2025 Fairfax DSVS-Mason Social Work
Community Domestic and Sexual Violence Needs Assessment Report

Reducing Inequities in Domestic and Sexual Violence Services: A Mixed Methods Evaluation to Inform Inclusive Community Engagement in Fairfax County

Prepared by

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Table of Contents

Executive Summary

Brief Overview

Owing to barriers to domestic and sexual violence (DV/SV) service use, we conducted a needs assessment to provide an understanding of local DV/SV-service related needs among community members living and working in Fairfax County. For Phase 1 of this project, we interviewed 20 community leaders in Fairfax County in 2023 to achieve this goal. For Phase 2, we narrowed our focus on South County. This began with interviewing 12 service providers in South County in 2024 and thematically analyzing their interviews, focusing on DV/SV, knowledge of related services, barriers to services, and strategies to address such barriers in South County. In 2024-25, we collected 506 survey responses to learn from South County community members in zip codes 22306 and 22309. The results from Phase 1 and Phase 2 are provided in this report.

Phase 1: Qualitative Interviews with Community Leaders Across Fairfax County

Survivors have identified multiple barriers to receiving help when DV/SV occurs, particularly those who are considered racially, sexually and/or culturally nondominant, owing to structural inequality, including in Fairfax County. Barriers to DV/SV service use include racial and language-based discrimination, needs for more Afrocentric programming, and needs for greater responsiveness and awareness of DV/SV services for men and in later life. The focus of the first phase of this project, described in Chapter 1, was a needs assessment of at-risk communities in Fairfax County to inform future needs assessments and data-driven efforts to reducing inequalities in DV/SV service outreach and access.

For **Phase 1** of this collaborative project (described in Chapter 1), research assistants at George Mason University (GMU) recruited community leaders in Fairfax County for interviews in the summer of 2023. We completed semi-structured interviews with 20 community leaders in Fairfax County, who offered an understanding of local DV/SV outreach and service-delivery needs in Fairfax County. These community leaders represented structurally oppressed, at-risk populations within the county, to include people who are transgender, people living with disabilities, teens, and refugees and immigrants.

The following themes were identified from the community leader interviews in **Phase 1**:

(a) discrimination, stigma, and language-related challenges as barriers to help-seeking;
(b) community needs for greater DV/SV awareness and education;
(c) community strengths in diversity, resilience, and connection;
(d) cultural and family-related risk factors for DV/SV and barriers to DV/SV service use, and
(e) recommendations for welcoming, inclusive, culturally responsive, and accessible services.

These themes are further discussed in Chapter 1 of this report. This first phase of our project elucidates some of the unique needs of at-risk populations for DV/SV services within Fairfax County. Such DV/SV service needs include culturally responsive dissemination of DV/SV information and services, further efforts to address stigma when seeking help for DV/SV, and more expansive language options for services. Implications for practice and research will be discussed in Chapter 1.

Phase 2: Mixed Methods Community Needs Assessment in South County

For **Phase 2** (described in Chapters 2-6), DSVS requested that we explore what is known about DV/SV and potential barriers to accessing DV/SV services in Fairfax's South County (zip codes 22306 and 22309). We developed a mixed-methods evaluation design in collaboration with DSVS, which involved conducting qualitative interviews with practitioners in South County. We also collected data from community members living and/or working in South County to learn about their knowledge of and experiences with DV/SV and DV/SV services.

Thus, **Phase 2** involved collecting more targeted qualitative and quantitative data to explore DV/SV in South County, community awareness of DV/SV services, potential barriers to accessing them, and how such barriers may be addressed. This began with semi-structured interviews in 2024 (described in **Chapter 2**) with 12 practitioners living and/or working in zip codes 22306 or 22309. Designed in collaboration with Fairfax DSVS, questions addressed knowledge of DV/SV and existing services and resources, knowledge of barriers to services to community members, and strategies to address identified barriers.

The following themes were identified from these interviews of South County service providers:

(a) social taboos, stereotypes and stigma impact help-seeking and reporting;

(b) awareness, outreach, training, and advocacy are needed to better address DV and SV;

(c) language, culture, religion, mistrust and socioeconomic and immigrations status concerns;

(d) needs for collaboration across agencies to enhance DV and SV knowledge and services;

(e) expanding and tailoring existing services is needed to ensure greater accessibility; and

(f) funding is needed to support client-centered, culturally responsive services in South County.

The results suggest that DV/SV services in South County can be improved through further public DV/SV education, integrating more culturally sensitive practices, and strengthening community trust. Practitioners identified needs for local DV/SV services to better reach individuals in South County. The findings illustrate that more research is needed to explore DV/SV in other Fairfax County neighborhoods, and to determine what service barriers may exist within them, to inform data-driven responses to DV/SV and greater local DV/SV service access. Service providers emphasized that to ensure meaningful changes in DV/SV and related service knowledge and access, more funding is needed. Future funding considerations will be discussed at the end of this report.

For the quantitative data collection for **Phase 2** (described in **Chapters 3, 4, 5, and 6**), in 2024-25, we gathered survey data from 506 community members living or working in South County. Community members were recruited to participate in the Qualtrics survey via four methods: in person near places of business in 22306 and 22309, QR codes on flyers posted and distributed in 22306 and 22309, through ads on listservs, and by telephone. Participants were asked about experiences and knowledge of DV/SV, DV/SV service use, potential barriers to service use, experiences with Fairfax DSVS, whether they would recommend DSVS services, and why or why not.

The survey results suggest that 61.5% of the 506 participants were aware of the services that Fairfax DSVS offers. Among community members who shared that they had made use of DSVS services, the vast majority indicated that they would recommend DSVS to others. Key concerns and reasons for not recommending DSVS included longer wait times than expected, fear of discrimination, and a desire for further inclusion of men, youth, older adults, and members of the LGBTQ+

community. School partnerships were recommended to expand outreach. The following themes were identified from the write-in survey questions:

(a) needs for further awareness of services, trainings, success stories, and faster responses;

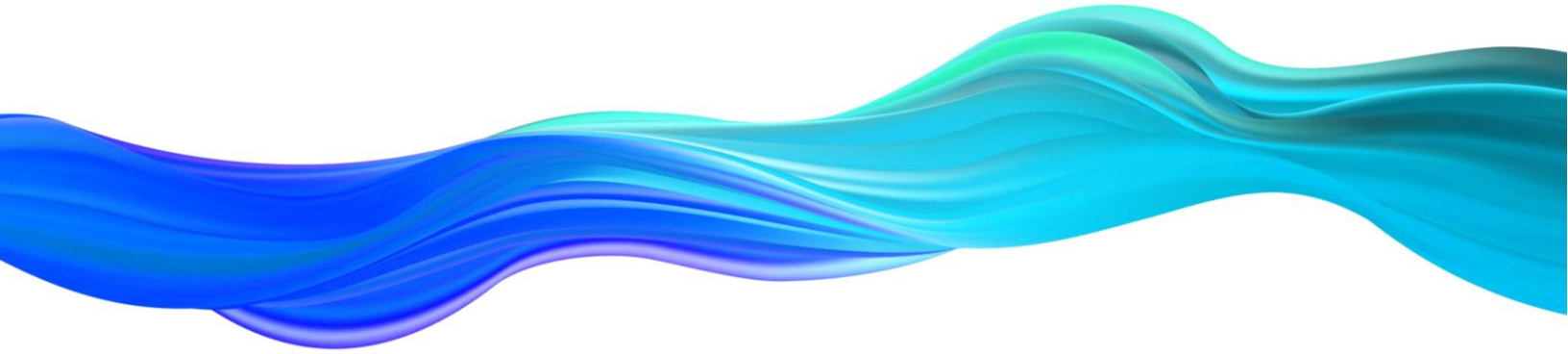
(b) safety, housing, financial, legal, confidentiality-related concerns;

(c) varying challenges to seeking help among vulnerable populations in South County;

(d) discrimination and a desire for further inclusion in DV/SV services; and

(e) experiences of support and healing in a "judgement-free zone" through DSVS services.

South County community members were especially interested in local success stories to offer hope to survivors as well. The results suggest that DV/SV services in South County can be improved by promoting public DV/SV education, integrating more culturally sensitive practices, and strengthening community trust. The results suggest that conducting this research itself helped to raise awareness of DV/SV services, and we provide recommendations for strengthening community awareness, while offering an overview of strengths and areas for growth for local DV/SV services, as identified by South County community members and service providers.



Chapter 1: 2023 Interviews with Community Leaders in Fairfax County

Overview of the Central Question and Project Description

Domestic violence (DV) and sexual violence (SV) are significant public health issues with multi-level impacts (Centers for Disease Control, CDC, 2021; McLeod et al., 2020). The CDC defines DV as abuse or aggression that occurs in a romantic relationship, which can include physical violence, sexual violence, stalking, and/or psychological aggression; SV is sexual activity when consent is not obtained or not freely given (CDC, 2021). About 36.4% of women and 33.6% of men report DV that encompasses any contact SV, physical violence, and/or stalking, while 36.4% of women and 34.2% of men report experiencing any psychological aggression from an intimate partner (Smith et al., 2018). Roughly one in three women and one in four men have experienced SV involving physical contact during their lifetimes (CDC, 2021).

During the 1970s, a network of DV and SV services was established from the women's movement, and there are now over 2,000 agencies that offer a variety of DV/SV services, which include transitional housing, support groups, hotlines, counseling, outreach, and a wide range of legal services (Glass et al., 2009; Hines et al., 2021). Most women who use these DV/SV services have been satisfied with them (McNamara et al., 2008). Yet, DV/SV services may not be equitably relevant or accessible (McLeod et al., 2020; Hines et al., 2009). The feminist philosophy that guided the development of this network of DV/SV agencies has been criticized as a heteronormative White, middle-class female viewpoint that has alienated victims from various racial, ethnic and socioeconomic backgrounds, survivors with disabilities, men, and LGBTQ+ survivors, all of whom – at some point in time – have been overlooked or excluded from DV/SV initiatives (Glass et al., 2009) despite disproportionate DV and SV risks for nondominant groups (McLeod et al., 2020).

The central focus of this first phase of our project was to conduct an initial needs assessment of underserved communities in Fairfax County for DSVS, based on the recommendations provided by DSVS, and to guide a future needs assessment and preliminary data-driven steps for reducing inequalities in outreach and access to DV/SV services.

Considering the multiple barriers that exist to seeking help for DV/SV, especially for individuals who experienced discrimination and structural oppression, Fairfax DSVS asked that we collect data on DV/SV service needs and barriers for at-risk, structurally oppressed individuals. Our goal was to gather data to provide initial information on how to improve services and their delivery within Fairfax County. In response, we conducted semi-structured interviews with community leaders from Fairfax County to investigate what they knew about DV/SV in their community, what (if any) related services their community members used to address DV/SV experiences, what (if any) barriers to receiving DV/SV services may exist, and what may be needed to address any identified barriers to accessing and using local DV/SV services.

Thus, the research questions for this study include:

(a) What is known about potential DV/SV-related service needs in Fairfax County?
(b) What (if any) barriers to services use and delivery may exist among community members within Fairfax County?
(c) How may barriers be best addressed?

Methods

In collaboration with Fairfax DSVS, we designed a semi-structured interview guide to direct qualitative interviews with local community leaders within Fairfax County. All interview participants were compensated $50 for their time. These interviews lasted approximately one hour, were audio and video recorded, transcribed, and thematically analyzed, using in vivo, descriptive, and values coding. Please see Appendix A for the list of the 2023 interview questions.

Analysis

A thematic analysis was conducted, following the steps for thematic analysis outlined by Braun and Clark (2006). This involved familiarization with the data by reading and re-reading the interview transcripts. Next, initial codes were identified using in vivo, descriptive, and values coding by a single coder, to prioritize nuanced codes and themes. These codes were then combined to identify additional themes, which were then reviewed and revised to further develop clear and distinct overarching themes that captured the initial codes and categories. These overarching themes were further refined and defined, and are discussed in the next section of this manuscript.

Results

Twenty local community leaders were interviewed. These community leaders served transgender individuals, people living with disabilities, teens, refugees and immigrants. The following themes were identified across all the interviews:

Themes from 2023 Interviews with 20 Community Leaders in Fairfax County

Five overarching themes were identified from the interviews with community leaders, including:

(a) discrimination, stigma, and language-related challenges as barriers to help-seeking;
(b) community strengths in diversity;
(c) community needs for greater DV/SV awareness and education;
(d) cultural and family-related risk factors for DV/SV;
(e) recommendations for more inclusive, culturally responsive, and accessible DV/SV services.

These themes are further discussed below and are highlighted in Box 1.1.

We collected demographic information from the community leaders, as indicated by the semi-structured interview guide included in Appendix A of this report. However, upon reflection on how well community leaders and service providers know one another in Fairfax County and of how specific demographic information may make some community leaders easily identifiable, we decided not to report demographic information for the community leaders in our discussion of themes. Nonetheless, we do note the population(s) that they serve.

Theme 1: Discrimination, Stigma, and Language-Related Barriers to Help-Seeking

The community leaders underscored that the undocumented status of victims, discrimination, stigma surrounding DV/SV victimization, and language-related barriers for non-native English speakers presented challenges to community members seeking formal help for addressing DV/SV. For example, P2, a community leader who works closely with people living with intellectual disabilities, explained that stereotyping is often experienced by community members who are living with

disabilities. P2 further explained that people living with disabilities are frequently not recognized as sexual beings, noting, "they're referred to as childlike, or they're so sweet… they are adults with all the same working, reproductive organs and parts that we have." Similarly, P1, who works closely with people living with autism, stated, "There's a misconception that sexual violence has something to do with someone being sexually desirable," adding, "there's a prejudice in our society where some people think because someone has a disability, they are not a sexual being, they are not sexually desirable."

Box 1.1: Key Themes from Interviews with Community Leaders in Fairfax County
Theme 1: Discrimination, Stigma, and Language-Related Barriers to Help-Seeking
Theme 2: Community Strengths in Diversity within Fairfax County
Theme 3: Community Needs for Greater DV/SV Awareness and Education.
Theme4: Cultural and Family-Related Risk Factors for DV/SV
Theme 5: Recommendations for More Inclusive, Culturally Responsive and Accessible Services

Further, P7, a community leader who serves Hispanic community members, highlighted that Latin Americans living in Fairfax County face multiple obstacles when seeking services within the community, leading them to perceive DV/SV services as unhelpful. These challenges include language barriers, fear of police, limited finances, and limited access to transportation. Similarly, P5, who also serves Hispanic community members in Fairfax County, noted, "language is another barrier," adding, "housing resources are very limited… and there are barriers to get to those few shelters... [T]ransportation is another barrier. There are people that don't have the money or don't have childcare to pay for transportation to get those services."

P8, who serves Hispanic community members living in Fairfax County, discussed how these barriers vary as well, sharing, "sometimes it's transportation sometimes its child-care, and sometimes it's language barriers, the fear of judgment [and] obviously the domestic violence itself." P8 further noted, "sometimes it is cultural as well...feeling misunderstood. Someone that don't get you, you don't know what it is like to be in my situation-- in my position."

The participants also shared that related services, such as DV shelters, are not well known by community members, and that food pantries, which could help offset financial challenges to leaving abusive situations, are difficult to access due to housing and immigration-related concerns. Across all interviews, community leaders representing immigrant communities consistently identified legal status and language barriers as significant barriers to seeking help for DV/SV. The participants also emphasized that strict guidelines that prohibit people without documentation from using their services further oppress these already vulnerable groups. Moreover, as P8, who identified as being Latin American, shared, "The sexual violence that I described might be the worst thing that I have experienced, but for me it's not. There are other things that are more difficult to deal with on a regular basis… like how people don't feel understood or connected with someone when there are cultural barriers and when there are language barriers."

Theme 2: Community Strengths in Diversity

The community leaders highlighted strengths in the local diversity within Fairfax County as well. For example, P19, who works closely with transgender community members within Fairfax County, shared, "We have so many queer friends here... they're also... quite intersectional, queer friends of color, queer Kurdish friends, queer Arab friends, SWANA friends… it is one of the things that makes this area very special and very unique." Further, P1 shared, "I love the diversity here…. we have people from all over the world. I've had students from 180 countries. I'm keeping track. And that's really exciting," adding, "It's nice to meet people with different perspectives and backgrounds and cultures and outlooks on the world… it widens everybody's perspective to be exposed to so much variety." P6, who works closely with Hispanic community members, added, "there is an intersectionality. In that, there is beauty from being able to pull out a little bit of all these different identities. I believe it's a strength. because it enable[s] us to navigate different cultural practices."

Some community leaders discussed strength in diversity within their own cultural groups. For example, P13, who works closely with community members from the SWANA (Southwest Asian and North African) region noted:

> I think that a huge strength is that within our community, there is a diversity of every and anyone. I converted to Islam, so for me it's like it just opened up like the world, because on one side, you pray next to someone from Afghanistan, and then on the other side you're praying next to someone from Mali. We say that America is the melting pot. But I think within our community, within the Muslim community, that really shows through because…majority of our events are done within a multicultural group.

Additionally, P20, who works closely with transgender community members shared, "What I think you should know about the trans community is that we are exceptionally diverse… people wonder why we keep adding letters to our community because we are inherently inclusive. And to me that's a beautiful thing."

Theme 3: Community Needs for Greater DV/SV Awareness and Education

The most commonly reported community needs involved the need for more education about DV and SV and for more awareness of resources for survivors. Several community leaders noted that misunderstandings about what constitutes abuse, as well as limited awareness of its varied manifestations, contribute to many community members' reluctance to seek help. As one example, P1, who works with people living with autism, emphasized that there is a need for "education of vulnerable populations of what constitutes abuse and how to self-advocate." Further, P1, pointed out that people living with disabilities are "victimized quite a bit more than the general population," stressing, "We need to share those statistics so that more people know that and are looking out for abuse, and more people know who they can go to if they suspect abuse."

P5, who works regularly with the Hispanic community in Fairfax County, stated, "People are really interested in getting educated on how to see red flags and how people can help," noting that "when we go to organizations and educate their employees around these issues of [DV], [SV], human trafficking, people live in a bubble...and... people don't talk about it." P5 concluded, "We need to talk about it. We need to wear a raise awareness. So, educating the community is very important." Similarly, P2, who works with Vietnamese community members shared, "We have a hundreds of

Vietnamese people coming to [our program] monthly… most of them, if they don't know English… they just listen," adding, "they understand something, but not completely … about the law or the how to protect them, or how to prevent domestic violence… they don't understand it."

P13, who works closely with Islamic community members from the SWANA region, shared that many women in the community rely on social media for information about DV/SV, yet the information they encounter there is frequently inaccurate or incomplete. In particular, P13 stressed, "In our community there's a lot of sisters who are struggling with domestic violence, and I'm on several Facebook groups and you see their comments. And you see the people giving them advice, and it's such wrong advice, and you want to scream." P13 further added, "A lot of sisters in our community are going through domestic violence but they don't see it as it because they feel that domestic violence is only getting hit. They don't understand its spirit, financial and spiritual."

Theme 4: Cultural and Family-Related Risk Factors for DV/SV

Many community leaders also cited barriers and risk factors specific to culture and family. These factors include generational trauma, *familismo* (a cultural prioritizing of family over everything, including abuse), community violence, and normalization of abuse. The community leaders explained how these family and cultural factors make many community members more susceptible to abuse and less likely to seek help. For example, P5, who works closely with Hispanic community members shared, "In our culture, the man has the power. And the woman is there to say yes, and to obey… you have to be under the men." P5 also added that DV and SV are especially "taboo" within the LGBTQ community among Hispanic community members, noting, "In many cases, within the LGBTQ community… they don't speak… they don't look for help because they are part of the culture that don't recognize them," clarifying, "if they don't recognize me as a gay or as a lesbian or as a non-binary, how am I gonna get help if they don't understand me?"

P12, who works closely with Vietnamese community members in Fairfax County, shared, "In Vietnamese culture, they don't think that they should share the family issues with the community… It's very hard for them especially, and they can't speak English very well." Hesitancy to disclose experiences of DV/SV – stemming from cultural norms and fears of discrimination and other structurally rooted consequences – was commonly expressed, a finding that is noteworthy given its implications for access to support and services.

Theme 5: Recommendations for More Inclusive, Culturally Responsive and Accessible Services

The community leaders described the need for additional resources that are culturally appropriate and accessible. This would involve ensuring that community members can receive services in their own language and in a way that is fitting with their culture. The community leaders also identified needs for services to be more accessible to older adults and individuals with disabilities. For example, P1, who serves people living with autism, noted, "Dealing with... linguistic and cultural variability... we need... more counselors and support groups who speak different languages, being able to differentiate materials for people who have disabilities... and making sure that we're not leaving anybody out... just because someone is elderly... we may not think about them as being a victim." Thus, participants emphasized the need for care approaches and resources grounded in anti-ageist and anti-ableist principles.

Participants also identified a need for more gender-affirming services and services in shelters that are tailored to transgender individuals. To achieve this, P19 recommended training service providers "to make sure that they know how to use inclusive, expansive language…and just making sure that they're aware and understanding in how they communicate and engage and serve the queer and trans community who need support from domestic violence or sexual violence."

The community leaders also expressed a desire for more diverse representation of service providers in the area. For example, P8 noted, "When you have more Latinx leaders, and we need for people of color representing the diverse communities. And representing these big institutions."

The community leaders mentioned that additional targeted community outreach with a diverse range of community members would also be helpful, to even better understand the community's diversity and to meet clients where they are. For example, P1 suggested, "It's educating everybody… doctors, social workers, other people who are on the front line, people who work at day programs for the elderly or for people with disabilities knowing some of the signs to look for… child care providers." P1 added that school staff are likely educated on DV/SV, yet it is important to ensure that "all childcare providers, camp providers…anybody who might encounter somebody who is vulnerable…is educated on what to look for, and doesn't have that very narrow lens of what constitutes a victim." As such, P1 highlighted the need for "a broader understanding of the various demographics of people who are victimized," elaborating, "That's the big part of it…I don't think that many doctors are screening for sexual violence or domestic violence… it happens sometimes, but I'm not sure how consistently."

Discussion

In the first phase of this project, we examined existing knowledge on DV/SV services and service-related needs among at-risk, structurally marginalized populations in Fairfax County, with a focus on identified service needs, barriers to access and delivery, and potential strategies to address those barriers. Community leaders emphasized the importance of cultural considerations in addressing DV/SV, highlighting discrimination, stigma, and barriers to service use affecting specific populations in Fairfax County. These included Hispanic, South Asian, and Southeast Asian community members; transgender individuals; individuals from the SWANA region and Eastern Europe; as well as teens and people with disabilities. Leaders also noted that older adults are often overlooked as potential victims of DV/SV.

