunenburg Co., Botetourt Co.
500 to 750	Roanoke, Newport News, Prince William Co.
751 to 1,000	Richmond, Lynchburg, Alexandria, Virginia Beach
1,001 or more	Henrico Co., Chesterfield Co., Norfolk, Fairfax Co.

**VAdata collects information on how individuals learned of hotline and advocacy services.** This can be helpful for understanding how sexual and domestic violence agencies are perceived by community members. High referral rates from specific sources may reflect the strength of collaboration among local partners.

#### **Top 3 Referral Sources for Hotline**

- **Law enforcement referred 12% of clients.**
- **A DV program referred 9% of clients.**
- **8% of clients found info on the internet.**

#### **Top 3 Referral Sources for Advocacy**

- **Courts made 17% of referrals.**
- **Law enforcement referred 9% of clients.**
- **Relatives and friends referred 7% of clients.**

## **Impact of Services**

SDVAs that receive grants through the Virginia Department of Social Services Office of Family Violence (VDSS OFV) use evaluation measures adapted from the national Family Violence Prevention and Services Act (FVPSA) outcomes project to gather impact statements from survivors on their experiences with advocacy services provided by each agency. Participating agencies invite clients to complete brief surveys about their experiences in two general settings: shelter services and community-based services. Both surveys are available as paper questionnaires and online forms in English, Amharic, Arabic, Chinese, Dari, French, Korean, Pashto, Spanish, Tigrinya, and Vietnamese.

**In 2022, participating agencies received 1,037 responses to the Shelter Services survey and 2,471 responses to the Community-Based Services survey.** Among the responses received for each question:

**93% of clients would recommend or strongly recommend the agency to a friend.**

**97% feel more hopeful about their lives.**

**95% know more about sexual and/or domestic violence and its impact.**

Among clients with children, 91% said they **feel their children are having more positive interactions with others.**

The three types of support survivors described as most important were: **help addressing emotional needs** (92% wanted, 89% received); **help with the impact of violence on relationships with family and friends** (86% wanted, 81% received); and **help meeting basic financial needs** (74% wanted, 70% received). 41% of respondents received services from the agency for 3 months or more.

# Sexual Violence

Sexual violence (SV) information is underrepresented in VAdata. Comparatively low service rates reflect the use of primary data tracking tools beyond VAdata to record hotline and advocacy information by sexual assault crisis centers (SACCs). Of the **78,956** hotline contacts made in 2022, **13% of calls, texts, chats, and emails requested support for sexual violence**, and **17% of the 30,264 people receiving advocacy services in 2022 sought support for sexual violence**.

**Most hotline contacts (83%) were from or about adults who experienced violence in their lifetime.** In contrast, close to half of advocacy services (45%) were provided to children and youth. **The number of children and youth exposed to sexual violence receiving services increased by 57% from 2021.** Among those who shared information about where the violence took place, most experiences occurred in the home (50%) or other households (17%). About 2% occurred on college or university campuses, another 2% in pre-K to 12 schools, and 2% in the workplace.

Presenting SV Experiences	Advocacy	Hotline
Adult - Sexual Violence	46%	74%
Adult - Sexual Violence as a Child	9%	9%
Child/Youth - Exposed to Sexual Violence	6%	16%
Child/Youth - Sexual Violence/Abuse	39%	1%

**Data on sexual and reproductive coercion is a vital tool in mobilizing resources in the wake of the Supreme Court decision to overturn Roe v. Wade and Casey v. Planned Parenthood during the summer**

**In addition, 10% of people receiving DV services and 30% of people contacting hotlines for DV support also reported these experiences of coercion. The numbers of individuals disclosing these experiences have increased steadily over the last three years.**

Nearly half of people receiving sexual violence advocacy services (48%) and almost a third of hotline contacts (29%) experienced forms of sexual and reproductive coercion. These experiences include situations in which the perpetrator tampered with or tried to tamper with the victim's birth control; the perpetrator forced or tried to force someone to become pregnant or to terminate a pregnancy; or the perpetrator pressured or forced a victim to engage in sexual acts beyond their level of comfort.

The primary concerns of people seeking SV advocacy services were **mental/emotional health** (fear, anxiety, sadness, shame, difficulties at work, school performance, etc.); **safety** (feeling unsafe, threatened, or in danger of physical or emotional harm); and **physical well-being** (activity level, stress level, health issues/symptoms, sleep and eating patterns).

18% of SV advocacy clients and 8% of SV hotline contacts **missed time from work/school.**

10% of SV advocacy clients and 7% of SV hotline contacts **sustained physical injuries requiring emergency medical attention.**

15% of SV advocacy clients and 10% of SV hotline contacts **had to relocate** because of violence. 10% of SV advocacy clients and 7% of SV hotline contacts were **stalked by the perpetrator.**

Perpetrators **made threats of suicide or homicide** to 9% of SV advocacy clients and 6% of SV hotline contacts. An additional 7% of SV advocacy clients and 3% of SV hotline contacts **disclosed considering suicide themselves.**

**Sexual Violence** (continued) VAdata collects information on resources that individuals seek on their own, as well as resources and services provided by sexual and domestic violence agencies.

The three self-advocacy tactics that sexual violence survivors found **most helpful** were **accessing healthcare** (hospitals, doctors, health clinics), **getting support from neighbors or community members**, and **relocation**. The **most unhelpful** self-advocacy tactics were **self-defense, going to court, and filing a police report**.

Advocates provided forensic exam accompaniment to **821** individuals; however, **71** people indicated they **requested physical evidence recovery kits (PERKs) and were denied**.

Sexual violence survivors (or parents/guardians when victims are minors) gave positive feedback in both community and shelter-based service surveys. Among the responses received:

**98% of clients would recommend/strongly recommend the agency to a friend.**

**96% feel more hopeful about their lives.**

**95% know more about sexual and/or domestic violence and its impact.**

Among clients with children, **89% said they feel their children are having more positive interactions with others and 90% said they feel their children know it is okay to talk about their experiences with violence.**



# Domestic Violence

Of the **78,956** hotline contacts made in 2022, **53%** of calls, texts, chats, and emails requested support for domestic violence, and **62%** of the **30,264** people receiving advocacy services in 2022 sought support for domestic violence.

Presenting DV Experiences	Advocacy	Hotline
Adult - Domestic Violence	75%	94%
Adult - Domestic Violence as a Child	1%	1%
Child/Youth – Abuse/Neglect	19%	2%
Child/Youth – Exposed to Domestic Violence	4%	3%
Teen Dating Violence	<1%	<1%

**Most hotline contacts (95%) came from or about adults who experienced violence in their lifetime.** In contrast, close to a fourth of advocacy services (23%) were provided to children and youth. **The number of children and youth receiving services increased by 16% over 2021.**

The primary concerns of people seeking DV advocacy services were **safety** (feeling unsafe, threatened, or in danger of physical or emotional

harm); **mental/emotional health** (fear, anxiety, sadness, shame, difficulties at work, school performance); and **the ability to meet basic financial needs.**

**23% of DV advocacy clients and 25% of DV hotline contacts had to relocate.**

**21% of DV advocacy clients and 15% of DV hotline contacts lost income and/or financial security because of the violence.**

**17% of advocacy clients and 11% of hotline contacts had to miss time from work or school.**

**Lethality risks are common to domestic violence survivors seeking support.**

## **Domestic Violence** (continued)

Nearly three quarters (72%) of survivors seeking legal action stated that their most recent assault had taken place in the past 30 days. Information on survivor experiences should inform community strategies to prevent lethality. The data shows that:

**Perpetrators made threats of suicide or homicide to 21% of DV advocacy clients and 18%**

**of DV hotline contacts.**

**17% of clients and 15% of hotline contacts reported strangulation attempts** (blocking or obstructing breathing) by the perpetrator.

**19% of clients disclosed that perpetrators used weapons, including firearms,** against them.

**12% of clients and 11% of hotline contacts sustained physical injuries** requiring emergency medical attention.

VAdata collects information on resources that individuals seek on their own, as well as resources and services provided by sexual and domestic violence agencies.