The community leaders highlighted possible implications for Fairfax DSVS during their interviews. For instance, the need for more linguistically and culturally accessible services for non–English-speaking community members was emphasized. The community leaders also described needs for gender-affirming language and more gender-inclusive shelter options. Additionally, participants identified a pressing need for greater community awareness and education about the scope of DV/SV. They recommended expanding outreach efforts, particularly through adult day programs, faith communities, and disability services. Increased funding for local DV/SV services was also suggested as essential to support these initiatives.

Regarding policy-related implications, efforts should focus on raising awareness that shelters and related DV/SV support services are available to survivors of DV/SV, regardless of immigration status, as this does not appear to be widely known within some communities. Outreach should be

expanded in multiple languages, including via social media, to ensure broader community awareness. Community leaders also emphasized the importance of having service providers who reflect the diversity of Fairfax County. Additional support for multidisciplinary training on DV/SV, including guidance on referring individuals to local services, would be valuable for professionals such as doctors, nurses, childcare providers, and adult day program staff.

Finally, the results suggest a need for research on best practices for raising awareness of DV/SV services and building community trust in these services locally, as well as to explore the ways intersecting identities (such as being a member of the local Hispanic community as well as the LGBTQ+ community) may influence how community members seek help for DV/SV. Further community-engaged research may also be warranted to explore how informal networks, such as through social media and within religious contexts, may influence awareness of DV/SV and local DV/SV services. Continued study of community strengths could help identify ways to promote recovery from DV and SV in culturally relevant ways.

Limitations

The findings from Phase 1 interviews should be interpreted with awareness of their limitations. While thematic saturation was reached across the community leader interviews, the sample size is small (n = 20) and not all populations within Fairfax County were represented. As just one example, no community leaders mentioned the unique needs of Korean community members within Fairfax County. A more complete understanding of local DV/SV service needs and awareness could have been gained by collecting data not only from community leaders in Fairfax County but also directly from community members. Thus, in Phase 2, discussed in subsequent chapters, we collected data directly from community members.

Conclusions

The findings from this Phase 1 interview study indicate that discrimination, stigma, and language-related challenges, along with a continuing need for greater community awareness of what DV/SV entails and the services provided by Fairfax DSVS, remain significant barriers to seeking help locally. Participants highlighted the importance of more tailored outreach and training to address the needs of immigrants and refugees from around the world, people with disabilities, teens, older adults, and members of the LGBTQ+ community.

Community leaders also emphasized the strengths present within Fairfax County, including its cultural diversity and the intersectionality within and across cultural groups (e.g., within the local Hispanic and Islamic communities). Building on these strengths – such as by leveraging the unique identities and capacities of cultural ambassadors for DSVS – may further enhance service delivery. Overall, the results underscore a continuing need for culturally tailored DV/SV training and outreach for both community leaders and the populations they serve.

Chapter 2: 2024 Interviews with Service Providers in South County

Owing to longstanding barriers to domestic and sexual violence (DV/SV) service use, we conducted a needs assessment to offer an understanding of local DV/SV-service related needs among community members living and working in Fairfax County. In 2023, 20 community leaders in Fairfax County were interviewed; key themes were then identified based on interview responses (see Chapter 1). We then shifted focus to interviews with service providers who worked specifically in South County zip codes 22306 and 22309.

22306 (Zip Data Maps, n.d.a)

In 2024, we interviewed 12 service providers in those two South County zip codes. The interviews consisted of 15 questions (e.g., on DV/SV knowledge, knowledge of DV/SV services, barriers to services, and strategies to address any barriers). All interview participants were compensated $50 for their time. We then collected survey data from 506 community members within 22306 and 22309 (see Chapter 3 for details). Survey participants were also compensated for their time.

Map of 22309 (Zip Data Maps, n.d.b)

Road Map for Phase 2 Interviews: Key Revisions and Milestones

Based on law enforcement data, Fairfax DSVS identified South County as an at-risk community for DV/SV; however, service utilization by residents was lower than expected given the level of reported law enforcement activity. Thus, Fairfax DSVS stated that they were particularly interested in learning how to serve members of this community better. In response, in 2024, we collaborated with Fairfax DSVS to revise the Phase 1 semi-structured interview guide for use with service providers in South County. In conjunction with Fairfax DSVS, we designed the questions to explore DV/SV and related service needs within 22306 and 22309, along with community leaders' recommendations for reaching at-risk groups in South County. Please see Appendix A for the list of the 2024 interview questions.

We recruited graduate and undergraduate research assistants (RAs) and trained them on inclusive trauma-informed research strategies to help identify, recruit, and interview community leaders from South County. Our team used purposive sampling to prioritize interviews with service providers working in South County who serve DV/SV victims/survivors. We consulted with local practitioners and searched the internet to create a list of 137 service providers. We contacted all these practitioners, resulting in 12 service provider interviews via Zoom. The interviews consisted of 15 questions (e.g., on DV/SV knowledge, knowledge of related services, barriers to services, and strategies to address any barriers; see Appendix A). Participants were offered $50 for completing the interviews, which lasted roughly an hour.

Results of the 2024 Semi-Structured Interviews with South County Service Providers

We identified six themes from the 2024 semi-structured interviews with South County Service providers, which are elaborated on in Box 2.1 and in the following narrative. The themes include:

a. Taboos, stereotypes, stigma, and invisibility impact help-seeking and reporting;
b. Awareness, outreach, training, and advocacy are needed to better address DV and SV;
c. Language, culture, religion, mistrust, and socioeconomic and immigration concerns;
d. Need for collaboration across agencies to enhance DV and SV knowledge and services;
e. Expanding and tailoring existing services are needed to ensure greater accessibility;
f. Funding is needed to support client-centered and culturally responsive DV/SV services in South County.

These themes offer an overview of strengths and areas for growth for local DV/SV services that may be useful for informing policy and practice.

Demographic information was collected from the service providers, as noted in the semi-structured interview guide questions included within Appendix A of this report. However, upon reflection on how well service providers know one another locally and of how specific demographic information may make some service providers easily identifiable, demographic information is not reported for the service providers in the discussion of themes. Instead, the type(s) of work they do and the population(s) they serve are discussed.

Overall, the results suggest that DV/SV services in South County can be improved by:

- Promoting public DV/SV education;
- Integrating more culturally sensitive practices;
- Building further community trust.

Box 2.1: Key Themes from 2024 Interviews with South County Service Providers
Theme 1: Taboos, Stereotypes, Stigma, and Invisibility Impact Help-Seeking and Reporting
Theme 2: Awareness, Outreach, Training, and Advocacy are Needed to Better Address DV and SV
Theme 3: Language, Culture, Religion, Mistrust, and Socioeconomic and Immigration Concerns
Theme 4: Need for Collaboration Across Agencies to Enhance DV and SV Knowledge and Services
Theme 5: Expanding and Tailoring Existing Services are Needed to Ensure Greater Accessibility
Theme 6: Funding is Needed to Support Client-centered and Culturally Responsive DV/SV Services in South County

Theme 1: Social Taboos, Stereotypes, Stigma, and Invisibility Impact Help-Seeking and Reporting

As several participants shared, DV and SV are understood as taboo or especially sensitive topics among some community members living in South County. For example, as a social worker, SC-1 (South County participant 1) stated, "It's a very touchy subject. It's still very taboo. People don't like to necessarily talk about it. They don't want to acknowledge it." SC-1 elaborated that upon request,

"we had to create a support group for [survivors] because in their culture it's taboo… to acknowledge that you are a survivor of it," noting, "it's taboo to even share with a family member, a community member, anybody that this is going on." SC-1 added, "and you see it from all different sides where kids are told, 'what goes on in our house stays on in our house.' You don't talk about those things."

One reason for this social taboo is that many of the members in the community come from various cultural backgrounds, as shared by SC-3, another social worker in South County. In particular, the service providers in South County noted that normalizing discussions about SV and emphasizing the importance of SV to community members can help protect both children and parents from SV. Further, as SC-3 noted, "especially, for the older generation,… even speaking about sexual violence is very taboo. People don't like to talk about it at all."

Multiple stereotypes shape community perceptions of DV/SV, including beliefs about who is affected. As SC-4 shared, many individuals in the community imagine that DV only occurs in homes marked by low income, and that perpetrators of DV/SV are typically men. Further, as SC-5, an independent community consultant in South County shared, community members think of SV as three things: (1) rape, but only when penetration occurs, (2) molestation of children, and (3) sex trafficking; sexual coercion and sexual harassment are not discussed as SV.

Similarly, SC-11, a director of a non-profit agency in South County noted, "When people think about sexual violence, they only think about a rape. If the rape doesn't occur, then it's nothing. It's just the temperament of the person and nothing else." She further stated, "As a community, we didn't talk enough about what are the things that should be happening or not… what is normal… in a relationship. And because that is tied to education… we have a lot of work to do."

In terms of stereotypes about DV, SC-10, a CEO of a nonprofit who works to address child abuse in South County, shared, "People are thinking about domestic violence or any kind of violence as physical period." She clarified:

> Like, I can scream at you and tell you you're worthless and make you feel like trash all day…or I can hold hostage your income so you can't leave… but I'm not thinking about that as being domestic violence… The people I serve aren't even thinking of it that way. They're not thinking about having resources or support for that situation at all.

This emphasis on the physical aspects of DV was echoed in several interviews. For example, SC-2, a pastor in South County who primarily serves Hispanic community members, shared, "Within our parish community, if people were to hear the term domestic violence, they would think probably primarily physical abuse on the part either of spouses with each other…or they might think of the abuse of physical abuse of children."

Moreover, as the service providers shared, within South County, stereotypes exist around why an individual may stay in abusive situations. For example, SC-11 shared, "a violent situation is recognized that you were not intelligent enough to end it up there. So, recognizing that you are there. It's not easy… I don't think the community really talks, in enough about this."

Participants noted that women leaving abusive situations often struggle with internalized stereotypes that prioritize pleasing others over their own needs. Many women believe they are subordinate to men, which leads women not reporting DV, as SC-7 highlighted. The service providers also emphasized that some survivors of DV/SV may be "invisible," "in hiding," or not the "typical" survivor in South County. As the service providers pointed out, these "invisible" victims may include men, members of the LGBTQ+ community, immigrants, Hispanic members the community, people

living with disabilities, and children. SC-10, a CEO of a non-profit agency in South County, pointed out that these stereotypes can also contribute to self-blame among survivors.

The broader cultural environment can create challenges for individuals seeking help. Although survivors may recognize abuse, certain cultural norms can normalize or tacitly accept it. When someone decides to leave an abusive situation, they may face ostracism or isolation from family and friends, sometimes justified by religious beliefs, as shared by SC-12, an administrator of a DV organization in South County. Survivors may feel the need to stay in abusive relationships to "make the marriage work." According to service providers, pervasive psychological abuse can impede individuals' ability to leave abusive relationships, resulting in heightened mental health challenges throughout the divorce process. As SC-11, another non-profit director in South County, shared, "The stigma is... there... It's considered as a black spot on your family...and... our clients are not very comfortable going to a shelter for stay. The culture, the language, the food, and all becomes a challenge." The service providers also pointed out that the wounds inflicted on survivors of DV/SV are long-lasting and recurring despite these challenges.

Theme 2: Awareness, Outreach, Training, and Advocacy Are Needed to Better Address DV/SV

All service providers emphasized the need to increase community awareness of DV/SV resources, as many misconceptions persist within the South County community. As SC-7, a school social worker in South County, stated, "There can be a lack of understanding." Further, SC-1 noted, "This county floods every person that lives here with a pile of information. I don't know if folks always receive it, or they even read it… 'here, take this, read that." SC-1 added, "But in the heat of the moment… they're going to have either of these three responses: fight, flight or freeze. They're not thinking about those flyers that we handed them."

The service providers also noted that while some individuals are becoming more aware, many South County community members view DV as normal. They suggested that future outreach efforts should further reflect the cultural needs of local community members, or as SC-10 highlighted, we should ask: "What is the need of...each culture and each country?" Participants also highlighted the importance of culturally tailored outreach to effectively reach specific populations, including Latin American communities.

Accordingly, service providers recommended expanding community outreach programs to address DV/SV, including through festivals, community events, and partnerships with public organizations such as schools and churches. Providers noted that much of the information community members receive about local DV/SV services is shared through word of mouth, suggesting limited awareness of Fairfax DSVS. Schools, in particular, were highlighted as ideal partners for raising awareness, as they can support affected children academically while engaging families. This dual connection can be leveraged to educate community members about DV/SV and inform them of their rights and available resources.

In general, the service providers emphasized that there is a need for better ways to share information about resources and raise awareness of available services and resources. As SC- 12 shared, "Community outreach is very important; making partnerships...I will not pretend like I'm an expert in every culture... so I wanted to learn more information and have that olive branch."

The service providers called for further advocacy to address DV/SV in South County as well. SC-12, a DV program director, suggested the following strategy when considering what is needed to address DV/SV in general and within South County: "Advocating on the top level… you can write letters to Congress. You can go to the Capitol….[A]dvocacy, community outreach, and awareness would be my top three."

Theme 3: Language, Culture, Religion, Mistrust, Socioeconomic, and Immigration Status Concerns

SC-7 highlighted that Hispanic community members face many obstacles when seeking services within the community, leading them to view the services as unhelpful. Common obstacles include language barriers, fear of law enforcement, financial challenges, religious influences, and a culture of silence that keeps issues within the community. Some services such as shelters are unknown to the community, and food pantries are difficult to access due to housing and immigration issues. While there are efforts to assist the population, strict guidelines that prohibit their use by undocumented immigrants further oppress these already vulnerable groups. SC- 6 emphasized, "We need more bilingual staff at the schools...we need more people that can talk to them and understand them because even though there are a lot of caring and wonderful people in this country...the cultural part is lacking."

Cultural considerations were also noted as well, along with their links to structural oppression. For example, SC-10 shared, "There's like an amount of 'I deserve it.' People and specifically newcomers are willing to put up with both in the way they're treated by society and at home," adding, "I can't explain that more than that… there's a lot that weaves into the fault that people put on themselves. Further, gender norms frequently referenced in domestically and sexually violent contexts." As SC-10 elaborated, "There's still this hierarchy, men to women. and if I did something, I deserve to be yelled at. There's a whole breaking down historical baggage that comes with some of that," adding, "there's a whole background of what's acceptable to something that you own."

Service providers emphasized that many members of nondominant populations in South County – including Black residents, other non-dominant populations, and immigrants from communities with histories of police distrust in their countries of origin – often harbor an inherent distrust of government and law enforcement, which can affect whether they report DV/SV. As SC-10 succinctly summarized, "There's a whole cultural challenge around domestic violence there that is embedded within a million years of trauma." Further SC-11, a nonprofit director in South County shared, "The possibility to access police and make a report and how safe you think it is to reach out to the police so that is also a barrier for the community that we are serving."

Further, with regard to concerns surrounding immigration, as SC-1 noted, "There's a lack of trust with, within the police, within the school system… we have a lot of folks that have migrated here," adding that "there's this fear of if I report what's going on...we are going to be deported...the services that we may finally have gotten, they are going to take them away." This was shared by several service providers. Further, SC-8, a family liaison in South County added, "I hear some stories in my work… they never receive treatment, psychological treatment or therapy because they don't qualify because they don't have a legal status… So that's the other issue as well," clarifying, "they have that trauma, but they don't receive support or treatment to release that. So, it's sad. But that's our reality in this area."

Theme 4: Need for Collaboration Across Agencies to Enhance DV/SV Knowledge and Services

It was recommended that further collaboration is needed between DV/SV service providers and other agencies that do not primarily serve survivors (e.g., schools and religious organizations in South County) to improve shared practitioner knowledge and DV/SV services. The service providers also emphasized the need for increased trust between these agencies and service providers. As SC-11 highlighted, further collaboration could ensure more accurate information and resources for DV/SV. In addition, as SC-6, a school social worker and family liaison in South County, suggested, "These agencies have to also reach out to family liaisons, and anybody that has direct access to these families, so that together, we can form a partnership, and inform the community… in community centers at churches anywhere else." SC-6 continued, "If the school is not too open the issue of immigration, that's another issue that is very sensitive and that they don't want to touch upon."

SC-10 identified churches as frequently used by South County community members and shared that South County community members are often seeking resources that are trustworthy. As such, SC-10 recommended that agencies that offer DV/SV services must have access to accurate information and resources. To achieve this, SC-10 suggested that it would be beneficial for Fairfax County DSVS to cultivate even stronger relationships with local South County organizations.

Some participants also shared the benefits of existing collaborations that may be expanded upon. For example, SC-6, a family liaison shared, "There are some resources that we do not know exist, even us who are working... as parent liaisons... I didn't know the wonderful programs that they have. I didn't know about that until this year." SC-6 added, "They approached us and they explained to us everything. And that's amazing." SC-2 concluded, "All of us together, could create an environment where people who are victims would feel empowered to seek out assistance."

Theme 5: Expanding and Tailoring Existing Services are Needed to Ensure Greater Accessibility

Service providers highlighted that DV/SV services appear to be mostly offered during the day in South County, leaving community members who work traditional 9-5 hours unable to access DV/SV services. Local DV/SV services need to be accessible for the average family in South County. Thus, service providers recommended offering night or weekend programs to enable more individuals to access critical support services. Further, the correct information is needed online, including through social media. For example, SC-9, a pastor in South County, shared, "Some people vent their stories on social media... that's a whole other aspect… their Facebook friends become their counselors and Facebook people are not always your friends."

Service providers noted that DV/SV services in South County need to be more culturally competent to build trust and bridge gaps with their culturally diverse clients. Long-term mental health support and school-based outreach would be beneficial in providing support to the teen population and meeting them where they are at. Adding to this, the service providers underscored a clear need for even more diverse leadership and representation within local DV and SV programs, particularly among Hispanic individuals and people of color. The participants noted that lack of representation in support agencies often results in hesitancy for community members to seek services and resources.

Service providers also emphasized the importance of considering and respecting clients' religious backgrounds, such as addressing cases within a relevant religious context. They recommended that hiring and training providers who share or understand survivors' religious principles could be particularly beneficial.

Theme 6: Funding is Needed to Support Client-Centered, Culturally Responsive DV/SV Services

Participants highlighted the community's diversity as a key reason for expanding culturally responsive DV/SV resources to meet the needs of South County's diverse populations. As SC-8 noted, "I think it's very special… we have 34 different nationalities of the students… so, it's very diverse. And I think that makes us unique because we have a variety of cultures." Still, as SC-10 shared when reflecting on South County, "It's diverse with limited resources."

Moreover, as SC-5, an independent consultant in South County, shared, "What you should know about my community is that we are community members who believe with hard work, commitment, love, nurturing, sacrifice that we should be able to obtain what everybody else gets to obtain." SC-5 added, "We often have a lot of barriers and a lack of support that creates a lack of trust on our part, to be able to reach goals because we don't feel seen or appreciated." SC-5 also shared that SV is:

> unique to my community. Because… people don't see us. They see us as this marginalized low-income minority community… as if we got ourselves in these situations, and that we can easily get ourselves out…but not realizing the trauma that has informed us, or the situation or circumstances that financially keep us in some environments or in some relationships, because it's not easy to get away….We only are being seen by our deficits instead of seeing us for being human beings, that everybody struggles,…everybody has some areas of growth, and I feel like we always are seen as our area of growth, instead of being seen for the successes and the love and the humanity that we wake up every day in.

SC-4, a retired service provider who has worked extensively with people living with disabilities and finding survivors shelter, emphasized the need for further individual- or micro-level support, as well as more financial support for the existing resources to ensure that local DV/SV resources can be even more effective. As SC-12 put it, "funding would be first" when considering necessary future changes for DV/SV services in South County. Similarly, SC-2 concluded, "the needs are infinite and the resources are finite. So, if you ask me, [that is] my perception of the county."

Discussion

The findings from these interviews suggest that structural oppression, cultural values and taboos, and stigma can contribute to silence and thus, can prevent help-seeking when cases of DV/SV occur. Very specific and limited stereotypes and understandings of violence (e.g., surrounding traditional gender roles) were also described within South County, which for many community members prevents seeking help for and reporting DV/SV. Invisibility was identified as a barrier, with individuals who are non-White, non-female, non-heterosexual, non-English-speaking, or immigrant often overlooked as potential DV/SV victims. Similarly, South County itself was described as a diverse neighborhood that is frequently invisible or subject to stereotypes, which limits the availability of DV/SV resources.

The results provide an overview of both strengths and areas for growth in DV/SV services in South County. Service providers highlighted potential barriers, such as long wait times, fears of discrimination, and the need for greater inclusion, particularly for youth, Hispanic community members, older adults, and LGBTQ+ individuals. Strengthening rapport and trust, including through

social media, was recommended to improve engagement. Community members suggested leveraging school partnerships and sharing "success" stories (e.g., on agency websites) to enhance outreach and awareness. Targeted training for agency staff was also identified as beneficial. Finally, increased funding was noted as essential to support high-quality, culturally responsive outreach and services, and to expand key strengths, such as hiring and training staff who reflect the diversity of South County.

Limitations

The limitations of our study design should be taken into account when interpreting the results. Phase 2 interviews with South County service providers included a small sample of 12 participants, despite outreach to over 80 potential practitioners and over 100 potential agencies in South County. While thematic saturation was achieved, the small sample size limits the generalizability of the findings and may not capture the full range of perspectives or experiences among service providers in the area. Consequently, these results should be viewed as indicative rather than fully representative of all DV/SV service providers in South County.

Conclusions

The findings from this study can guide data-driven efforts to address DV/SV among local at-risk populations in zip codes 22306 and 22309. Service providers in South County emphasized the need for practitioners to deepen their understanding of DV/SV as it relates to the specific needs of their communities. The results also highlight that stigma tied to personal characteristics – such as culture, language, and socioeconomic status – can create barriers to seeking support, particularly for non-White, Hispanic, immigrant, male, LGBTQ+, and older residents of South County.

Chapter 3: 2024-25 Survey Data - Background Information and Demographic Data

Survey Development and Method

Because Fairfax DSVS identified zip codes 22306 and 22309 in South County as areas of interest and we wanted to hear from the community members themselves, we also conducted a survey to understand how individuals living and working in these zip codes thought about DV/SV, their experiences with these issues, and their experiences and barriers seeking help, particularly from Fairfax DSVS. All survey questions can be found in Appendix B.

Survey development followed a community-engaged, iterative process in partnership with DSVS. The research team first developed an initial draft of survey questions based on a prior needs assessment survey conducted by Fairfax DSVS in 2020, themes identified from the semi-structured interviews, and the study's broader aims related to service awareness, perceptions, and help-seeking barriers. This preliminary version was then shared with community partners at DSVS for review. DSVS staff provided detailed feedback on item wording, contextual appropriateness, and content coverage, as well as specific recommendations for revisions and additional questions to improve clarity and community relevance. Using this feedback, the research team revised the survey protocol. The updated version was then reviewed collaboratively by both the academic research team and community partners at DSVS, and the final survey instrument was jointly approved by all partners.