The three self-advocacy tactics that domestic violence survivors found **most helpful** were: **counseling and support group services, relocation,** and **healthcare** (hospital, doctors, health clinics). **Supportive group counseling and advocacy increased by 24% over 2021.**

The **most unhelpful** self-advocacy tactics were **self-defense, other sexual and domestic violence agencies,** and **filing police reports.** Among cases where the incident was reported to police, emergency protective orders were **not requested by law enforcement for at least 2,299 individuals.** Similarly, **charges were not filed against perpetrators of 2,711 clients** – about 50% of cases where reports were made to police.

VAdata records show that at least **6,329 emergency protective orders, preliminary protective orders, and permanent protective orders** were awarded by Juvenile and Domestic Relations and General District Courts.

More clients received the following types of services than in 2021:

**Assistance seeking family planning services, increased by 74%,**

**Arranging emergency transportation, by 27%,**

**Assistance with victim compensation, by 27%,**

**Emergency housing/shelter, by 25%, and**

**Emergency financial assistance by 24%.**

**Feedback from survivors shows that support from advocates is invaluable.**

Domestic violence survivors (or in the case of minors, parents/guardians) gave positive feedback in both community and shelter-based service surveys. Among the responses received for each question:

**99% of clients would recommend/strongly recommend the agency to a friend.**

**97% feel more hopeful about their lives.**

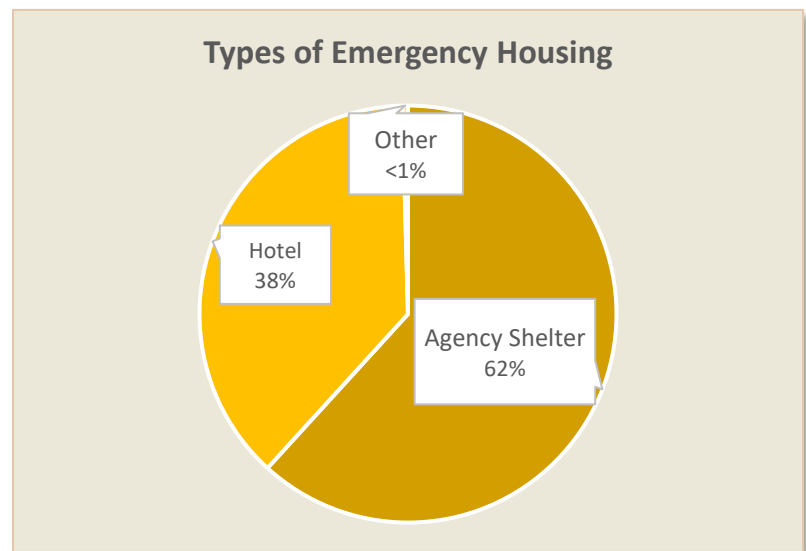
**96% know more about sexual and/or domestic violence and its impact.**

Among clients with children, **91% said they feel their children are having more positive interactions with others and that their children know it is okay to talk about their experiences with violence.**

# Shelter and Housing

Many of Virginia’s SDVAs provide emergency housing to survivors fleeing violence, and some are exploring housing support beyond shelter. The Action Alliance collaborates with member agencies and housing partners at the local and state levels to address the needs of survivors facing housing instability and homelessness.

Agencies continue to use a mix of hotels and agency operated residential shelter space for emergency housing. **In 2022, emergency housing was requested in 24% of hotline contacts.** However, **51% of these requests could not be met** – whether because of the shelter being full (14%), being outside the agency’s service area (24%), or because the person seeking support did not meet emergency shelter criteria (61%).



**Alarmingly, the number of requests for emergency shelter when space is unavailable has increased by 173% since 2021.**

The number of nights in shelter for children and adults continues to steadily increase. **Imminent risk of domestic violence** continues to be the most common reason for entering shelter. However, **shelter entry for homelessness due to sexual violence increased by 41%.**

## **Survivors need safe, affordable housing options beyond shelters.**

**Sexual and domestic violence agencies in Virginia provided a total of 241,641 nights of emergency shelter to 3,710 adults and 2,568 children in 2022.**

**The number of survivors exiting shelter to stable transitional or self-supported housing has decreased by 3% since 2021.** SDVAs report that this reflects the competitiveness of the accessible and affordable housing market since the beginning of the pandemic.

Similarly, 2022 data shows a **19% decrease since 2021 in the number of nights of transitional housing for adults, and a 16% decrease in nights of transitional housing for children.**

**Alongside sexual and domestic violence providers, all of us must continue to advocate for more options to meet growing needs for emergency, transitional, and self-supported permanent housing; engage in systems advocacy with housing partners; and support economic justice strategies that promote individual and community safety, including expansion of affordable and accessible housing.**

# Preventing Sexual and Intimate Partner

Prevention strategies are targeted efforts to reduce the likelihood that sexual and/or intimate partner violence perpetration will occur. While prevention work has always been integral to the anti-violence movement, VAdata has only been able to track and report on prevention strategies since 2020. As more organizations develop and implement prevention strategies, we hope they will use VAdata for planning, monitoring, and reporting these programs so we can better understand the statewide impact of prevention. Learn more about violence prevention in Virginia and prevention strategies by reviewing the [Guidelines for the Primary Prevention of Sexual Violence and Intimate Partner Violence](#).

**Of the 30 localities where prevention strategies were reported in VAdata in 2022, 66% were rural counties.**

Those SDVAs used a variety of strategies to target various levels of influence.

**9 agencies completed 54 multi-session children/youth/young adult education programs.**

**6 agencies completed 37 single-session children/youth/young adult presentations.**

**2 agencies trained allied professionals on violence prevention.**

**2 agencies worked to build coalitions of community partners.**

**4 agencies directed efforts to changing social norms.**

Promising practices suggest that the most effective approaches to decreasing violence **address multiple factors that influence individual behaviors, relationships, communities, and larger social norms, practices, and policies.** Most strategies used in 2022 were designed to reach children and youth.

Action Alliance resources are frequently used for multi-session programs. Together, [DO YOU: Building Youth Resilience Through Creative Expression](#), [YOUTH ARE](#), and the Action Alliance *Teen Dating Violence Prevention Facilitator's Guide* were used for **311 lessons, or 56% of the 551 multi-session lessons held in 2022.**

## **About VAdata**

VAdata is an electronic, web-based data collection system for Virginia’s sexual and domestic violence service agencies. It is the primary source of information in Virginia that describes both the experiences of survivors of sexual and domestic violence, and the services provided to them by sexual and domestic violence agencies. Since its creation in 1996, this electronic data collection system has been at the forefront of best practices in confidential, survivor-centered data collection and reporting. Reports from the VAdata system were used to compile this resource, prepared by Kristin Vamenta, Tamara Mason, and Kristi VanAudenhove of the Action Alliance.

**The Action Alliance is grateful for the support of the VAdata system from local agencies; the Data Systems Advisory Committee; and state partners and funders, particularly the Virginia Department of Social Services.** This support is invaluable to the operation and continuous improvement of VAdata for the benefit of survivors and agencies throughout the commonwealth. All forms used for data collection can be accessed at [https://vadata.org/p\\_access.html](https://vadata.org/p_access.html). Please contact [vadataadmin@vsdvalliance.org](mailto:vadataadmin@vsdvalliance.org) for more information about this report and/or the VAdata system.

Support for the operation of the VAdata system as well as staff time dedicated to training and technical assistance, data analysis and reporting is provided by a contract from the Virginia Department of Social Services Office of Family Violence (#FAM-22-105) and a grant from the Office on Violence Against Women (#15JOVW-22-GG-00934-MUMU). The opinions expressed in this report as well as decisions about data to highlight are exclusively those of the Action Alliance and do not represent the opinions of VDSS-OFV or OVW.

## **About the Virginia Sexual and Domestic Violence Action Alliance**

The Virginia Sexual and Domestic Violence Action Alliance is Virginia's leading voice on sexual and intimate partner violence. We are a non-profit coalition of survivors, Sexual and Domestic Violence Agencies, and allies working to strengthen how communities across Virginia respond to and prevent sexual and intimate partner violence.

As an advocacy organization, we provide the expertise needed to ensure an effective response. As a service provider, we offer people resources for making informed choices. As a membership organization, we build diverse alliances across the state. We are guided by a compelling vision for a world where all of us thrive.

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