Once finalized, the survey was programmed into Qualtrics and translated from English into four additional languages: Farsi, Twi, Urdu, and Spanish, to reflect the primary languages spoken within the target communities in these zip codes. All translations were conducted within Qualtrics, which allowed participants to select their preferred language at the start of the survey. Eligibility criteria included being 18 years of age or older and living or working within zip codes 22306 or 22309. Recruitment flyers and emails via listservs directed interested individuals to the Qualtrics survey link. Upon accessing the survey, participants were first presented with the study information sheet and were required to provide informed consent electronically before proceeding to the survey items.

Initial recruitment relied on community-based strategies, including posting flyers in public locations (e.g., metro stops, bus stations, coffee shops), distributing flyers outside local businesses (e.g., Home Depot, laundromats), and conducting targeted recruitment through referrals and recommendations from DSVS staff. Participant compensation was initially set at $15. However, due to continued recruitment difficulties, compensation was subsequently increased to $30 to enhance engagement and enrollment and some participants were recruited via Qualtrics Panels, via the telephone. Qualtrics Panels paid a separate rate that they noted needed to remain confidential. Despite these efforts, recruitment through community-based strategies alone yielded slower-than-anticipated enrollment and did not reach the desired sample size. As a result, the research team expanded recruitment to include Qualtrics survey panel recruitment, which used phone-based outreach methods to contact individuals residing within the targeted zip codes. Compensation for the phone-based panel was determined by Qualtrics. This amount, determined by Qualtrics, was not disclosed to the research team upon request but was likely very similar to the $30 compensation provided by the research team.

Survey Participants

We aimed to survey 500 community members and DV/SV practitioners, and the final survey sample consisted of 506 participants. Participants were recruited in several different ways; 425 (84.0%) were recruited by Qualtrics Panels and completed the survey via telephone; 72 (14.2%) were recruited at local businesses, via flyers in the community, or via ads on community listservs and completed the survey online; and 9 (1.8%) were local DV/SV practitioners and their clients who completed the survey online. The demographics of the sample are presented in Table 3.1.

Table 3.1: Sample Demographics (n = 506)

Demographic Information	Mean or % of participants
Age	
Average age	40.18 years
18-49 years old	77.1%
50-80 years old	22.3%
Gender	
Woman	72.9%
Man	26.7%
Transgender	0.2%
Nonbinary	0.2%
Sexual orientation	
Heterosexual	93.7%
Bisexual or pansexual	3.2%
Lesbian	1.4%
Gay	0.6%
Another sexual orientation	0.4%
Prefer not to answer	0.8%
Race	
White/Caucasian/European origins	67.2%
African American/Black/Caribbean origins/African origins	17.6%
Asian/East Asian/Southeast Asian/South Asian	4.7%
Multiracial	2.8%
Native American/Alaska Native/North American Aboriginal/Indigenous	2.6%
White African	1.4%
Native Hawaiian/Pacific Islander	1.2%
Another racial identity	1.0%
Middle Eastern or North African	0.8%
Prefer not to say	0.8%
Ethnicity	
Non-Hispanic	87.5%
Hispanic/Latino/Latina	10.5%
Unknown	1.0%
Prefer not to answer	0.8%
Citizenship	
U.S. citizen	97.0%
Waiting on application	0.8%
U.S. resident	0.6%

Current U.S. visa	0.2%
Prefer not to say	1.4%
Disability	
None	92.3%
Sensory impairment	3.0%
Mobility impairment	2.4%
Mental health disorder	1.4%
Learning disability	1.0%
Cognitive disability	0.8%
Another disability	0.6%
Prefer not to answer	0.6%
Zip code	
22306	59.1%
22309	40.9%
Community	
Mount Vernon Square	9.9%
Woodlawn	8.5%
Audubon	8.3%
Murrygate	7.5%
Creekside	6.9%
Colchester	6.7%
Gums Springs	6.7%
Harmony Place	6.7%
Carrydale Townhomes	6.5%
Sequoyah	6.3%
Stony Brook	6.3%
Rey's Ingleside	5.9%
Spring Gardens	5.3%
Sacramento	5.1%
Woodstone	0.4%
Other	2.8%
Experienced at least one form of victimization	**51.7%**
Physical violence from a romantic partner	21.1%
Stalking	18.4%
Coercive control from a romantic partner	17.4%
Sexual harassment	10.3%
Unwanted sexual contact/sexual violence	8.5%
Sex trafficking	0.4%
Another form of victimization	0.4%
Knew someone who experienced victimization	**69.9%**
Physical violence from a romantic partner	28.7%
Coercive control from a romantic partner	26.3%
Stalking	18.8%
Sexual harassment	17.6%
Unwanted sexual contact/sexual violence	16.0%
Sex trafficking	4.0%

Comparison with Multi-level Census Bureau Data

According to the 2023 American Community Survey, zip code 22306 has a population of 31,471, with 26.7% under 18 and only 12.3% aged 65 and over. The area is notably diverse, with 29.4% White, 21.3% Black, 10.2% Asian, and a high 35.3% Hispanic population. Females make up 52.3% of the population. Nearby, zip code 22309 has a population of about 34,948, with 25.4% under 18, 59.9% aged 18–64, and 14.7% aged 65 and older (US Census Bureau, 2023). Its population is also diverse, with 28.8% White, 25.3% Black, 6.6% Asian, and 35.6% Hispanic or Latino residents. The gender distribution is similar to 22306, with 52.1% female and 47.9% male (US Census Bureau, 2023).

Thus, unfortunately, our sample is not representative of the zip codes we sampled from. Our sample is substantially more White, female, and older than the population of either of these zip codes. It is also substantially less Black, Asian, and Hispanic than the population from 22306 and 22309. In addition, although Census data does not provide information on immigration status for these zip codes, we believe our data also underrepresents immigrant populations and non-English speaking populations, particularly given that only one participant completed the survey in Spanish, and no participants completed the survey in the three other languages we offered it in.

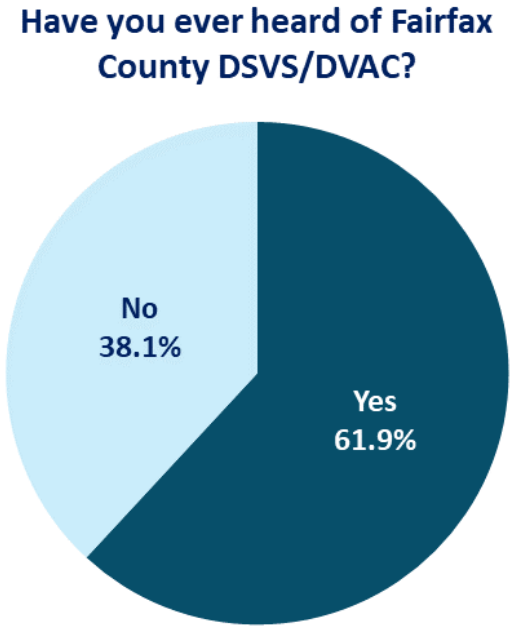
Our results, presented in the following chapters, need to be interpreted with caution due to the non-representativeness of our sample in comparison to the target population. Future efforts should strive to reach those populations that we were unable to reach.

Chapter 4: 2024-25 Survey Results Pertaining to DSVS Knowledge, Barriers, Use, and Recommendations

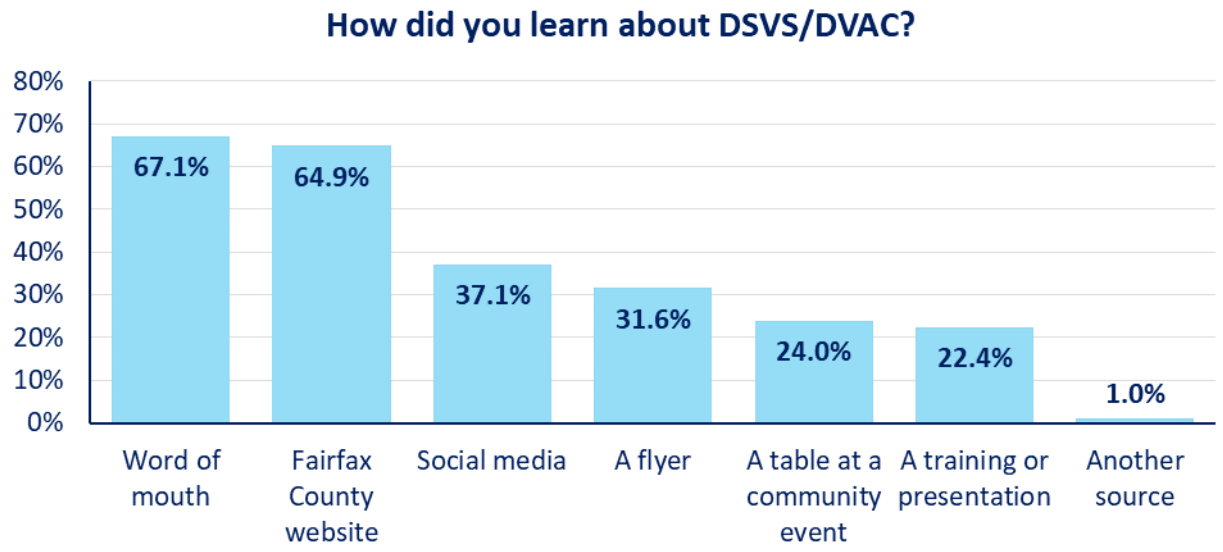
In our survey, we asked community members a number of questions about their knowledge of and interactions with DSVS. Given that a community consultant from United Community shared that some community members may know about these services as the Domestic Violence Action Center (DVAC), we referred to both DSVS and DVAC in our survey. This chapter specifically reports the following parts of our survey: (1) Community members' knowledge of DSVS/DVAC, how they learned about DSVS/DVAC, and which specific services they are aware of; (2) Barriers to seeking help from DSVS/DVAC among participants who have experienced victimization and among other people that participants know who have experienced victimization; (3) Utilization of DSVS/DVAC among participant survivors and the survivors participants know; (4) Community members' likelihood of recommending DSVS/DVAC to others; (5) Community members' reasons for recommending or not recommending DSVS/DVAC; and (6) Any additional thoughts participants wanted to share about DSVS/DVAC or the needs of the community.

Knowledge of DSVS/DVAC

Overall, most community members sampled (61.9%) said that they were aware of DSVS/DVAC. While DSVS/DVAC knowledge was fairly consistent across the community members we sampled, statistical analyses showed that there were some **statistically significant differences in DSVS/DVAC awareness based on certain demographic variables**. **Specifically, more participants who lived or worked in 22309** (67.6%) reported being aware of DSVS/DVAC compared to those in 22306 (57.9%). **More LGBTQ+ participants** (80.8%) reported knowledge of DSVS/DVAC than those who were heterosexual (60.8%). Finally, **participants who had experienced at least one form of victimization** (74.4%) were more likely to know about DSVS/DVAC than participants who reported no victimization experiences (48.4%). Participants' awareness of DSVS/DVAC did not differ based on their gender, race, age, disability status, or whether they knew someone who had experienced victimization. See Table C1 in Appendix C for all rates and comparisons regarding participants' awareness of DSVS/DVAC.

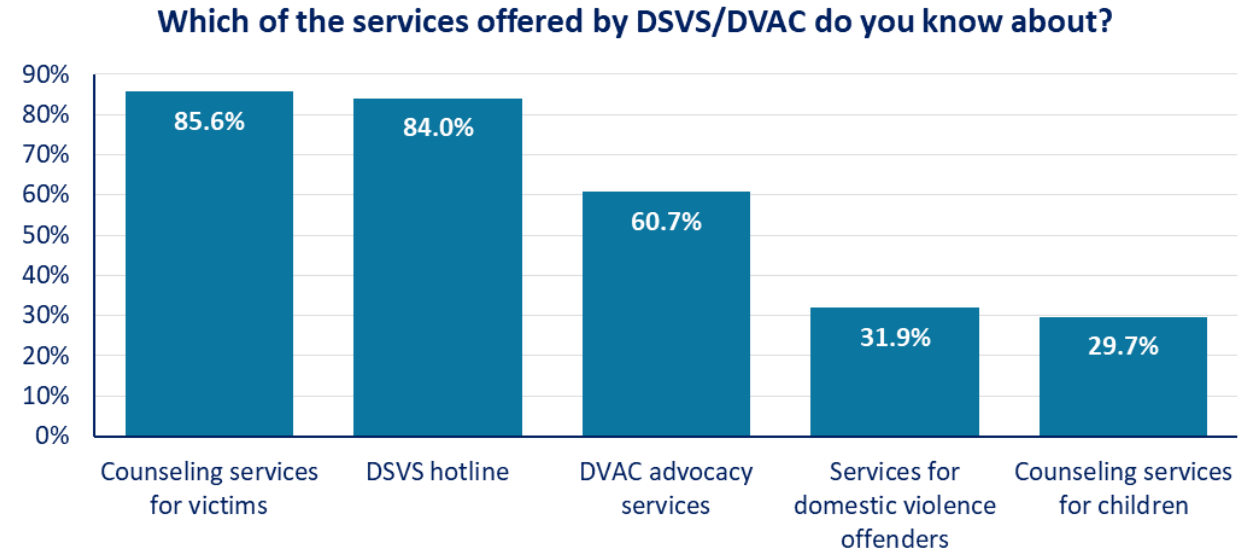


If participants indicated that they knew of Fairfax County DSVS/DVAC, we asked them how they learned about DSVS/DVAC and whether they knew about specific services that DSVS/DVAC provided to the community. Word of mouth and the Fairfax County website were the most common



ways of learning about DSVS/DVAC, with social media, flyers, tables at community events, and trainings/presentations being less common ways of learning about DSVS/DVAC.

When asked whether they knew about specific services provided by DSVS/DVAC, most respondents knew about counseling services for victims, the DSVS hotline, and advocacy services through DVAC. A smaller portion knew about services for DV offenders (i.e., ADAPT – Anger and Domestic Abuse Prevention and Training) and counseling services for children.



Barriers to Seeking Help from DSVS/DVAC

Among Participant Survivors

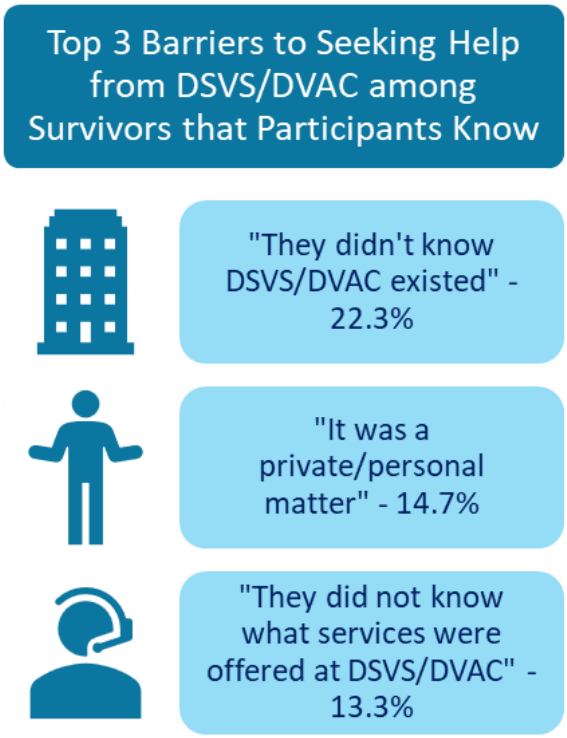
If a participant reported having experienced at least one form of victimization, we asked whether they experienced any barriers to seeking help from DSVS/DVAC. Among the 262 participants who reported a history of victimization, 86.3% indicated experiencing at least one barrier to help-seeking at DSVS/DVAC, with an average of 1.51 barriers reported per participant (*SD* = 1.12). The most frequently endorsed barriers included not knowing that DSVS/DVAC existed (27.5%), viewing the situation as a private or personal matter (22.5%), preferring to handle the issue within the family (19.8%), fearing the situation would worsen if they sought help (17.6%), and not knowing what services were offered (14.9%). See Table C2 in Appendix C for all barriers and frequencies.

Through further examination of the top five barriers, we found that **survivors' endorsement of the barriers differed based on certain demographic variables.** First, **women** were more likely than men to report fear that the situation would worsen if they disclosed it to DSVS/DVAC (20.4% vs. 2.3%). Second, **White participants** were more likely than non-White participants to prefer that the situation be handled by family (24.7% vs. 11.4%) and to fear that seeking help would make things worse (21.8% vs. 9.1%). Finally, those **reporting at least one disability** were more likely than those reporting no disabilities to say that they did not know what services were offered (35.7% vs. 13.8%). There were no differences in rates of endorsing these barriers to DSVS/DVAC based on sexual orientation, age, or zip code. See Table C3 in Appendix C for all comparisons.

We also investigated whether experiencing certain forms of victimization were related to participant survivors' top five DSVS/DVAC help-seeking barriers. **Participants who had experienced physical violence from a romantic partner** were more likely than those who had not to fear that the situation would get worse if they disclosed to DSVS/DVAC (27.1% vs. 11.0%) and to report not knowing what services were offered (21.5% vs. 10.3%). Similarly, **participants who had experienced SV** were more likely than those who had not to report not knowing what services were available through DSVS/DVAC (25.6% vs. 12.8%). In contrast, participants **who had been sexually harassed** were less likely like to view the experience as a private or personal matter (11.5% vs. 25%) and less likely to prefer that their family handle the situation (7.7% vs. 22.9%) when compared to those who had not been sexually harassed. Whether participants experienced coercive control from a romantic partner or stalking did not relate to endorsement of the top five barriers. See Table C3 in Appendix C.

Among Survivors Participants Know

As with participant survivors, if participants reported knowing someone who had experienced victimization, we asked them what barriers to seeking help from DSVS/DVAC the person they know experienced. Among the 354 participants who reported knowing a survivor, 62.1% indicated that the individual they knew had encountered at least one barrier to help-seeking at DSVS/DVAC, with an average of 1.08 barriers reported per survivor (*SD* = 1.23). The top three most commonly cited barriers were not knowing that DSVS/DVAC existed, perceiving the situation as a private or personal matter, and not knowing what services DSVS/DVAC offered. All other barriers were reported by less than 10% of participants who knew a survivor. See Table C2 in Appendix C for all barriers and frequencies.



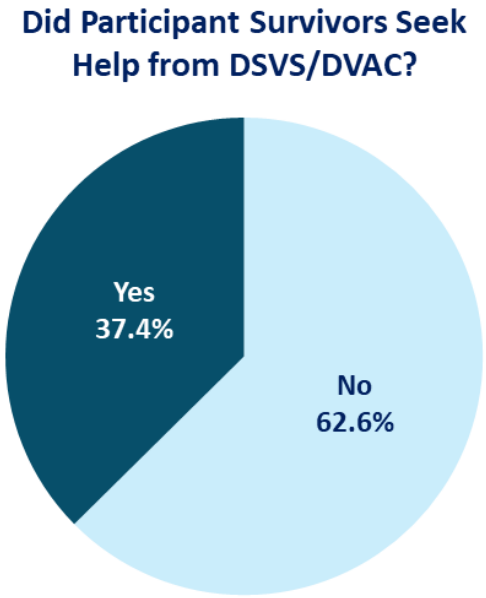
Because we did not ask participants to report the demographic information of the survivors they know, we could not test whether facing any of the top three DSVS/DVAC-related barriers was associated with demographic variables. However, we were able to examine whether the types of victimization they experienced were associated with these barriers. Among the survivors that participants knew, **those who experienced physical violence from a romantic partner** were more likely to be unaware of DSVS/DVAC's existence compared to those who had not experienced physical violence (21.4% vs. 10.0%). Similarly, **survivors who experienced coercive control from a romantic partner** were more likely than those who had not to be unaware of the services offered by DSVS/DVAC (20.3% vs. 9.0%). Not knowing what services were offered by DSVS/DVAC was also higher for **survivors who experienced SV** compared to those who had not (23.5% vs. 10.3%). Finally, participants who knew **someone who had experienced stalking** were significantly more likely to report that the survivor did not know DSVS/DVAC existed, compared to those who did not know someone affected by stalking (30.5% vs. 19.3%). Whether the survivors that participants knew had experienced sex trafficking was not related to experiencing the top three barriers to seeking help from DSVS/DVAC. See Table C4 in Appendix C.

Utilization of DSVS/DVAC Services

Among Participant Survivors

Among the participants in our sample who had experienced victimization, 37.4% reported seeking help from DSVS/DVAC, which was the most common form of both formal and local help-seeking reported.

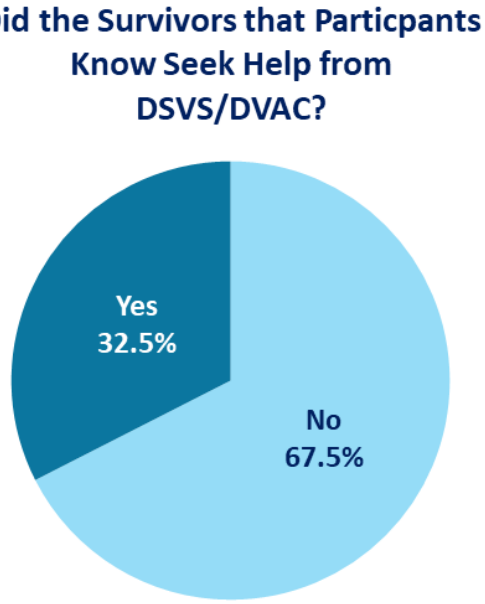
The likelihood of participant survivors seeking help from DSVS/DVAC was to some extent impacted by demographic variables and the types of victimization they experienced. **Survivors aged 18-49 were more likely than those aged 50-80** to report seeking help from DSVS/DVAC (41.1% vs. 18.6%). Rates of seeking help from DSVS/DVAC were not impacted by survivor gender, sexual orientation, race, disability, or zip code.



Seeking help from DSVS/DVAC was more common among survivors in our sample who experienced physical violence from a partner (48.6%) than survivors who did not (29.7%), **among survivors who experienced coercive control from a partner** (47.7%) than survivors who did not (32.2%), **and survivors who experienced sexual harassment** (57.7%) compared to survivors who did not (32.4%). In contrast, **survivors who experienced stalking were less likely to seek help from DSVS/DVAC than those who did not experience stalking** (26.5% vs. 43.9%). Finally, whether a participant survivor experienced SV did not impact rates of seeking help from DSVS/DVAC. See Table C5 in Appendix C.

Among Survivors Participants Know

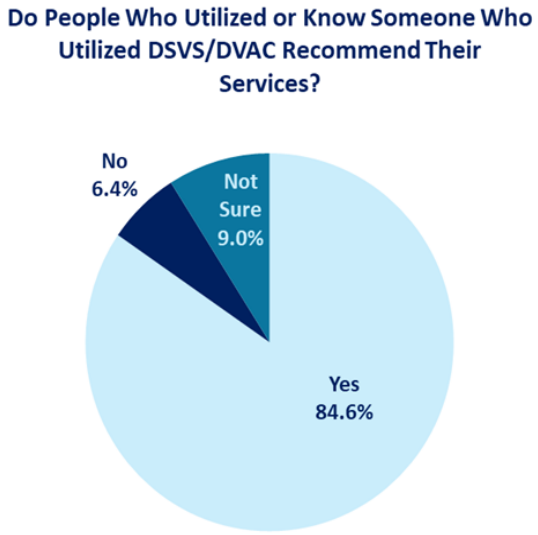
Of the participants who knew a survivor, 32.5% reported that the survivor contacted DSVS/DVAC. For the survivors known to participants, DSVS/DVAC was the most frequently accessed formal, local resource for support. Among these survivors, seeking help from DSVS/DVAC was **more common among those victims who experienced coercive control from a partner** (42.9%) than those who did not (26.2%) and **among those victims who experienced SV** (45.7%) compared to those who did not (28.6%). As with our participant survivors, seeking help from DSVS/DVAC was **less common among survivors that participants know who experienced stalking** (14.7%) compared to those who did not (39.0%). For these survivors, experiencing

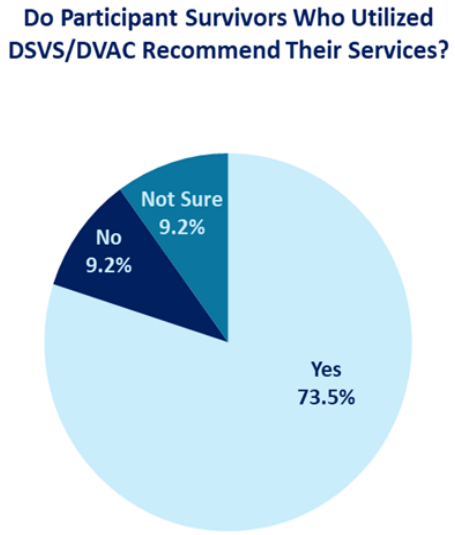


physical violence from a partner, sexual harassment, and sex trafficking did not impact rates of seeking help from DSVS/DVAC. See Table C6 in Appendix C.

Recommending DSVS and DVAC to Others

Overall, 84.6% of participants who reported that they or someone they knew had sought help from DSVS/DVAC indicated they would recommend these services to others, 6.4% said they would not, and 9.0% were unsure.





We compared participants who said they would recommend DSVS/DVAC to those who either would not or were not sure. Among all participants who used or know someone who used DSVS/DVAC services, participants who personally experienced victimization recommended DSVS/DVAC at roughly the same rate as those who knew someone who experienced victimization but had not experienced it themselves. Sexual orientation, race, age, disability, and zip code did not impact recommendations of DSVS/DVAC. Yet, among participants who utilized or knew someone who used DSVS/DVAC, **women were more likely to recommend their services than men** (87.9% vs. 73.9%).

Regarding just our subsample of participant survivors who reported personally seeking help from DSVS/DVAC, 73.5% said that they would recommend DSVS/DVAC, 9.2% said they would not recommend their services, and 9.2% said they were not sure. **Women survivors (86.1%) were more likely to recommend DSVS/DVAC than men survivors (52.9%).** Recommendation rates did not differ based on survivors' sexual orientation, race, age, disability, or zip code, or whether they experienced any specific forms of victimization. See Table C7 in Appendix C for all frequencies and comparisons.

Qualitative Survey Findings: Summary of Write-In Questions

Qualitative Survey Findings

Participants who indicated that they would recommend Fairfax DSVS/DVAC to others were asked to complete an open-ended question as to why they would recommend them. Conversely,

participants who indicated that they would not recommend Fairfax DSVS/DVAC were asked why not. Participants who indicated that they were unsure were asked to complete both questions. All participants were asked if there was anything else they'd like to tell us about domestic and/or sexual violence in their community and/or to provide more information about any of their previous answers. The responses across these three write-in questions were coded using thematic analysis, which was most appropriate for large-scale data that is analyzed qualitatively, given that responses are coded across the dataset.

As indicated in Box 4.1, key themes from these open text survey question responses included:

(a) need for more awareness of DV/SV services, trainings, success stories, and faster responses;
(b) safety, housing, financial, legal, and confidentiality-related concerns prevent service use;
(c) varying challenges to seeking help among vulnerable populations in South County;
(d) discrimination and a desire for further inclusion in DV/SV services (particularly of men, youth, elders, and LGBTQ+ individuals);
(e) experiences of support and healing in a "judgement-free zone" through DSVS services

These themes are further discussed below.

Box 4.1: Key Themes from The Write-in Survey Responses from Community Member Participants in South County
Theme 1: Need for More Awareness of DV/SV Services, Trainings, Successes and Faster Responses
Theme 2: Safety, Housing, Financial, Confidentiality, and Legal Concerns Prevent Service Use
Theme 3: Varying Challenges to Seeking Help Among Vulnerable Populations in South County
Theme 4: Discrimination and a Desire for More Inclusion in DV/SV Services
Theme 5: Experiences of Support and Healing in a "Judgement-free Zone" through DSVS Services

Themes from the Write-in Survey Responses for Community Members and Practitioners

Theme 1: Needs for More Awareness of DV/SV Services, Trainings, Successes, and Faster Responses

Increasing Awareness and Success Stories. Many survey respondents offered recommendations for increasing awareness of both DSVS services and the signs of DV/SV. Some respondents were not aware of DSVS services before this survey and recommended that there be more advertising. For example, SR2 (Survey Respondent #2), an Asian survivor of stalking in her 30s noted, "It is still necessary to raise more awareness about the program among people around here because honestly I think a lot of women still don't know about it." Similarly, SR166, a White female survivor of DV in her 50s suggested, "It would be great to have more ads to help locals learn about DSVS."

Additionally, SR6, a White man in his 20s, shared, "Most people know what domestic violence is, but they don't know where to go or whom to talk to. They should work on their outreach and educate the neighborhood about the perks of this program." SR402, a White female survivor of DV in

her 40s, further highlighted this need for more awareness by sharing, "In my previous relationship where I was physically and mentally abused, I felt like no one could protect me or my children," adding, "As I had no employment because I was not allowed to work I felt I had no choice but to endure or become homeless. I didn't even know about services." Further, with regard to providing help to children, SR273, a White female survivor of DV and stalking in her 60s shared, "We must teach our children about healthy relationships so that they can make decisions about what is right and wrong. They learn from our behavior, so I would say, always be thoughtful." Similarly, SR346, a White female survivor of stalking in her 40s highlighted, "it is essential to teach our children and youth about healthy relationships. This will help them plan their lives and have the wisdom to deal with situations maturely."

Some participants expressed a desire to learn more about the services DSVS offers after completing the survey as well. For example, SR349, a Hispanic man in his 50s, noted, "I would like to learn more about the offers provided by these services." Still, the power of word-of-mouth was noted as well, as some participants learned of DSVS services through their friends and neighbors.

Survey respondents also recommended that more be done to share the success stories from survivors locally. One respondent (SR137, a Black female community member in her 40s) shared, "We definitely need to celebrate the strength of survivors by sharing their success stories [which] can provide hope to those that are still facing challenges." Similarly, SR21, an Asian man who was in his 20s and had survived DV suggested, "Positive impressions need to be shared with locals and testimonials can improve the image among others."

Need for Faster Response. Some respondents reported that they had used DSVS services in the past but shared that there was a need for DSVS to connect with survivors more quickly. For example, one South County community member shared that delays in communication left them dissatisfied with services, while another, SR87 (a White woman in her early 30s) shared that DSVS "is knowledgeable, but the process to connect with the right person could be faster." SR240, a White survivor of DV in her 50s added, "If someone would be in quick need, I won't recommend them."

Adding to this, SR12, a Native American woman in her 20s shared, "The only reason why [I] personally would not recommend [DSVS] is that one of my very close friends was sexually assaulted once, and we did file a complaint, but no action was taken. We also called on the helpline number provided by them, but no one picked up the call." Similarly, SR24, Black woman in her 30s shared, "They provided false hope and asked for a callback when I needed their guidance and I have waited for their replies and calls which never happened." SR199, White man in his 70s noted, "Even after providing shelter services to victims, there are delays in the process that might take longer than usual, and anything can happen during that gap." In sum, SR118, White man in his 40s shared, "It would be great if things could happen sooner."

To address this, and in general, further funding was recommended by some participants. For example, SR78, a Black Caribbean female survivor of SV in her 30s, suggested, "Survivors need support at any hour. Increasing funding for 24/7 confidential services would make a huge difference in providing immediate assistance."

Additional Programming. Some survey respondents recommended programs to combat abuse and support survivors as well, such as tailored programming for specific survivor populations, anger management, and financial education programming. For example, SR69, a White Hispanic woman in

her 30s noted upon reflecting on the services provided by Fairfax DSVS: "Their offerings are good and I have a suggestion for the well-being of the neighborhood: there should be more training for anger management in our community and others, which will majorly prevent domestic violence." Likewise, SR240, a White female DV survivor in her 50s who has made use of Fairfax DSVS services, shared, "If free anger management sessions were offered in the neighborhood, many violent incidents could be prevented before they occur."

Resources and Training of Professionals. Finally, there was a reported need for resources and training for DSVS staff. For example, SR215, an Asian bisexual/pansexual male survivor of DV and SV who was in his 30s and had made use of Fairfax DSVS/DVAC services, shared, "Some of the staff were really helpful but others didn't seem as prepared or understanding about my situation… staff could be more effective with additional inclusive training to better understand diverse dynamics." Adding to this were recommendations that other professionals who encounter DV/SV survivors receive training. For example, SR56, a Native Hawaiian male survivor of stalking who was in his 30s, said, "There is a need for additional training for healthcare professionals to recognize and respond effectively to domestic violence."

Theme 2: Safety, Housing, Finances, Confidentiality, and Legal Concerns Prevent Service Use

Another theme that was identified was barriers to accessing services. This relates to the scope of DV and SV, and the long-lasting effects it has on survivors. Many respondents shared their experiences with the effects of DV and SV. As one White woman in her 40s (SR130) noted, "It felt like a nightmare that left me in shock for several days." Participants also underscored the anxiety they felt from their experience. As SR131, a White man in his 30s, put it, "People need to understand how harmful mental abuse can be."

One barrier is survivors' need for financial stability, as some respondents shared a fear of accessing services as they were unsure if there would be a cost associated with them and others identified that financial dependence on their abuser discouraged them from reaching out.

Other barriers include the stigma that survivors face when deciding to come forward, such as fear of being dismissed, shame, and, as one White man in his 20s (SR333) put it, a "lack of confidence in the system."

There was also a need for safe housing for survivors when they leave abusive situations, regardless of their identity. For example, SR411, a non-binary bisexual/pansexual immigrant community member and a survivor of DV and stalking who did not feel disclose their race shared:

> I was homeless for 2 weeks because the Artemis shelter refused to let me in, saying I'm not eligible for their shelter and refusing to give me more information. They referred me to other shelters which I was deemed ineligible for, either because they were in a town I don't live in, or they were full, or the reason was not disclosed to me. I went to the police station and they told me to go to a homeless shelter as that's all they can suggest and they don't know how else to help. I went to a homeless shelter and after seeing how disgusting and unsafe it is, I decided to spend the night in a park instead. I was later told by someone outside of these services that because I spent the night in the hotel after fleeing DV, I was no longer considered "emergency" so I was not eligible for emergency shelters, so I was left on the street… I am lucky to have made it out alive due to my resilience, despite the fact I'm very new to this country and had A LOT of struggles navigating this system all on my own, but some other people may not be so

> lucky. Please fix that ASAP!!!!! [Emphasis on 'a lot' and exclamation points written by the survey respondent]
>
> Also, I was forced to disclose my gender and race to some of the shelters and services I contacted, which made me very uncomfortable. Despite their saying that my answers will not affect my eligibility, they did not take "no" as an answer. And if my answers don't affect my eligibility, then I should be able to prefer not to answer!

SR173, a White female survivor of DV and SV in her late 30s shared this sentiment and reflected, "The free shelter services didn't seem as safe as I had hoped they would be."

An additional barrier to accessing services identified by respondents was the limitations of the legal and justice systems. While some participants praised DSVS services for offering legal aid, others noted that they would like further help with legal matters. For example, SR342, a White woman in her 50s, noted that while the staff at DSVS are "highly trained and incredibly empathetic,…they should improve their legal assistance services and shelters." Specifically, navigating legal language proved to be a challenge, and a desire for further help with this was expressed. SR178, a White woman in her 20s, noted, "Legal literacy is an important subject, especially among vulnerable groups. People should be aware of laws, and legal processes so that they know where to go and seek justice."

When discussing legal matters, some survivors also called for stricter laws for those that are more punitive for those that perpetrate DV and SV. The length of legal proceedings, and the potential for victim's trauma to be drawn out was another identified barrier to reporting. Others share that police and protective orders are ineffective. Some respondents specifically mentioned issues with the justice system when experiencing stalking. Another barrier to accessing services was the perceived limits of confidentiality when seeking help. One respondent mentioned hesitancy to speak with mandated reporters, and another, SR263, a White woman in her 60s, emphasized the importance of confidentiality "to ensure privacy and safety."

Further SR414, a White woman who survived DV, SV and stalking, who was in her 30s, shared, "You're scared you'll have nothing because they financially control and abuse you and they've cut you off from everyone you know. You don't know how to begin to start over, you have no money, education or trained skills…you're afraid to be homeless. Services aren't as easy to get as people think and you could easily wind up on the street." As SR80, a White woman in her 40s, concluded, "Without stronger legal protections survivors often struggle to find safety and stability. We must do more to support them as they move forward."

Theme 3: Varying Challenges to Seeking Help Among Vulnerable Populations in South County

Survey responses captured the perspectives of community members, providing insight into the unique challenges they face when accessing DV/SV services. In particular, immigrants, men, LGBTQ+ individuals, families and (e.g., survivors with children), people with disabilities, and older adults described significant barriers to seeking help for DV/SV in South County. For example, SR20, who was a White Hispanic transgender and gay survivor of DV in their 30s, noted, "I remained silent for a long time because I felt ashamed and afraid. I worried that if I spoke up people would not believe me," adding, "the fear of being seen differently and having to face painful questions kept me quiet even though it hurt inside." Similarly, SR223, a White female community member in her 30s, pointed out, "Elderly and disabled individuals who are facing abuse deserve better support. Since there are several

obstacles for them to make any decision, it is important that they are listened to and justice is done accordingly."

Messages that men experienced discrimination and required equal treatment to women in help-seeking were recurrent. For example, SR30, a White Hispanic male survivor of SV, shared, "Men often experience problems due to a lack of available support. They face many of the same challenges as women in abusive situations. I believe that men should receive the same level of care, protection and support as women." Likewise, SR281, a White man in his 60s, shared, "Domestic and sexual violence programs are commonly focused on women, but violence affects individuals of all genders including men." Members of the LGBTQ+ community also wanted to know they would be accepted for their identity. As SR174, a bisexual/pansexual man in his 30s, stated, "Many of us feel like our voices are unheard because of our sexual orientation, but the reality is that abuse doesn't discriminate."

Further, community members also expressed concerns that sharing their gender and race would affect their eligibility for services, and they were generally unsure that local DV/SV services would be culturally and/or racially sensitive. For example, one participant would not disclose their gender in the survey and also shared that they not understand why DV and SV service providers needed to know about their gender and race before discussing eligibility, suggesting that further transparency would be helpful. Hesitation to reach out was commonly expressed due to wariness that local DV/SV services may not serve their race. As SR52, an Asian woman in her 20s, shared, "I always feel like immigrants are easy targets for oppressors and I am not sure if these services are good with people of my race." Feelings of loneliness due lack of awareness of the services for immigrants were reported as well. For example, SR39, a White Hispanic survivor of DV and stalking in her 30s, shared, "At first I felt really lonely and my confidence was faded but once I joined with their support group it made me realize I am not the only one going through this stage of my life."

Theme 4: Discrimination and a Desire for More Inclusion in DV/SV Services

Several participants – particularly people of color, individuals over 50, men, and LGBTQ+ community members – reported fearing, and in some cases experiencing, discrimination when seeking DV/SV services from DSVS, and expressed a desire for more inclusive support. For example, SR216, a Black woman in her 60s, highlighted, "Many services have discrimination issues against people of my race, and I am not really sure about trusting them." SR383, a Black female survivor of DV and SV in her 40s, also pointed out, "Sometimes people aren't believed bc of their skin color." Further, SR238, a Black/ Caribbean male survivor of DV and stalking in his 50s, shared, "I don't want to sound ungrateful, but I honestly felt disappointed with how certain staff members treated me because of that I would not recommend them to others."

SR151, a White lesbian in her late 20s, also noted, "I really hope they are not biased about gender or identity." Similarly, SR184, a White lesbian in her early 20s, shared, "Even though I am not too familiar with the services provided by DSVS or DVAC but I do think they need to recognize the special challenges that LGBTQ+ survivors face. It is essential for them to provide the right kind of support."

SR215, an Asian bisexual/pansexual male survivor of DV in his 30s, also called for a more inclusive approach to providing DV/SV services. SR239, a White bisexual/pansexual female survivor of SV shared, "I felt like I didn't fit in. There was a different kind of anxiety. Thus, I would not recommend [DSVS]," adding, "It is crucial to me, to feel secure and confident that my identity is being

respected and supported without judgment. This is not only for me but for all LGBTQ community." Further, SR310, a White female community member in her 40s, concluded, "We must be inclusive and supportive of everyone needing help."

Theme 5: Experiences of Support and Healing in a "Judgement-Free Zone" through DSVS Services

Survey responses highlighted experiences of Fairfax DSVS/DVAC providing a safe space that fosters recovery, healing, and hope. Survivors and friends of survivors shared the ways DSVS/DVAC had supported them through some of the toughest times of their lives. For example, SR325, a White male survivor of DV in his 30s, shared, "They are always there to help you even when things feel impossible." Further, SR40, a Native Hawaiian woman in her 30s who survived DV, shared:

> It was really difficult for a person like me to start a normal life after facing harassment, as it crushed my confidence. I was not able to understand how to get back to my normal life however the staff made me feel heard and believed. They achieved it by creating a culture where disclosures were met with empathy and understanding.

SR35, a White female immigrant and survivor of stalking in her 20s, also shared, "I used to wonder who would support me during tough times and how I would get through them. As an immigrant I did not think anyone would be there for me…Now that I am at least aware of available support services, I feel hopeful that I will always have someone to count on."

Many survivors and those who were aware of DSVS/DVAC services shared that DSVS/DVAC staff treated them with respect and understanding, taking the time to listen without judgment, following through with their care, and going out of their way to be helpful. For example, SR97, a White Hispanic woman in her 30s who had survived DV and stalking, reflected, "They listened with so much empathy and accepted my feeling and views without judgement." Similarly, SR129, a White female DV survivor in her 40s, shared, "I think it is a judgment-free zone, where you can get help without fear of being judged or criticized."

Although some DV/SV survivors called for more inclusive DV/SV services, many DV/SV survivors praised Fairfax DSVS/DVAC for being inclusive. For example, SR174, a White pansexual/bisexual survivor of DV in his 30s, shared, "I appreciated how the services were inclusive of everyone regardless of gender or sexual orientation. That openness made it so much easier for me to trust them with my story and reach out for help when I needed it." SR206, a White man in his 40s, added, "They are really good in services and extend their support to everyone by not being sensitive to any race or religion."

Although some survivors of DV/SV shared that they wished that responses from DSVS/DVAC would be faster, others noted that they received help immediately, such as through the hotline. For example, SR219, a White female DV survivor in her 50s, shared, "That hotline service was a real blessing. I got help right away and they were able to point me in the right direction." SR121, a Black female survivor of SV in her 30s, also reflected, "To be honest, they are more than just a crisis line they are a real support system for anyone facing domestic or sexual violence."

Moreover, several DV, SV, and stalking survivors shared that receiving services from DSVS/DVAC has been transformational. For example, SR105, an African American man in his 30s who survived DV, shared, "Their support helped me in regaining my trust in others which I believe was very crucial in my healing journey." Similarly, SR196, a White male survivor of DV in his 40s,

noted, “At one time, I thought trusting anyone again was out of reach, but the services available were incredibly compassionate and understanding. They gave me what I needed to rebuild my life.” SR411, a nonbinary bisexual/pansexual immigrant survivor of DV and stalking in their 30s, shared, “When I was finally able to connect to DSVS/DVAC, they were very helpful. I did not receive all the support I needed, but the support I did receive was invaluable, and it helped me transition from a victim to a survivor.” SR334, a White female survivor of DV in her 40s, added, “After years of silence and fear they gave me the strength and courage to finally speak up and use my voice again.”

Friends and family have also reported powerful and transformational experiences on behalf of survivors. For example, SR24, a Native American woman in her 30s, shared, “My friend had such a positive experience with them. They provided her with incredible support when she needed it most,” adding, “After seeing the impact they made in her life, I am convinced that it provides an invaluable service to our community and I would definitely recommend it to the ones who needs help.” SR124, a White African man in his 30s, wrote, “The attention and support from DVAC made my friend feel important as a survivor not simply seen as a victim.” SR291, a White woman in her late 40s, shared, “She told me that she felt supported in her decisions because they provided her with the information she needed to make safe choices no matter what she decided.”

As SR224, a White woman in her 60s, noted, “I would highly recommend Fairfax County DVAC because my granddaughter received such compassionate care. They really listened and helped her through a tough time. She felt supported every step of the way.” Further, SR12, a Black man in his 30s, remarked, “It’s great to spread the word about this program as it really can help a lot of people in need… I have noticed people in my community chatting about the services they are offering.” Thus, DSVS/DVAC are recognized for providing positive impacts across multiple levels. As SR348, a White lesbian in her 20s, concluded, “DSVS has gained a lot of trust in the community and is making a positive impact in preventing violence in the area.”

Discussion

For Phase 2 of this project, a community survey was developed to better understand DV/SV in South County (ZIP codes 22306 and 22309), including help-seeking experiences, unmet needs, and community members’ awareness of and experiences with DV/SV services provided by Fairfax DSVS. Appendix B provides the survey questions that were asked of these community members.

Implications Discussed in the Qualitative Survey Findings

Open-ended survey responses from community members who live and work in South County highlighted the need for greater awareness of DV/SV services, training opportunities, and success stories, as well as a desire for more timely responses to DV/SV. Respondents also emphasized concerns related to safety, housing, finances, legal issues, and confidentiality when navigating DV/SV services. Additionally, community members described a range of challenges to help-seeking among vulnerable populations in South County, particularly among men, older adults, immigrants, and LGBTQ+ individuals. Specifically, discrimination and a desire for further inclusion in DV/SV services were noted. Nonetheless, survivors of DV/SV who accessed Fairfax DSVS services also highlighted experiences of support and healing in a “judgement-free zone.”

Many community members in South County noted that they were not aware of Fairfax DSVS or their services prior to completing the survey. To address this, the survey respondents who had used Fairfax DSVS services suggested that further targeted outreach within South County would be helpful. As part of outreach efforts, several community members recommended that DSVS should share the success stories of past clients to increase community trust and promote hope. Sharing success stories with the community can be challenging, as Fairfax DSVS appropriately prioritizes client safety and confidentiality and does not promote transactional relationships with survivors. However, given the numerous anonymous survivor quotes included in this report that describe DSVS services as both beneficial and transformational, these de-identified narratives may offer a meaningful way to share impact while upholding these principles.

Survivors' accounts underscore the role of structural barriers in limiting access to DV/SV support. In particular, shortages of affordable housing complicate access to safe shelter and heighten fears of homelessness, while ongoing concerns about personal safety, including the safety of children of survivors of DV, further constrain help-seeking. Reports of discrimination, both anticipated and experienced during attempts to access formal services, suggest that these barriers may be compounded by systemic inequities.

Several survivors also expressed concerns about whether services would be culturally appropriate for them. Fears were also expressed about disclosing demographic information in case it may impact eligibility for receiving services. Experiences of being unhoused were shared despite seeking shelter, indicating that further attention in this area would be beneficial.

Further exploration is also recommended for understanding how diverse survivors (e.g., with regard to race, gender, age, disability, and immigration status) navigate help-seeking, and what may improve or hinder trust for community members who disproportionately experience discrimination. The survey write-in responses indicate that Fairfax DSVS is well positioned to address the unique and diverse needs of community members. Multiple survivors shared that responsive, inclusive, and affirming DV/SV support from DSVS/DVAC had meaningful and lasting impacts, including helping individuals transition from "victims" to "survivors."

Implications Discussed in the Quantitative Survey Findings

Our findings related to DSVS knowledge, barriers to service, use, and willingness to recommend DSVS to others revealed important strengths of DSVS, as well as areas for improvement. Although the majority of community members knew about DSVS, lower rates of DSVS awareness in zip code 22306 (compared to 22309) suggest that residents of 22306 could benefit from increased DSVS visibility in their community. Relatedly, we found that most community members were aware of DSVS's counseling services for victims, hotline, and advocacy services, but were unaware of services for DV offenders and counseling services for children, indicating a need for more advertisement of these services.

A lack of knowledge of DSVS emerged as a clear barrier to service, as were a lack of knowledge of what services DSVS provides and a belief that their victimization experiences were a private/personal matter. Differences in barrier endorsement across demographic and victimization groups suggest that DSVS may need to tailor strategies to address distinct barriers among different survivor populations to increase service utilization.

Although a lack of knowledge of DSVS proved a barrier for some community members, it is promising that DSVS was the most common form of formal and local help-seeking among both participant survivors and survivors that participants knew. Still, differences in DSVS service use among certain populations indicate who might benefit from further outreach, such as older adults.

Although experiencing various forms of violence was associated with a greater likelihood of seeking help from Fairfax DSVS, stalking victimization was linked to a lower likelihood of contacting DSVS among both survivor participants and the survivors known to participants. This pattern aligns with prior research on stalking, which suggests that victims often underestimate the seriousness of the threat and may delay help-seeking until violence is imminent or has already occurred (Cho et al., 2023; Cho & Lee, 2025). This finding indicates that outreach and advertising that specifically speaks to the experience of stalking could increase help-seeking rates among stalking victims.

Finally, the large majority of participants said that they would recommend DSVS to others, which complements our finding that word of mouth is a valuable way to spread knowledge of DSVS. However, our findings also suggest a point of improvement: service provision for men. Men were less likely than women to say that they would recommend DSVS to others, suggesting that DSVS services may not meet the needs of male DV/SV victims. This finding is consistent with existing research, which shows that male victims often have difficulty accessing help from DV agencies that addresses their needs (Bates & Douglas, 2020; Douglas & Hines, 2011; Hines et al., 2025). Accordingly, we recommend additional training on working with male victims and services tailored to their needs.

Limitations

Although more than 500 survey responses were collected from individuals living and/or working in South County, recruitment was limited to specific channels, including in-person outreach at selected organizations, listserv distribution, and participation through a Qualtrics Panel. These constraints limit the generalizability of the findings and the diversity of the sample. As indicated in the previous chapter, the sample does not reflect the diversity of the community as indicated by Census data. Future community-engaged research in South County would benefit from broader and more inclusive recruitment strategies, such as partnerships with additional community-based organizations, multilingual and culturally tailored outreach, and alternative data collection methods. These methods would more fully capture the perspectives of underserved and hard-to-reach populations. Finally, while we have data on victimization and individuals who know victims in South County, we do not know when or where these experiences occurred. As a result, some recommendations may already have been addressed by Fairfax DSVS, while other incidents may have taken place outside Fairfax County, where DSVS would not have been a resource for those affected.

Conclusions

Most participants in this study (61.2 %) were aware of the services that Fairfax DSVS offer. This survey also helped raise awareness of DSVS among the survey respondents living and/or working in South County. Among South County community members who had made use of DSVS services, a large majority indicated that they would recommend DSVS to other community members.

Nonetheless, some community members who accessed DSVS services reported concerns about longer-than-expected wait times. Additionally, experiences or fears of discrimination were reported,

particularly among individuals who were not U.S. citizens, White, female, cisgender, or heterosexual. Respondents emphasized the need for additional staff training and intentional efforts to create inclusive environments for men, teens who are at risk for DV and SV and children of DV survivors, older adults, individuals with disabilities, immigrants, and members of the LGBTQ+ community. Recommendations included expanding outreach to these populations and also increasing awareness campaigns specifically addressing stalking. South County residents also highlighted the value of sharing local success stories to inspire hope and strengthen targeted outreach. This report includes examples of such journeys from "victims" to "survivors," which also feature racially diverse individuals, immigrants, older adults, and LGBTQ+ community members. Such examples could be utilized in a targeted outreach campaign.

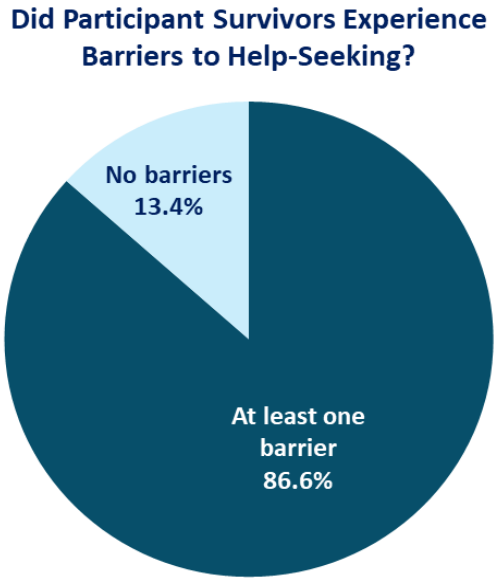
Chapter 5: 2024-25 Survey Results Pertaining to Barriers to Help-Seeking

In addition to asking community members about barriers to seeking help from DSVS/DVAC specifically, we also asked about barriers to help-seeking more generally. Specifically, participants reported whether they or a survivor they know had a difficult time accessing services because of various factors. Separate but comparable lists of barriers were used to measure participants' own experiences and the experiences of people they know. The lists of barriers included personal and cultural barriers (e.g., thinking it was a private/personal matter, their cultural or religious community would disapprove of help-seeking), barriers rooted in a fear of consequences (e.g., thinking the situation would get worse if they sought help), logistical barriers (e.g., lack of transportation or childcare), and perceived or actual lack of relevant services (e.g., believing the services would not be sensitive to their identity, not being served because of their identity). See Appendix B for full lists of barriers.

General Barriers to Help-Seeking

Among Participant Survivors

If participants reported experiencing at least one form of victimization, they were then asked whether they encountered any barriers to help-seeking. Among the 262 community members with a victimization history, 86.6% indicated that they had experienced at least one barrier to general help-seeking, with an average of 1.87 barriers (*SD* = 1.28).



The most commonly reported barriers included: (1) fearing the situation would get worse if they told (38.9%), (2) viewing the situation as a private or personal matter (29.0%), (3) wanting the issue handled by their family (24.0%), (4) not knowing how to tell others (22.1%), (5) not feeling the situation was serious enough to tell others (19.5%), and (6) not knowing

where to go (17.2%). See Table C8 in Appendix C for all barriers and frequencies.

When we look more closely at the top six barriers, we found that people's experiences differed based on certain demographic factors. For example, **women were more likely** than men to fear that seeking help would make things worse (43.1% vs. 18.2%) and to say they did not know where to go for help (19.4% vs. 4.5%). **Men, on the other hand, were more likely** than women to see the situation as a private or personal matter (43.2% vs. 26.4%). Age also played a role, as participants **aged 50 to 80 were more likely** than those aged 18 to 49 to view what happened as a private or personal matter (44.2% vs. 26.0%). Differences also appeared based on sexual orientation, with participants who identified as **LGBTQ+ less likely** than heterosexual participants to view the experience as private (6.3% vs. 30.2%) or to want their family to handle the issue (0.0% vs. 26.0%). However, they were more likely to say they did not know how to tell others (43.8% vs. 19.8%) or felt the situation was not serious enough to bring up (43.8% vs. 17.8%).

In terms of race, **White participants were more likely** than non-White participants to report fearing the situation would get worse if they sought help (46.5% vs. 25.0%). Participants with at least one **disability were also more likely** to feel the situation was not serious enough to seek help compared to those without disabilities (57.1% vs. 17.0%). We did not find any differences in reported barriers based on zip code. See Table C9 in Appendix C for all comparisons.

We also identified several significant relationships between specific forms of victimization and the barriers to help-seeking that participants reported. For example, **individuals who had experienced physical violence** from an intimate partner were more likely than those who had not to fear that telling someone would make the situation worse (50.5% vs. 31.0%); they were also more likely to report not knowing how to talk about what happened (35.5% vs. 12.9%). **Participants who had experienced coercive control** were less likely than those who had not to feel that the situation was not serious enough to tell others (12.5% vs. 23.0%), while **those who had experienced SV** were more likely than those who had not to report uncertainty about how to tell others (39.5% vs. 18.7%). In comparison, **participants who had experienced sexual harassment** were less likely to view the situation as a private or personal matter (15.4% vs. 32.4%) and less likely to feel that it was not serious enough to share (9.6% vs. 21.9%). Similarly, **individuals who had experienced stalking** were less likely to consider the situation private (21.4% vs. 33.5%), but they were more likely to feel that it was not serious enough to report to others (36.7% vs. 9.1%). Due to the low number of participants who reported experiencing sex trafficking, we could not conduct analyses related to sex trafficking victimization. See Table C9 in Appendix C.

Among Survivors Participants Knew

Among the 354 participants who reported knowing a victim, 91.5% indicated that the survivor they knew had experienced at least one barrier to help-seeking, with an average of 1.88 barriers (*SD* = 1.24). The most commonly reported barriers for the victim

they knew included: (1) fearing the situation would get worse if they told (38.7%), (2) viewing the situation as a private/personal matter (31.1%), (3) not knowing where to go (22.6%), (4) wanting the issue handled by their family (22.3%), (5) not knowing how to tell others (21.2%), and (6) not feeling that the situation was serious enough to tell others (17.5%). See Table C8 in Appendix C for all barriers.

Because demographic information was not collected about the survivors' participants knew, we examined only whether the type of victimization experienced was associated with the barriers encountered. Specifically, we found that in comparison to individuals who had not experienced physical violence by an intimate partner, participants who knew **someone who had experienced physical violence by an intimate partner** were more likely to report that the victim viewed the situation as a private or personal matter (39.3% vs. 25.4%) and wanted the issue handled by their family (31.0% vs. 16.3%). In comparison to individuals who had not experienced SV, participants who knew someone **who had experienced SV** were less likely to report that the survivor viewed the situation as a private or personal matter (18.5% vs. 34.8%), less likely to want it handled by their family (11.1% vs. 25.6%), and more likely to not know how to tell others (38.3% vs. 16.1%). Participants who knew someone **who had experienced stalking** – in comparison to those who had not experienced stalking – were less likely to report that the survivor viewed the situation as a private or personal matter (20.0% vs. 35.1%) and more likely to report that the survivor did not perceive the situation as serious enough to tell others (35.8% vs. 10.8%). In comparison to individuals who did not experience sex trafficking, participants who reported knowing a **survivor of sex trafficking** were more likely to report that the victim did not view the situation as serious enough to tell others (35.0% vs. 16.5%). The barriers reported for the survivors whom participants knew did not differ based on whether the survivor had experienced coercive control or sexual harassment. See Table C10 in Appendix C for all comparisons.

Implications

The present findings underscore that barriers to help-seeking are widespread among both participant survivors and survivors known by community members, with the vast majority of both groups reporting at least one barrier. Fear that the situation would worsen, viewing victimization as a private or personal matter, uncertainty about how to disclose, and not knowing where to go for help emerged as the most consistent obstacles. These results make clear that service availability alone isn't enough; psychological, relational, and informational barriers often influence whether survivors can actually reach and use support (Ravi et al., 2024). Importantly, fears that help-seeking may escalate

risk are not unfounded, as disclosure can threaten an abuser's sense of control. Accordingly, community-level efforts should focus not only on normalizing disclosure and clarifying pathways to care, but also on equipping survivors with strategies to seek support in ways that prioritize safety and minimize risk (Liang et al., 2005).

The demographic differences observed in barrier endorsement point to the need for targeted, rather than one-size-fits-all, outreach strategies. For example, women's heightened fear that help-seeking could worsen their situation suggests that safety-focused messaging and reassurance around confidentiality and protection may be uniquely salient for women. Conversely, men's greater tendency to view victimization as a private matter highlights the importance of efforts to counter norms that frame help-seeking as weakness or a personal failing (Kim et al., 2024).

Similarly, older adults' greater endorsement of privacy-related barriers suggests that stigma-reduction efforts may need to be tailored developmentally, with outreach that explicitly targets cohort-based norms discouraging disclosure and formal help-seeking among older survivors. Many older adults were socialized in contexts in which family problems and victimization were viewed as private matters, while support-seeking, particularly for interpersonal violence, was discouraged or inaccessible (Beaulaurier et al., 2005; Pathak et al., 2019). Accordingly, outreach strategies for older adults should directly challenge these long-standing norms, rather than relying on approaches that may be more effective for younger individuals who have been socialized in comparatively more open climates around mental health and victimization. Differences by sexual orientation and disability status further indicate that certain groups may benefit from outreach that explicitly acknowledges unique disclosure risks and actively counters minimization of harm (Calton et al., 2016; Wright et al., 2022).

Patterns across forms of victimization also carry important implications for intervention. Individuals who experienced physical violence and SV were more likely to fear disclosure and report uncertainty about how to talk about what happened, suggesting that trauma-related fear and communication barriers may be especially pronounced among survivors of more overt forms of violence (Dworkin et al., 2017). At the same time, survivors of stalking and sexual harassment were more likely to view their experiences as not serious enough to report, highlighting ongoing minimization of these forms of victimization (Reyns & Englebrecht, 2014). This pattern underscores the need for public education efforts that clearly define stalking, coercive control, and sexual harassment as serious and harmful forms of violence, worthy of support and intervention. Outreach materials that explicitly name these behaviors and their risks may help reduce normalization and promote earlier help-seeking.

The parallel patterns observed among survivors that participants know reinforce that these barriers are not only individually experienced but are also shaped and reinforced within survivors' social networks. That family involvement frequently emerged as both a desired response and a barrier to formal help-seeking highlights the dual role families may play (i.e., as sources of support but also as potential constraints on outside disclosure). This finding points to the value of community education efforts that equip friends, family members, and informal support figures with the tools to respond to disclosures in ways that validate survivors' experiences, reduce minimization, and facilitate connections to formal resources when appropriate (Sylaska & Edwards, 2014).

Taken together, these findings suggest that improving help-seeking is not solely a matter of expanding services, but also requires directly addressing fear, stigma, minimization, uncertainty, and

long-standing cultural norms around privacy across diverse populations and victimization contexts. Layered outreach strategies that integrate survivor-centered safety messaging, stigma reduction, education about nonphysical forms of violence, and concrete guidance on how to initiate disclosure may be especially effective. By aligning community education and outreach with the specific barriers most frequently endorsed across different groups, service providers and community partners may be better positioned to reach survivors earlier and reduce the prolonged delays in help-seeking that often exacerbate harm.

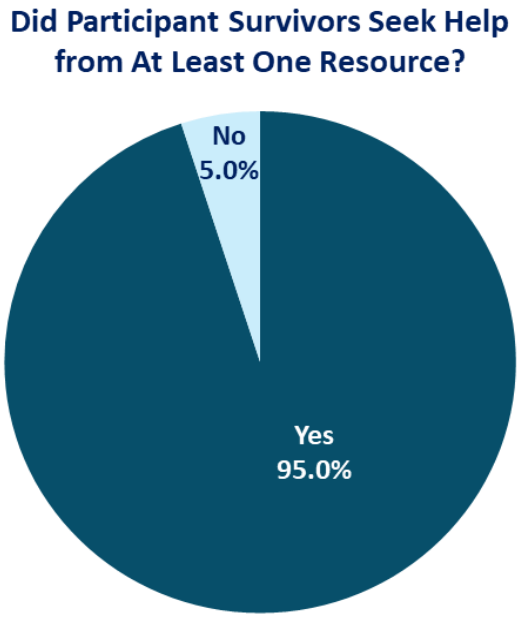
Chapter 6: 2024-25 Survey Results Pertaining to Help-Seeking

Within our sample, participants who reported experiencing victimization or reported knowing someone who was victimized were asked to indicate whether they or the survivor they know sought help from any resources. Separate but identical lists of resources were used to measure participants' own help-seeking experiences and those of people they know. The lists included informal resources (i.e., family member, friend or acquaintance, coworker, member of their religious institution) and formal resources (i.e., DSVS/DVAC, police, the courts or an attorney, The Women's Center, another domestic violence agency, counseling services, a religious leader, Fairfax-Falls Church Community Services Board, Coordinated Services Planning, a shelter in Fairfax County, their or their child's school/teacher, a medical professional). In this chapter, we report on both informal and formal help-seeking, as well as specifically local formal help-seeking (i.e., DSVS/DVAC, The Women's Shelter, Fairfax-Falls Church Community Services Board, Coordinated Services Planning, a shelter in Fairfax County).

Overall Help-Seeking

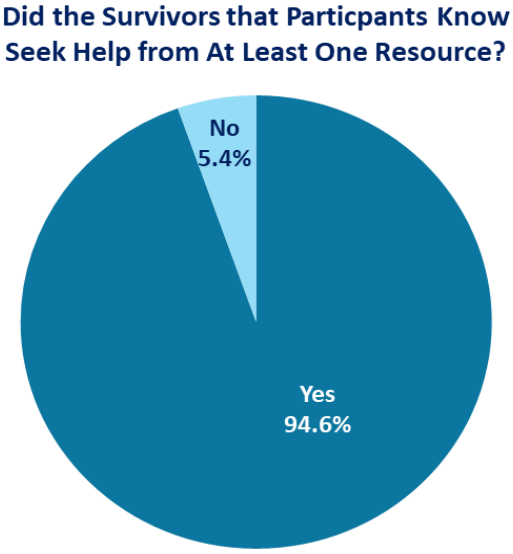
Among Participant Survivors

Among the 262 participants who experienced DV/SV, help-seeking rates were high. Specifically, 95.0% reported seeking help from at least one resource, with an average of 2.45 resources accessed (*SD* = 1.31). In this subsample, seeking help from at least one resource **was more common for White** than non-White participants (97.1% compared with 90.9%), but it did not vary by gender, sexual orientation, disability, age, or zip code. Additionally, help-seeking was more prevalent among **victims who experienced stalking** compared to those who did not (99.0% vs. 92.7%). In contrast, overall help-seeking did not differ according to experiences of physical IPV, coercive control, SV, or sexual harassment. See Tables C11 and C12 in Appendix C for all help-seeking rates and help-seeking comparisons.



Among Survivors Participants Know

Among the survivors known to 354 participants, help-seeking was also high. Specifically, 94.6% sought assistance from at least one resource, with an average of 2.69 resources accessed (*SD* = 1.49). Seeking help from at least one resource was less common among victims who experienced SV compared to those who did not (90.1% vs. 96.0%), but this did not



differ based on experiences of physical IPV, coercive control, sexual harassment, stalking, or sex trafficking. See Tables C11 and C13 in Appendix C for all help-seeking rates and help-seeking comparisons.

Informal Help-Seeking

Informal help-seeking included family members, friends or acquaintances, coworkers, and (non-leader) members of the individual's religious community.

Among Participant Survivors

Among victims in our sample, 95.0% sought informal help, with a friend or acquaintance being the most frequently used resource, followed by a family member. Informal help-seeking was **more common among White victims** compared to non-White victims (97.1% vs. 90.9%) and **among victims who experienced stalking** compared to those who did not (99.0% vs. 92.7%). Rates did not differ based on gender, sexual orientation, disability, age, zip code, or any other forms of victimization. See Table C12 in Appendix C.

Among Survivors Participants Know

Among victims who participants reported knowing, 93.2% sought informal help. As with victims in our sample, friends or acquaintances were the most common source of support, followed by family members. Informal help-seeking among this group did not vary by any form of victimization. See Table C13 in Appendix C.

Formal Help-Seeking

Formal help-seeking included all forms of assistance sought from resources outside informal networks, such as Fairfax County DSVS, police, counseling services, and medical professionals. See **Table A** below for rates among participants and rates among the survivor the participant knew.

Among Participant Survivors

Among participants who experienced victimization, 59.5% sought formal help. The most commonly used formal resource was DSVS (37.4%), followed by the police (18.7%). Formal help-seeking was more common among LGBTQ+ victims than heterosexual victims (87.5% vs. 57.9%). It was also more prevalent among victims who experienced physical IPV (77.6% vs. 47.1%), coercive control (83.0% vs. 47.7%), and SV (79.1% vs. 55.7%), in comparison to victims who did not experience those forms of victimization, respectively. In contrast, formal help-seeking was less common among victims who experienced stalking compared to those who did not (42.9% vs. 69.5%). Rates did not differ by gender, race, disability, age, zip code, or experiences of sexual harassment. See Table C12 in Appendix C for further details.

Among Survivors Participants Know

Among survivors that participants reported knowing, 62.4% reportedly sought formal help, with DSVS being the most frequently used resource (32.5%), followed by the police (25.4%). Formal help-seeking was more common among victims who **experienced physical violence from a romantic partner** (74.5% vs. 54.1%), **coercive control** (75.9% vs. 54.3%), and **SV** (76.5% vs. 58.2%), in comparison to survivors who did not experience those forms of victimization, respectively. In contrast, it was less common among **victims who experienced stalking** compared to those who did not (45.3% vs. 68.7%). Among victims whom participants knew, formal help-seeking did not differ based on experiences of sexual harassment or sex trafficking. See Table C13 in Appendix C for more information.

Local Help-Seeking

We also examined whether individuals sought help from local resources, specifically the following: DSVS, the Domestic Violence Action Center (DVAC), the Women's Center, Coordinated Services Planning (CSP), a shelter in Fairfax County, and the Fairfax-Falls Church Community Services Board (CSB).

Among Participant Survivors

Among survivors in the sample, 41.2% sought help from at least one local resource. DSVS was the most commonly used local resource. Local help-seeking was more common among **LGBTQ+ victims or survivors (depending on how they choose to identify)** than heterosexual victims (68.8% vs. 39.7%) and **among victims aged 18–49** compared to those aged 50–80 (45.2% vs. 20.9%). Rates did not differ by gender, race, disability status, or zip code.

Local help-seeking was also more frequent among **victims who experienced physical IPV** (57.0% vs. 30.3%), **coercive control** (53.4% vs. 35.1%), **SV** (55.8% vs. 38.4%), or **sexual harassment** (59.6% vs. 36.7%), in comparison to survivors who did not experience those forms of victimization, respectively. In contrast, **victims who experienced stalking** were less likely to seek help from local services than those who did not (31.6% vs. 47.0%). See Table C12 in Appendix C.

Among Survivors Participants Know

Among the survivors whom participants reported knowing, 44.1% sought help from a local resource. As with victims in the sample, DSVS was the most frequently accessed local resource. Local help-seeking was more common among **victims who experienced physical IPV** (51.7% vs. 38.8%), **coercive control** (55.6% vs. 37.1%), or **SV** (59.3% vs. 39.6%), in comparison to survivors who did not experience those forms of victimization, respectively. Conversely, it was lower among **victims who experienced stalking** compared to those who did not (29.5% vs. 49.4%). Local help-seeking among victims whom participants knew did not differ based on experiences of sexual harassment or sex trafficking. See Table C13 in Appendix C.

Table A. Top 6 Resources for Seeking Help among Primary Survivors and Survivors Known to Participants		
Resource	Participant Survivors	Survivors whom Participants Know
Friend or acquaintance	68.7%	73.4%
Family member	59.5%	57.3%
DSVS/DVAC	37.4%	32.5%
Police	18.7%	25.4%
Coworker	17.6%	17.8%
Counseling services	11.1%	16.1%

Implications

Although most survivors reported seeking help from at least one resource, the relatively low average number of resources accessed suggests that help-seeking may often be limited in scope rather than reflecting broad or sustained engagement with multiple supports. These findings indicate that while survivors are reaching out, many may be relying on only one or two avenues of support, underscoring the importance of strengthening both the availability of diverse resources and pathways between informal, formal, and local services.

The consistently high reliance on informal help-seeking, especially through friends and family, highlights the central role of social networks in survivors' initial responses to victimization (McCart et al., 2010). In contrast, formal and local help-seeking were substantially less common, particularly among survivors who experienced stalking, aligning with previous literature (Suzuki, 2024). Although survivors who experienced physical IPV, coercive control, and SV were more likely to access formal and local services, survivors of stalking were consistently less likely to do so despite the elevated risks associated with stalking. These findings highlight a critical need for stalking-specific outreach, education, and early-intervention pathways that emphasize the seriousness of stalking even in the absence of physical assault (Jerath et al., 2022).

Patterns by sexual orientation, age, and race further indicate that help-seeking pathways are not uniform across groups. LGBTQ+ survivors in our sample were more likely than heterosexual survivors to use formal and local services. Although our data cannot speak to the reasons for this difference, it may reflect a combination of factors, such as differing levels of need, varying comfort with formal systems, or differences in access to or reliance on informal support (Calton et al., 2016). Regardless of the underlying mechanisms, these findings underscore the importance of ensuring that formal and local services remain visibly affirming and inclusive.

Age-based differences in local help-seeking, with lower use among older adults, point to the potential value of developmentally tailored outreach that acknowledges generational norms around privacy and help-seeking and increases awareness of available resources (Pathak et al., 2019).

Racial differences, such that White individuals were more likely to seek overall and informal help compared to non-White individuals, highlight the need for continued culturally responsive outreach, trust-building, and collaboration with community partners to better understand and address barriers that may disproportionately affect survivors of color (Bent-Goodley et al., 2023).

Together, these findings suggest that while help-seeking is common, the type of help survivors access. and whether they reach out to formal and local services, is shaped by victimization experiences, identity, and social context. Strengthening informal support networks, expanding stalking-focused outreach, maintaining LGBTQ+ affirming services, tailoring outreach for older adults, and advancing culturally responsive engagement efforts represent key paths for improving survivors' access to timely, appropriate care and reducing gaps in formal and local help-seeking.

Chapter 7: Overarching Summary and Conclusions

This project began in 2023 with exploring what is known about DV/SV services and DV/SV service-related needs among at-risk, structurally oppressed populations living in Fairfax County. Specifically, in Phase 1, we sought to learn about potential DV/SV-related service needs in Fairfax County, barriers to service use and delivery among at-risk community members, and how such barriers may be addressed. We did this through interviewing 20 community leaders who served and/or represented marginalized groups within Fairfax County.

During Phase 2, we turned our focus to South County through a multi-method needs assessment. First, in 2024, we interviewed 12 service providers in South County and thematically analyzed their interviews, which were focused on DV/SV knowledge and attitudes, knowledge of related services, barriers to services, and strategies to address them. Second, in 2024-25, we gathered survey responses from 506 community members in South County, to explore DV/SV experiences, help-seeking, barriers to help-seeking, and experiences with Fairfax DSVS/DVAC when seeking help. Together, these qualitative and quantitative components provide converging evidence regarding both strengths of existing DV/SV services and persistent gaps in awareness, access, and equity in service experiences.

Findings from Phase 1 highlighted the importance of cultural context in understanding DV/SV, as well as the roles of discrimination, stigma, and structural barriers in shaping service access. Community leaders emphasized these issues particularly among immigrant and refugee communities—including individuals from Latin America, South Asia, Southeast Asia, the SWANA region, and Eastern Europe—as well as transgender individuals, adolescents, and people living with disabilities.

In Phase 2, service providers similarly identified key barriers to receiving support, particularly for people of color, immigrants, older adults, and members of the LGBTQ+ community. Building on these perspectives, findings from the quantitative community survey clarify where intervention efforts may be most impactful. With respect to DSVS/DVAC specifically, survey data indicated that while a majority of community members reported being aware of DSVS/DVAC, awareness was not evenly distributed across the population. Participants who lived or worked in zip code 22309 were more likely to report awareness than those in zip code 22306, LGBTQ+ participants were substantially more likely to report knowledge of DSVS/DVAC compared to heterosexual participants, and participants who had experienced at least one form of victimization were more likely to be aware of the agency than those who reported no victimization experiences. These patterns suggest that awareness of DSVS/DVAC may be higher among individuals with greater proximity to victimization or to existing service networks, while those earlier in the help-seeking process may be less likely to know where to turn.

Against this backdrop of uneven awareness, quantitative findings indicated that most survivors, as well as survivors participants knew, reported seeking some form of help following their victimization experience. Across both groups, the most frequently reported formal resources were DSVS/DVAC and the police. Patterns of help-seeking varied by type of victimization, such that survivors who experienced physical IPV, coercive control, and sexual violence were more likely to access formal and local services. In contrast, survivors of stalking were less likely to seek help from formal service providers. These patterns highlight important differences in how survivors engage with support systems depending on the nature of their victimization and underscore the need for outreach

and service models that better address forms of violence that are often minimized or less readily recognized as warranting formal support.

Consistent with these awareness gaps, quantitative findings further indicated that limited knowledge about DSVS/DVAC and uncertainty about the scope and nature of its services were among the most commonly reported barriers to help-seeking, both among participant survivors and among survivors participants knew. Within these DSVS/DVAC-specific barriers, women were more likely than men to report concerns that seeking help would worsen their situation, and participants with disabilities were more likely than those without disabilities to report not knowing what services were offered. Barriers also varied by type of victimization, with survivors of physical violence and sexual violence more likely to report fears of escalation and uncertainty about available services compared to those who had not experienced these forms of victimization. Importantly, among participants who reported that they or someone they knew had sought help from DSVS/DVAC, the majority indicated that they would recommend these services to others, suggesting that although barriers to awareness and initial access remain substantial, individuals who are able to connect with DSVS/DVAC generally perceive the services as helpful and supportive.

Beyond DSVS/DVAC, quantitative findings on general help-seeking barriers highlighted fear of escalation, viewing victimization as a private or personal matter, and uncertainty about how and where to seek help as the most endorsed barriers. Women were more likely than men to report fears that disclosure would worsen their situation, whereas men and older adults were more likely than women and younger adults to identify privacy concerns as a barrier. Barriers also differed by type of victimization: survivors of physical violence and sexual violence were more likely than those not reporting such experiences to endorse fears of escalation and difficulty knowing how to disclose their experiences, whereas survivors of stalking and sexual harassment were more likely to minimize the seriousness of their experiences compared to those not reporting such victimization. Taken together, these findings underscore the need for targeted outreach that increases clarity about available services, safety-focused messaging that directly addresses fears of escalation, and tailored support for disclosure that accounts for differences in victimization experiences and survivor characteristics.

To better understand how these barriers and patterns of help-seeking are experienced in practice, Phase 2 qualitative data and open-ended survey responses provide additional insight into survivors' interactions with DSVS/DVAC services and remaining unmet needs. Across both Phase 1 and Phase 2 qualitative findings, participants highlighted shared needs for more linguistically and culturally accessible services for individuals whose primary language is not English. At the same time, some community members in South County who had made use of DSVS/DVAC services also noted appreciation for the multiple languages that DSVS/DVAC services are provided in as well as for the inclusive approach used by Fairfax DSVS/DVAC. Nevertheless, South County participants also noted a continued need for greater support in understanding legal language and navigating legal processes.

Needs for more inclusive and responsive shelter options were also highlighted across both Phases 1 and 2 interviews and Phase 2 qualitative survey responses regarding experienced seeking help with DSVS/DVAC. Recommendations for expanded outreach were provided by the community leaders of marginalized communities in Fairfax County, as well as by South County service providers in their interviews and community members in their qualitative responses to their experiences seeking help with DSVS/DVAC. For example, further outreach was recommended through outreach to adult

day programs, faith communities, and disability services (as shared in Phase 1), at local festivals, community events, and through partnering with additional public organizations, such as local schools in South County (as discussed by the service providers in Phase 2), and by sharing local success stories (as recommended by South County community members in Phase 2).

To achieve these goals, participants recommended additional funding for local DV/SV services. This funding would help support community members across Fairfax County, particularly in South County, by enabling more culturally responsive outreach and support, and by expanding existing services where possible. These recommendations reflect qualitative feedback from community leaders, service providers, and community members gathered throughout both phases of the needs assessment.

Efforts toward improving the cultural responsiveness and access to shelters and support services should were also recommended across phases 1 and 2, with an emphasis on supporting survivors of DV/SV who are undocumented discussed in Phase 1 (by community leaders in Fairfax) and immigrants in general in Phase 2 (as shared by service providers and community members in their qualitative feedback in South County).

In phases 1 and 2 qualitative data, enhancing social media outreach was also recommended, in consideration of multiple community members turning to social media for information on DV/SV and where to turn to when it occurs. A desire for more representative DV/SV service providers was also expressed to reflect the diversity within Fairfax County in Phase 1 and the diversity in South County in Phase 2 qualitative data, especially to reflect more Hispanic service providers and people of color, as recommended by practitioners in South County.

Further multidisciplinary training on DV/SV and on making referrals to DSVS services were also recommended in both phases 1 and 2, such as for doctors, nurses, childcare providers, and adult day program service providers (as discussed in Phase 1) and for religious leaders (as noted by service providers in South County in Phase 2 interviews). Recommendations for further training for healthcare workers and on offering inclusive DV/SV services were also provided by community members in South County in their qualitative feedback.

Our needs assessment qualitative data provides recommendations for continued, targeted efforts to identify best practices for raising awareness of DV/SV services and strengthening community trust in Fairfax DSVS, particularly among racially nondominant groups, older adults, immigrants, men, and LGBTQ+ individuals. In Phase 2, service providers and South County community members emphasized the need to dispel harmful stereotypes about DV and SV, and broaden community understanding beyond physical violence, to include other forms of abuse. This is especially important for populations often overlooked as potential survivors, such as men, immigrants, older adults, and people with disabilities. Sharing success stories was also recommended by both service providers and community members during interviews and survey fill-in responses. This report includes anonymized examples of such testimonials, and further efforts – such as continued research in South County – may help generate additional personal narratives, including those from survivors of DV, SV, and stalking.

Limitations

The sample size for the interviews in Phases 1 and 2 were relatively small, yet potentially transferable to other contexts, which is a key focus of ensuring trustworthiness in qualitative research.

Although the sample size was fairly large for the survey in Phase 2, the participants were not representative of South County, as indicated by US Census data. Thus, further efforts to maximize the diversity in our sampling strategies would be beneficial and will inform future community engaged projects, including in South County. Although we collected data on victimization and individuals who know victims in South County, the timing and location of these incidents remain unknown. Consequently, some recommendations may already have been implemented by Fairfax DSVS, while other experiences may have occurred outside Fairfax County, where DSVS would not have been a resource.

Future Directions

One possible direction in moving forward is to seek additional funding to continue to support a third phase of this work with Fairfax DSVS. This third phase may involve the development of outreach, prevention, and/or intervention services to help South County residents access the services they need when victimized by DV/SV. In addition, a qualitative study with Fairfax DSVS staff may help shed light on any further service provider training interests or needs (e.g., surrounding trauma-informed approaches to providing services that are tailored for the communities living in South County and/or other high-risk areas within Fairfax County). Further work is also needed to explore factors that place some community members in South County at disproportionate risks for DV/SV and to try to reach more members of a broader range of diverse community member perspectives, to reflect the diversity in Fairfax County and particularly within South County, to provide further insights to help enhance data-responsive services.

Funding Considerations

While an external proposal has not yet been submitted, we have created a database of potential funding sources in our search for available external funding. We will continue to discuss potential future funding applications to the Centers for Disease Control and Prevention (CDC), the National Institute of Justice (NIJ), the Office on Violence Against Women (OVW), the Jeffress Trust Awards Program, and the Robert Wood Johnson Foundation, as well as other possible funding sources as such opportunities become available to support the expansion of this joint effort with Fairfax DSVS.

Project Deliverables: Conference Presentations Delivered and In Preparation

The above-described findings have been presented at three conferences to date:

Hand, M., Hines, D., Booth, J. & Kline, S. (2024, March). *Exploring domestic and sexual service needs in Fairfax County: Implications for inclusive research* [Interactive poster presentation]. ARIE National Conference, Fairfax, VA.

Cooper, C., Gill, R. & Archie, K. (Faculty Sponsors: Hand, M. & Hines, D.) (2025, April). *Addressing service needs for domestic and sexual violence in Fairfax's South County: A thematic analysis* [Interactive poster presentation]. George Mason University College of Public Health's Celebration of Scholarship, Fairfax, VA.

Pignano, J. & Driskill, J. (Faculty Sponsors: Hand, M. & Hines, D.) (2025, April). *Exploring barriers to accessing domestic and sexual violence services for at-risk populations in Fairfax County* [Interactive poster presentation]. George Mason University College of Public Health's Celebration of Scholarship, Fairfax, VA.

Hand, M. D., Driskill, J., Pignano, J., Young, K., Cooper, C. & Hines, D. (2025, November). *Attending to the public health crises of domestic and sexual violence: A thematic analysis of barriers to service use in a high-risk community, and strategies for addressing them*. [Interactive poster presentation]. American Public Health Association Annual Meeting, Washington, DC. https://apha.confex.com/apha/2025/meetingapp.cgi/Paper/576648

The following conference abstracts have been accepted and will be presented at the Society for Social Work Research (SSWR) annual meeting in January 2026:

Hand, M. D., Driskill, J., Pignano, J., Cooper, C., Young, K., & Hines, D. (2026, January). *Exploring and addressing barriers to accessing domestic and sexual violence services within at-risk communities.* [Interactive poster presentation]. Annual Conference of the Society for Social Work and Research (SSWR), Washington, DC.

Cooper, C., Gill, R., Hines, D. & Hand, M. (2026, January). *Domestic and sexual violence service needs for at-risk populations in a diverse East Coast County: A thematic analysis.* [Interactive poster presentation]. Annual Conference of the Society for Social Work and Research (SSWR), Washington, DC.

Preliminary results were presented virtually during a DSVS staff meeting in May of 2025. In addition, findings from this study were referenced in a workshop provided to DV/SV, adult protective services (APS), and other elder care service providers in Fairfax County:

Hand, M.D. & Hines, D. A. (2025, May). *Domestic and sexual violence in later life: Considerations for caregivers and client*s [Interactive invited community member and practitioner workshop]. Fairfax County Department of Family Services Adult and Aging Division Community Member and Practitioner Workshop, Fairfax, VA.

Project Deliverables: Scholarly Manuscripts in Preparation to Date

We are currently in the process of writing three or more scholarly manuscripts to more widely disseminate our findings in peer-reviewed journals as well. Working titles and authors are listed below:

Hand, M., Hines, D., Russo, L., Mezzapelle, J., Driskill, J., Young, K. & Archie, K. (In prep.). Service provider knowledge and perceptions on barriers to accessing domestic and sexual violence services within an at-risk community: A thematic analysis. [Manuscript in preparation].

Hand, M., Hines, D., Russo, L., Mezzapelle, J., Pignano, J., Kline, S., Young, K. & Archie, K. (In prep.). Exploring barriers to accessing domestic and sexual violence services within at-risk populations living in a large East Coast County: A thematic analysis of community leaders' knowledge, experiences, and recommendations. [Manuscript in preparation].

Russo., L., Mezzapelle, J., Hines, D. & Hand, M. (In prep.) Barriers and help-seeking experiences for domestic and sexual violence in a community sample. [Manuscript in preparation].

Mezzapelle, J., Russo., L., Hines, D., Hand, M., Driskill, J., Pignano, J. & Young, K. (In prep.) Community members' perceptions of and experiences with domestic and sexual violence services in a high-risk neighborhood: A mixed methods analysis. [Manuscript in preparation].

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Appendix A: Qualitative Interview Questions

2023 Interview Questions

1. How long have you been living and/or working in this area, and what especially drew you to live and/or work with/in this community?
2. What can you tell me about this community? What makes it special and unique? What are some of the community's strengths and challenges?
3. What do you imagine local community members think of when the terms "domestic violence" and "sexual violence" is used? What do you think of when considering these terms?
4. How (if at all) may DV and SV be relevant to local community members?
5. How (if at all) may community culture impact DV/SV and how these terms are understood?
6. What relevant DV/SV resources or services (if any) do you know of community members using?
7. What are some barriers that your community members experience to accessing DV/SV services?
8. What (if anything) may be done to better engage with and serve the community, in a respectful and culturally appropriate manner?

Finally, we'd like to ask you some demographic questions just for classification purposes. Again, this information will remain private and confidential. And remember, you don't have to answer any questions you don't feel comfortable answering.

1. What is your age?
2. What is your race and ethnicity?
3. What is your gender?
4. What is your sexual orientation?
5. How would you describe your socioeconomic status?
6. What is your occupation?
7. How do you see yourself in relation to xxx community?
8. How do the people within xxx community view you?
9. What is your leadership role within xxx community?

2024 Interview Questions

1. How long have you been living and/or working in this area, and what especially drew you to live and/or work with/in this community?
2. What do you think we should know about your community? What makes it special and unique?
3. What do you imagine local community members think of when the term "domestic violence" is used?

   Probe: How (if at all) is this understanding of domestic violence unique to your community?
4. What about when the term "sexual violence" is used? What do you think members of your community think of when considering this term?
5. Fairfax County Domestic and Sexual Violence Services defines domestic violence as aggression that causes physical, emotional, or financial harm within families or living situations.

   Probe: If this is happening in your community, what does it involve? How often do you think it's happening?
6. Fairfax County Domestic and Sexual Violence Services defines sexual violence as any type of unwanted sexual contact against a person's will or without their consent. A person might use force, threats, manipulation, intimidation, or coercion to commit sexual violence. If sexual violence is happening in your community, what does it involve? How often do you know of it happening?
7. What important changes or problems have you noticed surrounding domestic violence in your community?
8. What important changes or problems have you noticed surrounding sexual violence in your community?
9. How (if at all) may culture impact domestic violence and sexual violence and how these terms are understood in your community? Let's start first with domestic violence.

   And then how about sexual violence?
10. What relevant domestic violence and sexual violence resources or services (if any) do you know of community members using?
11. Are members of your community aware of the services of Fairfax County's Domestic and Sexual Violence Services?

    Probe: If so, how is Fairfax DSVS perceived by your community?

    Do community members find them to be sensitive to their unique culture and needs?

    Probe: If not, why do you think people in your community are unaware of DSVS?
12. How are these issues typically addressed in the community if individuals and families are not accessing formal services, like those offered by Fairfax County?
13. What (if anything) may be done to better engage with and serve the community in a respectful and culturally appropriate manner?
14. What else should we know about domestic and sexual violence in your community? What may we have not asked about that you would have liked for us to know?
15. Who else should we talk to in your community? Can you please provide contact information for other community leaders you would recommend that we interview?

Finally, we'd like to ask you some demographic questions just for classification purposes. Again, this information will remain private and confidential. And remember, you don't have to answer any questions you don't feel comfortable answering.

1. What is your age?
2. What is your race and ethnicity?
3. What is your gender?
4. What is your occupation?
5. How do you see yourself in relation to South County?
6. How do the people within your community view you?
7. What is your leadership role within your community?

Appendix B: 2024-25 Survey Questions

1. Please indicate which zip code you live (and/or work) in.
    - 22306
    - 22309
    - Other: _____

2. What is your age (in years)? [Drop down menu ranging from "Under 18" to "100" and "Prefer Not to answer"]

3. Please indicate which community you live (and/or work) in.
    - Audubon
    - Carrydale Townhomes
    - Colchester
    - Creekside
    - Gums Springs
    - Harmony Place
    - Mount Vernon Square
    - Murrygate
    - Rey's Ingleside
    - Sacramento
    - Sequoyah
    - Spring Gardens
    - Stony Brook
    - Woodlawn
    - Other: _____

4. Have you ever heard of Fairfax County Domestic and Sexual Violence Services (DSVS) or the DVAC (Domestic Violence Action Center)?
    - Yes
    - No
    - Not Sure

5. [If participant selected "Yes" on Question 4] How did you learn about Fairfax County Domestic and Sexual Violence Services (DSVS) and/or the DVAC (Domestic Violence Action Center)? Please check all that apply.
    - ☐ Fairfax County Website
    - ☐ Word of Mouth
    - ☐ Training or Presentation
    - ☐ Social Media
    - ☐ Flyer
    - ☐ Table at a Community Event
    - ☐ Other; please explain: _____

6. [If participant selected "Yes" on Question 4] Which of the services offered by Fairfax County Domestic and Sexual Violence Services (DSVS) and/or the DVAC (Domestic Violence Action Center) do you know about? Check all that apply.
    - ☐ DSVS Hotline
    - ☐ Counseling for victims
    - ☐ Counseling for children
    - ☐ Advocacy services through DVAC (Domestic Violence Action Center)
    - ☐ Services for domestic violence offenders (ADAPT – Anger and Domestic Abuse Prevention and Treatment)
    - ☐ None of the above

7. Have you ever experienced any of the following? Check all that apply.
    - ☐ I was physically harmed by a romantic partner (e.g., spouse, boyfriend, girlfriend, significant other). For example, my partner hit, pushed, punched, and/or kicked me.
    - ☐ I was manipulated, controlled, or threatened by someone I was in a relationship with. For example, they might have controlled my money, watched everything I did, or followed me around.
    - ☐ I experienced unwanted sexual contact that might have happened because of force, threats, manipulation, intimidation, or pressure. This is sometimes called sexual violence.
    - ☐ I was sexually harassed or experienced unwanted sexual comments.
    - ☐ I had someone repeatedly contact me in a way that made me feel scared or harassed. This is sometimes called stalking.
    - ☐ I was forced to engage in prostitution against my will, which is sometimes called sex trafficking.
    - ☐ Other (please explain): _____
    - ☐ None of the above

8. [If participant reported at least one victimization experience on Question 7] Did you tell any of the following people about the experiences you said happened to you in the previous question? Please check off everyone you told.
    - ☐ Family member
    - ☐ Friend or acquaintance
    - ☐ Coworker
    - ☐ Religious leader
    - ☐ Another member of your religious institution, church, temple, or mosque
    - ☐ Police
    - ☐ Court or attorney (for example, for a protective order or to get a divorce)
    - ☐ Fairfax County Domestic and Sexual Violence Services (DSVS)
    - ☐ The Women's Center
    - ☐ Domestic Violence Action Center (DVAC)
    - ☐ Another domestic violence agency
    - ☐ Counseling Services, e.g., a social worker, therapist, psychologist, etc.
    - ☐ Fairfax Falls Church Community Services Board (CSB)
    - ☐ Coordinated Services Planning (CSP)– sometimes known as the 222 number

- ☐ Shelter in Fairfax County
- ☐ Your or your child's school or teacher
- ☐ Doctor, nurse, or dentist or another medical professional
- ☐ Other/somewhere else; please explain: _____
- ☐ This did not happen to me; it only happened to someone I know
- ☐ This did not happen to me or to anyone I know

9. [If participant reported at least one victimization experience on Question 7] What were some of the things that made it difficult to access services for the experiences you had? Please check all that apply.
   - ☐ I did not feel that the situation was serious enough to tell anyone
   - ☐ It was a private/personal matter
   - ☐ I did not know where to go
   - ☐ I did not know how to tell people
   - ☐ I feared the situation would get worse if I told
   - ☐ My religious or cultural community wouldn't support me or want me to get these services
   - ☐ I wanted the issue to be handled by family
   - ☐ I wanted the issue to be handled by my community
   - ☐ I would bring shame on my family if I told anyone
   - ☐ I didn't have transportation
   - ☐ I didn't have childcare
   - ☐ I did not want to reveal my immigration status to any services
   - ☐ I did not believe the services would be sensitive to my gender, gender identity, or sexual orientation
   - ☐ I was not provided the services I needed because of my gender, gender identity, and/or sexual orientation
   - ☐ I did not believe that these services would be sensitive to my race, ethnicity, and/or cultural background
   - ☐ I was not provided the services I needed because of my race, ethnicity, and/or cultural background
   - ☐ I have a disability and did not believe that the services were sensitive to my disability or disabilities
   - ☐ My disability or disabilities could not be accommodated
   - ☐ The services are not sensitive to my religion
   - ☐ The services did not speak my language
   - ☐ Other reason, please explain: _____
   - ☐ None of the above

10. [If participant selected "I wanted the issue to be handled by my community" on Question 9] You indicated that you wanted the issue to be handled by your community. What community are you referring to?
    - ☐ My neighborhood
    - ☐ My workplace
    - ☐ My school

- ☐ My religious community
- ☐ My community based on the same cultural background or country that we came here from
- ☐ My community based on a sport, art, or other hobby
- ☐ Other: _____

11. [If participant reported at least one victimization experience on Question 7] What were some of the things that made it difficult to access Fairfax County Domestic and Sexual Violence Services (DSVS) or DVAC (Domestic Violence Action Center) in particular? Please check all that apply.
    - ☐ I didn't know DSVS/DVAC existed
    - ☐ I did not know what services were offered at DSVS/DVAC
    - ☐ I didn't know how to contact DSVS/DVAC
    - ☐ I tried accessing DSVS/DVAC, but no one was there
    - ☐ I did not believe that DSVS/DVAC would have anyone who spoke my language
    - ☐ DSVS/DVAC didn't have anyone who spoke my language
    - ☐ I did not feel that the situation was serious enough to contact DSVS/DVAC
    - ☐ It was a private/personal matter
    - ☐ I feared the situation would get worse if I went to DSVS/DVAC
    - ☐ My religious or cultural community wouldn't support me or want me to go to DSVS/DVAC
    - ☐ I wanted the issue to be handled by family
    - ☐ I wanted the issue to be handled by my community
    - ☐ I would bring shame on my family if I told DSVS/DVAC
    - ☐ I didn't have transportation
    - ☐ I didn't have childcare
    - ☐ I did not want to reveal my immigration status to DSVS/DVAC
    - ☐ I did not believe DSVS/DVAC would be sensitive to my gender, gender identity, or sexual orientation
    - ☐ I was not provided the services I needed from DSVS/DVAC because of my gender, gender identity, and/or sexual orientation
    - ☐ I did not believe that DSVS/DVAC services would be sensitive to my race, ethnicity, and/or cultural background
    - ☐ I have a disability and did not believe that DSVS/DVAC would be sensitive to my disability or disabilities
    - ☐ My disability or disabilities could not be accommodated by DSVS/DVAC
    - ☐ DSVS/DVAC are not sensitive to my religion
    - ☐ Other reason, please explain: _____
    - ☐ None of the above

12. [If participant selected "I wanted the issue to be handled by my community" on Question 11] You indicated that you wanted the issue to be handled by your community. What community are you referring to?
    - ☐ My neighborhood
    - ☐ My workplace

- ☐ My school
- ☐ My religious community
- ☐ My community based on the same cultural background or country that we came here from
- ☐ My community based on a sport, art, or other hobby
- ☐ Other: _____

13. Has anyone you know ever experienced any of the following? Check all that apply.
    - ☐ Someone I know was physically hurt by a romantic partner (e.g., spouse, boyfriend, girlfriend, significant other). For example, their partner hit, pushed, punched, and/or kicked them.
    - ☐ Someone I know was manipulated, controlled, or threatened by their partner, like their spouse, boyfriend, or girlfriend. For example, their partner might have controlled their money, watched everything they did, or followed them around.
    - ☐ Someone I know experienced unwanted sexual contact that might have happened because of force, threats, manipulation, intimidation, or pressure. This is sometimes called sexual violence.
    - ☐ Someone I know was sexually harassed or had to deal with unwanted sexual comments.
    - ☐ Someone I know had repeated and unwanted contact from another person that made them feel scared or harassed. This is sometimes called stalking.
    - ☐ Someone I know was forced into prostitution against their will. This is sometimes called sex trafficking.
    - ☐ Other (please explain): _____
    - ☐ None of the above

14. [If participant reported knowing someone with at least one victimization experience on Question 13] According to your knowledge, did the person you know who experienced domestic violence, sexual violence, stalking, or sex trafficking tell any of the following people about their experiences? Please check off everyone you know they told.
    - ☐ Family member
    - ☐ Friend or acquaintance
    - ☐ Coworker
    - ☐ Religious leader
    - ☐ Another member at their religious institution or house of worship, such as a church, temple, or mosque
    - ☐ Police
    - ☐ Court or an attorney (for example, for a protective order or to get a divorce)
    - ☐ Fairfax County Domestic and Sexual Violence Services
    - ☐ The Women's Center
    - ☐ Domestic Violence Action Center (DVAC)
    - ☐ Another domestic violence agency
    - ☐ Counseling Services, e.g., a social worker, therapist, psychologist, etc.
    - ☐ Fairfax Community Services Board (CSB)
    - ☐ Coordinated Services Planning (CSP)– sometimes known as the 222 number
    - ☐ Shelter in Fairfax County

- ☐ Your or your child's school or teacher
- ☐ Doctor, nurse, or dentist or another medical professional
- ☐ Other/someone else, please explain: _____
- ☐ I don't know who they told
- ☐ This did not happen to anyone I know; it only happened to me
- ☐ This did not happen to anyone I know, or to me

15. [If participant reported knowing someone with at least one victimization experience on Question 13] What were some of the things that made it difficult for that person to access services for the domestic violence, sexual violence, stalking, and/or sex trafficking they experienced? Please check all that apply.
    - ☐ They did not feel that the situation was serious enough to tell anyone
    - ☐ It was a private/personal matter
    - ☐ They did not know where to go
    - ☐ They did not know how to tell people
    - ☐ They feared the situation would get worse if they told
    - ☐ Their religious or cultural community wouldn't support them or want them to get these services
    - ☐ They wanted the issue to be handled by family
    - ☐ They wanted the issue to be handled by their community
    - ☐ They would bring shame on their family if they told anyone
    - ☐ They didn't have transportation
    - ☐ They didn't have childcare
    - ☐ They did not want to reveal their immigration status to any services
    - ☐ They did not believe the services would be sensitive to their gender, gender identity, or sexual orientation
    - ☐ They were not provided the services they needed because of their gender, gender identity, and/or sexual orientation
    - ☐ They did not believe that these services would be sensitive to their race, ethnicity, and/or cultural background
    - ☐ They were not provided the services they needed because of their race, ethnicity, and/or cultural background
    - ☐ They have a disability and did not believe that the services would be sensitive to their disability or disabilities
    - ☐ Their disability or disabilities could not be accommodated
    - ☐ The services are not sensitive to their religion
    - ☐ The services did not speak their language
    - ☐ Other reason, please explain: _____
    - ☐ None of the above

16. [If participant selected "They wanted the issue to be handled by their community" on Question 15] You indicated that they wanted the issue to be handled by their community. What community are you referring to?
    - ☐ Their neighborhood
    - ☐ Their workplace

- ☐ Their school
- ☐ Their religious community
- ☐ Their community based on the same cultural background or country that they came here from
- ☐ Their community based on a sport, art, or other hobby they do
- ☐ Other: _____

17. [If participant reported knowing someone with at least one victimization experience on Question 13] According to your knowledge, what were some of the things that made it difficult for them to access Fairfax County Domestic and Sexual Violence Services (DSVS) or DVAC (Domestic Violence Action Center) in particular? Please check all that apply.
    - ☐ They didn't know DSVS/DVAC existed
    - ☐ They did not know what services were offered at DSVS/DVAC
    - ☐ They didn't know how to contact DSVS/DVAC
    - ☐ They tried accessing DSVS/DVAC, but no one was there
    - ☐ The intake process at DSVS/DVAC was too long
    - ☐ They did not believe that DSVS/DVAC would have anyone who spoke their language
    - ☐ DSVS/DVAC didn't have anyone who spoke their language
    - ☐ They did not feel that the situation was serious enough to contact DSVS/DVAC
    - ☐ It was a private/personal matter
    - ☐ They feared the situation would get worse if they went to DSVS/DVAC
    - ☐ Their religious or cultural community wouldn't support them or want them to go to DSVS/DVAC
    - ☐ They wanted the issue to be handled by family
    - ☐ They wanted the issue to be handled by their community
    - ☐ They would bring shame on their family if they told DSVS/DVAC
    - ☐ They didn't have transportation
    - ☐ They didn't have childcare
    - ☐ They did not want to reveal their immigration status to DSVS/DVAC
    - ☐ They did not believe DSVS/DVAC would be sensitive to their gender, gender identity, or sexual orientation
    - ☐ They were not provided the services they needed from DSVS/DVAC because of their gender, gender identity, and/or sexual orientation
    - ☐ They did not believe that DSVS/DVAC services would be sensitive to their race, ethnicity, and/or cultural background
    - ☐ They have a disability and did not believe that DSVS/DVAC would be sensitive to their disability or disabilities
    - ☐ Their disability or disabilities could not be accommodated by DSVS/DVAC
    - ☐ DSVS/DVAC are not sensitive to their religion
    - ☐ Other reason, please explain: _____
    - ☐ They didn't have any difficulties accessing DSVS/DVAC
    - ☐ None of the above
    - ☐ I don't know what made it difficult for them

18. [If participant selected "They wanted the issue to be handled by their community" on Question 17] You indicated that they wanted the issue to be handled by their community. What community are you referring to?
    - ☐ Their neighborhood
    - ☐ Their workplace
    - ☐ Their school
    - ☐ Their religious community
    - ☐ Their community based on the same cultural background or country that they came here from
    - ☐ Their community based on a sport, art, or other hobby they do
    - ☐ Other: _____

19. [If participant selected "Fairfax County Domestic and Sexual Violence Services (DSVS)" and/or "Domestic Violence Action Center (DVAC)" on Questions 11 and/or 14] You indicated that you or someone you know used Fairfax County Domestic and Sexual Violence Services (DSVS) and/or the Domestic Violence Action Center (DVAC). Would you recommend their services to others?
    - o Yes
    - o No
    - o Not Sure

20. [If participant selected "Yes" or "Not Sure" on Question 19] Why would you recommend Fairfax County DSVS/DVAC to others? [Open-ended question]

21. [If participant selected "No" or "Not Sure" on Question 19] Why wouldn't you recommend Fairfax County DSVS/DVAC to others? [Open-ended question]

Instructions: Now we just have a few questions about who you are.

22. What is your gender? (please indicate the one you identify with the most)
    - o Woman
    - o Man
    - o Transgender
    - o Nonbinary
    - o Other: _____
    - o Prefer not to answer

23. What is your sexual orientation? (please indicate the one you identify with the most)
    - o Heterosexual
    - o Gay
    - o Lesbian
    - o Bisexual or pansexual
    - o Other: _____
    - o Prefer not to answer

24. What is your race? (please check all that apply)
    - ☐ Asian - East Asian/Southeast Asian/South Asian
    - ☐ African American/Black/ Caribbean origins/African origins
    - ☐ Native American/Alaska Native/ North American Aboriginal/ Indigenous
    - ☐ Native Hawaiian/ Pacific Islander
    - ☐ Middle Eastern or North African
    - ☐ White/Caucasian/European origins
    - ☐ White African
    - ☐ Other: _____
    - ☐ Prefer not to answer

25. What is your ethnicity?
    - ○ Hispanic/Latino/a
    - ○ Non-Hispanic
    - ○ Unknown
    - ○ Prefer not to answer

26. Have you ever been diagnosed with any disability or impairment?
    - ○ Yes
    - ○ No
    - ○ I prefer not to answer

27. [If participant selected "Yes" on Question 26] With which of the following have you been diagnosed? (Please mark all that apply)
    - ☐ A sensory impairment (vision or hearing)
    - ☐ A mobility impairment
    - ☐ A learning disability (e.g., ADHD, dyslexia)
    - ☐ A cognitive disability (such as a TBI or dementia)
    - ☐ A mental health disorder
    - ☐ A disability or impairment not listed above. Please specify: _____
    - ☐ I prefer not to specify

Instructions: As with all questions in this survey, the following questions are completely optional. Your responses are anonymous; your name will not be linked to any of your responses.

28. Are you a U.S. citizen?
    - ○ Yes
    - ○ No
    - ○ Not Sure
    - ○ Prefer not to answer

29. [If participant selected "No" on Question 28] Do you have a Permanent U.S. residency (green card)?
    - ○ Yes
    - ○ No

- Not Sure
- Prefer not to answer

30. [If participant selected “No” on Questions 28 and 29] Do you have a current visa?
    - Yes
    - No
    - Not Sure
    - Prefer not to answer

31. [If participant selected “No” on Questions 28, 29, and 30] Do you have refugee/asylum status?
    - Yes
    - No
    - Not Sure
    - Prefer not to answer

32. [If participant selected “No” on Questions 28, 29, 30, and 31] Do you have an application or are you waiting for one of the above statuses?
    - Yes
    - No
    - Not Sure
    - Prefer not to answer

33. [If participant selected “Yes” on Question 32] Please share which of the above (citizenship, permanent residency or green card, visa, refugee or asylum status) you are applying or waiting for. Please share here (or write 'prefer not to answer,' noting that your answer will be confidential). [Open-ended question]

34. Thank you for your answers. Finally, let us know if there is anything else you’d like to tell us about domestic and/or sexual violence in your community that we did not ask about, and/or please feel free to provide more information about any of your answers from above. [Open-ended question]

Appendix C: Data Tables

Table C1

Comparisons of Awareness of DSVS/DVAC (N = 506)

Demographic	% (*n*)	% (*n*)	χ^2	*p*	Cramer's V
Gender	**Women (*n* = 369)**	**Men (*n* = 135)**			
	63.1 (233)	57.8 (78)	1.20	.272	.05
Sexual orientation	**Heterosexual (*n* = 474)**	**Lesbian, Gay, Bisexual or Pansexual (*n* = 26)**			
	60.8 (288)	80.8 (21)	4.18	.041	.09
Race	**White (*n* = 347)**	**Non-White (*n* = 150)**			
	63.1 (219)	58.7 (91)	0.88	.348	.04
Disability	**No disability (*n* = 467)**	**At least one disability (*n* = 36)**			
	62.1 (290)	63.9 (23)	0.05	.831	.01
Age	**18-49 (*n* = 390)**	**50-80 (*n* = 113)**			
	62.8 (245)	59.3 (67)	0.46	.496	.03
Zip code	**22306 (*n* = 299)**	**22309 (*n* = 207)**			
	57.9 (173)	67.6 (140)	4.95	.026	.10
Experienced victimization	**Victimization (*n* = 262)**	**No victimization (*n* = 244)**			
	74.4 (195)	48.4 (118)	36.38	< .001	.27
Knowing a victim	**Knows a victim (*n* = 354)**	**Does not know a victim (*n* = 152)**			
	64.4 (228)	55.9 (85)	3.25	.072	.08

Note. For our race variable, "White" included participants who identified as "White/Caucasian/European origins" or as "White Africans," all other racial identities were grouped together as "non-White." The two participants who identified as transgender and nonbinary are excluded from the gender analysis. The six participants who identified their sexual orientation as "other" or indicated they would prefer not to say were excluded from the sexual orientation analysis. The four participants who indicated that they preferred not to provide their race were excluded from the race analysis. The three participants who indicated that they would prefer not to say were excluded from the disability analysis. The three participants who did not report their ages were excluded from the age analysis.

Table C2

Barriers to Seeking Help from DSVS/DVAC For Primary Survivors and Those Respondents Know

Barrier	Participant survivors (*n* = 262) % (*n*) or *M* (SD)	Survivors whom respondents know (*n* = 354) % (*n*) or *M* (SD)
Total # of DSVS/DVAC-specific barriers endorsed	1.51 (1.12)	1.08 (1.23)
Did not know DSVS/DVAC existed	27.5 (72)	22.3 (79)
It was a personal/private matter	22.5 (59)	14.7 (52)
Wanted the issue to be handled by family	19.8 (52)	9.9 (35)
Feared going to DSVS/DVAC would make it worse	17.6 (46)	9.3 (33)
Did not know what services DSVS/DVAC offered	14.9 (39)	13.3 (47)
Tried accessing DSVS/DVAC but no one was there	8.4 (22)	2.0 (7)
Did not feel that the issue was serious enough to contact DSVS/DVAC	8.4 (22)	5.1 (18)
Did not think DSVS/DVAC would be sensitive to their gender, gender identity, and/or sexual orientation	6.1 (16)	1.1 (4)
Did not know how to contact DSVS/DVAC	4.6 (12)	8.2 (29)
Did not believe DSVS/DVAC would be sensitive to their race, ethnicity, and/or cultural background	3.1 (8)	3.1 (11)
Telling DSVS/DVAC would bring shame on family	2.7 (7)	4.8 (17)
Did not have transportation	2.3 (6)	1.1 (4)
Did not have childcare	2.3 (6)	0.8 (3)
Their religious or cultural community would not support them or want them to go to DSVS/DVAC	1.9 (5)	0.8 (3)
No one at DSVS/DVAC spoke their language	1.5 (4)	0.6 (2)
Wanted the issue to be handled by their workplace	1.5 (4)	1.1 (4)
Didn't DSVS/DVAC to know their immigration status	1.5 (4)	0.8 (3)
Wanted their religious community to handle the issue	1.1 (3)	0.3 (1)
Didn't think DSVS would be sensitive to their disability or disabilities	1.1 (3)	0.0 (0)
DSVS/DVAC are not sensitive to their religion	0.8 (2)	0.0 (0)
Didn't think DSVS staff would speak their language	0.4 (1)	2.0 (7)
Wanted the issue to be handled by their community of the same cultural background or country of origin	0.4 (1)	0.0 (0)
Was not provided needed DSVS/DVAC services due to gender, gender identity, or sexual orientation	0.4 (1)	1.4 (5)
Their disability or disabilities could not be accommodated by DSVS/DVAC	0.4 (1)	0.3 (1)
Some other barrier	0.0 (0)	0.4 (2)
The intake process at DSVS/DVAC was too long	N/A	3.0 (15)
No difficulties accessing DSVS/DVAC	N/A	8.7 (44)
Doesn't know what made it difficult for them	N/A	17.8 (90)

Note. DSVS/DVAC-specific barriers marked with "N/A" were not included in the survey for participants who were reporting on their own barriers to accessing DSVS/DVAC

Table C3

Comparisons of Top Five Barriers to Seeking Help from DSVS for Participant Survivors (n = 262)

Resource	% (*n*)	% (*n*)	χ^2	*p*	Cramer's V
	Women (*n* = 216)	**Men (*n* = 44)**			
Did not know it existed	27.3 (59)	27.3 (12)	0.00	.995	.00
Private/personal matter	24.1 (52)	15.9 (7)	1.39	.239	.07
Wanted it handled by family	20.4 (44)	18.2 (8)	0.11	.741	.02
Feared telling would make it worse	20.4 (44)	2.3 (1)	8.37	.004	.18
Didn't know what services existed	15.3 (33)	13.6 (6)	0.08	.781	.02
	Heterosexual (*n* = 242)	**Lesbian, Gay, Bisexual or Pansexual (*n* = 16)**			
Did not know it existed	27.3 (66)	18.8 (3)	0.56	.456	.05
Private/personal matter	23.1 (56)	12.5 (2)	0.98	.323	.06
Wanted it handled by family	21.1 (51)	6.3 (1)	2.05	.152	.09
Feared telling would make it worse	17.8 (43)	18.8 (3)	0.01	.921	.01
Didn't know what services existed	13.6 (33)	25.0 (4)	1.58	.209	.08
	Non-White (*n* = 88)	**White (*n* = 170)**			
Did not know it existed	29.5 (26)	25.3 (43)	0.54	.465	.05
Private/personal matter	19.3 (17)	24.7 (42)	0.95	.329	.06
Wanted it handled by family	11.4 (10)	24.7 (42)	6.41	.011	.16
Feared telling would make it worse	9.1 (8)	21.8 (37)	6.47	.011	.16
Didn't know what services existed	14.8 (13)	15.3 (26)	0.01	.912	.01
	No disability (*n* = 247)	**One or more disability (*n* = 14)**			
Did not know it existed	27.5 (68)	21.4 (3)	0.25	.618	.03
Private/personal matter	22.7 (56)	21.4 (3)	0.01	.914	.01
Wanted it handled by family	20.2 (50)	14.3 (2)	0.30	.587	.03
Feared telling would make it worse	17.8 (44)	14.3 (2)	0.11	.736	.02
Didn't know what services existed	13.8 (34)	35.7 (5)	5.02	.025	.14
	Ages 18-49 (*n* = 219)	**Ages 50-80 (*n* = 113)**			
Did not know it existed	25.6 (56)	37.2 (16)	2.44	.118	.10
Private/personal matter	20.5 (45)	32.6 (14)	2.97	.085	.11
Wanted it handled by family	17.8 (39)	30.2 (13)	3.49	.062	.12
Feared telling would make it worse	17.8 (39)	16.3 (7)	0.06	.810	.02
Didn't know what services existed	16.0 (35)	9.3 (4)	1.27	.261	.07
	Zip code 22306 (*n* = 148)	**Zip code 22309 (*n* = 114)**			
Did not know it existed	27.7 (41)	27.2 (31)	0.01	.927	.01
Private/personal matter	23.0 (34)	21.9 (25)	0.04	.841	.01
Wanted it handled by family	18.9 (28)	21.1 (24)	0.18	.668	.03
Feared telling would make it worse	14.9 (22)	21.1 (24)	1.70	.192	.08

Didn't know what services existed	14.2 (21)	15.8 (18)	0.13	.718	.02
	No physical violence (*n* = 155)	**Physical violence (*n* = 107)**			
Did not know it existed	31.6 (49)	21.5 (23)	3.25	.071	.11
Private/personal matter	18.7 (29)	28.0 (30)	3.16	.076	.11
Wanted it handled by family	16.8 (26)	24.3 (26)	2.23	.133	.09
Feared telling would make it worse	11.0 (17)	27.1 (29)	11.39	< .001	.21
Didn't know what services existed	10.3 (16)	21.5 (23)	6.24	.013	.15
	No coercive control (*n* = 174)	**Coercive control (*n* = 88)**			
Did not know it existed	27.6 (48)	27.3 (24)	0.00	.957	.00
Private/personal matter	21.8 (38)	23.9 (21)	0.14	.711	.02
Wanted it handled by family	23.0 (40)	13.6 (12)	3.21	.073	.06
Feared telling would make it worse	17.8 (31)	17.0 (15)	0.02	.877	.01
Didn't know what services existed	13.2 (23)	18.2 (16)	1.14	.286	.07
	No SV (*n* = 219)	**SV (*n* = 43)**			
Did not know it existed	29.7 (65)	16.3 (7)	3.24	.072	.11
Private/personal matter	23.3 (51)	18.6 (8)	0.45	.501	.04
Wanted it handled by family	21.0 (46)	14.0 (6)	1.12	.289	.06
Feared telling would make it worse	18.3 (40)	14.0 (6)	0.46	.497	.04
Didn't know what services existed	12.8 (28)	25.6 (11)	4.65	.031	.13
	No sexual harassment (*n* = 210)	**Sexual harassment (*n* = 52)**			
Did not know it existed	28.6 (60)	23.1 (12)	0.63	.427	.05
Private/personal matter	25.2 (53)	11.5 (6)	4.48	.034	.13
Wanted it handled by family	22.9 (48)	7.7 (4)	6.03	.014	.15
Feared telling would make it worse	17.1 (36)	19.2 (10)	0.13	.723	.02
Didn't know what services existed	13.8 (29)	19.2 (10)	0.97	.325	.06
	No stalking (*n* = 164)	**Stalking (*n* = 98)**			
Did not know it existed	26.2 (28)	29.6 (29)	0.35	.554	.04
Private/personal matter	24.4 (40)	19.4 (19)	0.88	.348	.06
Wanted it handled by family	20.7 (34)	18.4 (18)	0.22	.642	.03
Feared telling would make it worse	18.9 (31)	15.3 (15)	0.55	.459	.05
Didn't know what services existed	17.1 (28)	11.2 (11)	1.66	.198	.08

Note. Analyses were only conducted for barriers endorsed by 10% or more of total respondents. For race, "White" included respondents who identified as "White/Caucasian/European origins" or as "White Africans," all other racial identities were grouped together as "non-White." The two respondents who identified as transgender and nonbinary were excluded from gender comparison analyses. The four who reported victimization and identified their sexual orientation as "other" or indicated they would prefer not to say were excluded from sexual orientation comparison analyses. The four who indicated that they preferred not to provide their race were excluded from race comparison analyses. Due to the low frequency of sex trafficking victims, we were unable to conduct analyses related to this victimization experience.

Table C4

Comparisons of Top Three Barriers to Seeking DSVS' Help for Survivors Known by Respondents (n = 354)

Resource	% (*n*)	% (*n*)	χ^2	*p*	Cramer's V
	No physical violence victimization (*n* = 209)	**Physical violence victimization (*n* = 145)**			
Did not know it existed	23.4 (49)	20.7 (30)	0.38	.540	.03
Private/personal matter	10.0 (21)	21.4 (31)	8.77	.003	.16
Did not know what services were offered	11.5 (24)	15.9 (47)	1.43	.232	.06
	No coercive control victimization (*n* = 221)	**Coercive control victimization (*n* = 133)**			
Did not know it existed	22.6 (50)	21.8 (29)	0.03	.858	.01
Private/personal matter	14.9 (33)	14.3 (19)	0.03	.868	.01
Did not know what services were offered	9.0 (20)	20.3 (27)	9.13	.003	.16
	No SV victimization (*n* = 273)	**SV victimization (*n* = 81)**			
Didn't know it existed	22.7 (62)	21.0 (17)	0.11	.744	.02
Private/personal matter	15.8 (43)	11.1 (9)	1.07	.300	.06
Did not know what services were offered	10.3 (28)	23.5 (19)	9.45	.002	.16
	No sexual harassment (*n* = 265)	**Sexual harassment victimization (*n* = 89)**			
Didn't know it existed	20.0 (53)	29.2 (26)	3.26	.071	.10
Private/personal matter	14.0 (37)	16.9 (15)	0.45	.505	.04
Didn't know what services were offered	12.8 (34)	14.6 (13)	0.18	.669	.02
	No stalking victimization (*n* = 259)	**Stalking victimization (*n* = 95)**			
Didn't know it existed	19.3 (50)	30.5 (29)	5.05	.025	.12
Private/personal matter	16.6 (43)	9.5 (9)	2.82	.093	.09
Didn't know what services were offered	12.0 (31)	16.8 (16)	1.43	.231	.06
	No sex trafficking victimization (*n* = 334)	**Sex trafficking victimization (*n* = 20)**			
Didn't know it existed	21.9 (73)	30.0 (6)	0.72	.396	.05
Private/personal matter	14.7 (49)	15.0 (3)	0.00	.968	.00
Didn't know what services were offered	13.2 (44)	15.0 (3)	0.06	.815	.01

Note. Analyses were only conducted for barriers endorsed by 10% or more of total responding participants. As we did not collect demographic data on the survivors that participants know, we only conducted barrier endorsement comparisons related to their victimization experiences.

Table C5

Comparisons of DSVS/DVAC Help-Seeking Rates Among Participant Survivors (n = 262)

Demographic/ Victimization Experience	% (*n*)	% (*n*)	χ^2	*p*	Cramer's V
	Women (*n* = 216)	**Men (*n* = 44)**			
Gender	36.6 (79)	40.9 (18)	0.29	.588	.03
	Heterosexual (*n* = 242)	**Lesbian, Gay, Bisexual or Pansexual (*n* = 16)**			
Sexual orientation	37.2 (90)	43.8 (7)	0.28	.600	.03
	Non-White (*n* = 88)	**White (*n* = 170)**			
Race	31.8 (28)	40.6 (69)	1.90	.168	.09
	No disability (*n* = 247)	**One or more disability (*n* = 14)**			
Disability	38.9 (96)	14.3 (2)	3.41	.065	.11
	Ages 18-49 (*n* = 219)	**Ages 50-80 (*n* = 113)**			
Age	41.1 (90)	18.6 (8)	7.77	.005	.17
	Zip code 22306 (*n* = 148)	**Zip code 22309 (*n* = 114)**			
Zip code	37.8 (56)	36.8 (42)	0.03	.869	.01
	No physical violence victimization (*n* = 155)	**Physical violence victimization (*n* = 107)**			
Physical violence from a romantic partner	29.7 (46)	48.6 (52)	9.68	.002	.19
	No coercive control victimization (*n* = 174)	**Coercive control victimization (*n* = 88)**			
Coercive control from a romantic partner	32.2 (56)	47.7 (42)	6.03	.014	.15
	No sexual violence victimization (*n* = 219)	**Sexual violence victimization (*n* = 43)**			
Unwanted sexual contact or SV	36.1 (79)	44.2 (19)	1.01	.315	.06
	No sexual harassment victimization (*n* = 210)	**Sexual harassment victimization (*n* = 52)**			
Sexual harassment	32.4 (68)	57.7 (30)	11.41	< .001	.21
	No stalking victimization (*n* = 164)	**Stalking victimization (*n* = 98)**			
Stalking	43.9 (72)	26.5 (26)	7.91	.005	.17

Note. For our race variable, "White" included participants who identified as "White/Caucasian/European origins" or as "White Africans," all other racial identities were grouped together as "non-White." The two participants who identified as transgender and nonbinary are excluded from gender comparison analyses. The four participants who reported victimization and identified their sexual orientation as "other" or indicated they would prefer not to say were excluded from sexual orientation comparison analyses. The four participants who indicated that they preferred not to provide their race were excluded from race comparison analyses. Due to the

low frequency of sex trafficking victims in our sample, we were unable to conduct analyses related to this victimization experience.

Table C6

Comparisons of DSVS/DVAC Help-Seeking Rates Among Survivors that Participants Know (n = 354)

Victimization Experience	% (*n*)	% (*n*)	χ^2	*p*	Cramer's V
	No physical violence victimization (*n* = 209)	**Physical violence victimization (*n* = 145)**			
Physical violence from a romantic partner	29.7 (62)	36.6 (53)	1.85	.174	.07
	No coercive control victimization (*n* = 221)	**Coercive control victimization (*n* = 133)**			
Coercive control from a romantic partner	26.2 (58)	42.9 (57)	10.45	.001	.17
	No sexual violence victimization (*n* = 273)	**Sexual violence victimization (*n* = 81)**			
Unwanted sexual contact or sexual violence	28.6 (78)	45.7 (37)	8.34	.004	.15
	No sexual harassment victimization (n = 265)	**Sexual harassment victimization (n = 89)**			
Sexual harassment	32.5 (86)	32.6 (29)	0.00	.982	.00
	No stalking victimization (*n* = 259)	**Stalking victimization (*n* = 95)**			
Stalking	39.0 (101)	14.7 (14)	18.65	< .001	.23
	No sex trafficking victimization (*n* = 334)	**Sex trafficking victimization (*n* = 20)**			
Sex trafficking	32.9 (110)	25.0 (5)	0.54	.462	.04

Note. Because we did not collect demographic data on the survivors that participants know, we only conducted help-seeking comparisons related to their victimization experiences.

Table C7

Frequencies and Comparisons of Recommending DSVS/DVAC Among Those Who Used or Know Someone Who Used DSVS/DVAC

Demographic	**% (*n*)**	**% (*n*)**	χ^2	*p*	Cramer's V
Total Sample of Participants Who Used or Know Someone Who Used DSVS/DVAC (*n* = 188)					
Total who would recommend	84.6 (159)				
Gender	**Women (*n* = 141)**	**Men (*n* = 46)**			
	87.9 (124)	73.9 (34)	5.21	.022	.17
Sexual orientation	**Heterosexual (*n* = 177)**	**Lesbian, Gay, Bisexual or Pansexual (*n* = 10)**			
	84.7 (150)	80.0 (8)	0.16	.687	.03
Race	**White (*n* = 143)**	**Non-White (*n* = 43)**			
	87.4 (125)	76.7 (33)	2.94	.086	.13
Disability	**No disability (*n* = 177)**	**At least one disability (*n* = 11)**			
	83.6 (148)	100.00 (11)	2.13	.144	.11
Age	**18-49 (*n* = 152)**	**50-80 (*n* = 35)**			
	84.9 (129)	82.9 (29)	0.09	.767	.02
Zip code	**22306 (*n* = 105)**	**22309 (*n* = 83)**			
	84.8 (89)	84.8 (70)	0.01	.936	.01
Experienced victimization	**Victimization (*n* = 128)**	**No victimization (*n* = 60)**			
	81.3 (104)	91.7 (55)	3.40	.065	.13
Knowing a survivor	**Knows a survivor (*n* = 141)**	**Does not know a survivor (*n* = 47)**			
	87.2 (123)	76.6 (36)	3.06	.080	.13
Participant Survivors Who Sought Help from DSVS/DVAC (*n* = 90)					
Total who would recommend	73.5 (72)				
Gender	**Women (*n* = 72)**	**Men (*n* = 17)**			
	86.1 (62)	52.9 (9)	9.38	.002	.33
Sexual orientation	**Heterosexual (*n* = 83)**	**Lesbian, Gay, Bisexual or Pansexual (*n* = 6)**			
	80.7 (67)	66.7 (4)	0.69	.408	.09
Race	**Non-White (*n* = 22)**	**White (*n* = 67)**			
	68.2 (15)	83.6 (56)	2.44	.119	.17
Disability	**No disability (*n* = 89)**	**At least one disability (*n* = 1)**			
	79.8 (71)	100.00 (1)	0.25	.615	.05
Age	**Ages 18-49 (*n* = 82)**	**Ages 50-80 (*n* = 8)**			
	80.5 (66)	75.0 (6)	0.14	.711	.04

Zip code	**Zip code 22306 (*n* = 52)**	**Zip code 22309 (*n* = 38)**			
	82.7 (43)	76.3 (29)	0.56	.455	.08
Physical violence	**No physical violence victimization (*n* = 43)**	**Physical violence victimization (*n* = 47)**			
	79.1 (34)	80.9 (38)	0.05	.833	.02
Coercive control	**No coercive control victimization (*n* = 51)**	**Coercive control victimization (*n* = 39)**			
	74.5 (38)	87.2 (34)	2.22	.136	.16
Sexual violence	**No sexual violence victimization (*n* = 72)**	**Sexual violence victimization (*n* = 18)**			
	77.8 (56)	88.9 (16)	1.11	.292	.11
Sexual harassment	**No sexual harassment victimization (*n* = 62)**	**Sexual harassment victimization (*n* = 28)**			
	80.6 (50)	78.6 (22)	0.05	.820	.02
Stalking	**No stalking victimization (*n* = 66)**	**Stalking victimization (*n* = 24)**			
	83.3 (55)	70.8 (17)	1.72	.190	.14

Note. Recommending DSVS/DVAC was dichotomized to compare participants who said they would recommend DSVS/DVAC to those who said they would not or they were not sure. "White" included participants who identified as "White/Caucasian/European origins" or as "White Africans," all other racial identities were grouped together as "non-White." The one participant who identified as nonbinary was excluded from gender comparison analyses. The one participant who indicated that they preferred not to disclose their sexual orientation was excluded from sexual orientation comparison analyses. The one participant who indicated that they preferred not to provide their race was excluded from race comparison analyses. A total of 98 participants reported being victimized and seeking help from DSVS/DVAC, but eight were excluded from these analyses as they did not answer the question.

Table C8

Barriers to General Help-Seeking Among Participant Survivors and Survivors that Participants Know

Barrier	Participant survivors (*n* = 262) % (*n*) or *M* (SD)	Survivors whom participants know (*n* = 354) % (*n*) or *M* (SD)
Total number of barriers endorsed	1.87 (1.28)	1.88 (1.24)
Feared the situation would get worse if they told	38.9 (102)	38.7 (137)
It was a private/personal matter	29.0 (76)	31.1 (110)
Wanted the issue handled by their family	24.0 (63)	22.3 (79)
Did not know how to tell other people	22.1 (58)	21.2 (75)
Didn't feel the situation was serious enough to tell anyone	19.5 (51)	17.5 (62)
Did not know where to go	17.2 (45)	22.6 (80)
Did not want to bring shame to their family	8.8 (23)	12.1 (43)
Did not believe services would be sensitive to their gender, gender identity, or sexual orientation	4.6 (12)	1.1 (4)
Did not believe services would be sensitive to their race, ethnicity, and/or cultural background	4.2 (11)	5.6 (20)
Their religious or cultural community would not support them or want them to get these services	3.1 (8)	1.7 (6)
Did not have childcare	3.1 (8)	1.4 (5)
Did not have transportation	2.7 (7)	2.0 (7)
Wanted the issue handled by their workplace	2.3 (6)	2.3 (8)
Wanted the issue handled by their religious community	1.9 (5)	0.8 (3)
Did not want to reveal immigration status to any services	1.9 (5)	1.7 (6)
Was not provided services because of to their race, ethnicity, and/or cultural background	0.8 (2)	1.4 (5)
Was not provided services because of their gender, gender identity, and/or sexual orientation	0.4 (1)	0.8 (3)
Did not believe services would be sensitive to their disability or disabilities	0.4 (1)	0.0 (0)
Services were not able to accommodate their disability or disabilities	0.4 (1)	0.3 (1)
Services were not sensitive to their religion	0.4 (1)	1.4 (5)
Wanted the issue handled by their school	0.4 (1)	0.3 (1)
Wanted the issue handled by their community of the same cultural background or country of origin	0.4 (1)	0.0 (0)
Services did not speak their language	0.0 (0)	0.6 (2)
Some other barrier	0.0 (0)	1.4 (5)

Table C9

Comparisons of the Top Six Barriers to General Help-Seeking Among Participant Survivors (n = 262)

Resource	% (*n*)	% (*n*)	χ^2	*p*	Cramer's V
	Women (*n* = 216)	**Men (*n* = 44)**			
Feared the situation would get worse	43.1 (93)	18.2 (8)	9.52	.002	.19
Private/personal matter	26.4 (57)	43.2 (19)	4.98	.026	.14
Wanted it handled by family	24.5 (53)	22.7 (10)	0.07	.798	.02
Did not know how to tell others	22.2 (48)	20.5 (9)	0.07	.796	.02
The situation was not serious enough	18.5 (40)	25.0 (11)	0.97	.324	.06
Did not know where to go	19.4 (42)	4.5 (2)	5.77	.016	.05
	Heterosexual (*n* = 242)	**Lesbian, Gay, Bisexual or Pansexual (*n* = 16)**			
Feared the situation would get worse	39.7 (96)	31.3 (5)	0.45	.504	.04
Private/personal matter	30.2 (73)	6.3 (1)	4.20	.041	.13
Wanted it handled by family	26.0 (63)	00.0 (0)	5.51	.019	.15
Did not know how to tell others	19.8 (48)	43.8 (7)	5.12	.024	.14
The situation was not serious enough	17.8 (43)	43.8 (7)	6.48	.011	.16
Did not know where to go	16.9 (41)	18.8 (3)	0.04	.852	.01
	Non-White (*n* = 88)	**White (*n* = 170)**			
Feared the situation would get worse	25.0 (22)	46.5 (79)	11.22	< .001	.21
Private/personal matter	26.1 (23)	30.6 (52)	0.56	.455	.05
Wanted it handled by family	19.3 (17)	27.1 (46)	1.88	.170	.09
Did not know how to tell others	15.9 (14)	25.3 (43)	2.97	.085	.11
The situation was not serious enough	20.5 (18)	18.2 (31)	0.19	.667	.03
Did not know where to go	21.6 (19)	14.1 (24)	2.33	.127	.10
	No disability (*n* = 247)	**One or more disability (*n* = 14)**			
Feared the situation would get worse	38.5 (95)	50.0 (7)	0.74	.389	.05
Private/personal matter	28.7 (71)	28.6 (4)	0.00	.989	.00
Wanted it handled by family	25.1 (62)	7.1 (1)	2.33	.127	.10
Did not know how to tell others	22.7 (56)	14.3 (2)	0.54	.463	.05
The situation was not serious enough	17.0 (42)	57.1 (8)	13.78	< .001	.23

Did not know where to go	17.0 (42)	21.4 (3)	0.18	.670	.03
	Ages 18-49 (*n* = 219)	**Ages 50-80 (*n* = 113)**			
Feared the situation would get worse	38.8 (85)	39.5 (17)	0.01	.929	.01
Private/personal matter	26.0 (57)	44.2 (19)	5.76	.016	.15
Wanted it handled by family	22.4 (49)	32.6 (14)	2.04	.153	.09
Did not know how to tell others	23.3 (51)	16.3 (7)	1.02	.312	.06
The situation was not serious enough	20.5 (45)	14.0 (6)	1.00	.318	.06
Did not know where to go	17.4 (38)	16.3 (7)	0.03	.865	.01
	Zip code 22306 (*n* = 148)	**Zip code 22309 (*n* = 114)**			
Feared the situation would get worse	39.9 (59)	37.7 (43)	0.13	.724	.02
Private/personal matter	27.0 (40)	31.6 (36)	0.65	.421	.05
Wanted it handled by family	23.0 (34)	25.4 (29)	0.21	.643	.03
Did not know how to tell others	23.6 (35)	20.2 (23)	0.45	.502	.04
The situation was not serious enough	17.6 (26)	21.9 (25)	0.78	.377	.06
Did not know where to go	18.9 (28)	14.9 (17)	0.73	.394	.05
	No physical violence victimization (*n* = 155)	**Physical violence victimization (*n* = 107)**			
Feared the situation would get worse	31.0 (48)	50.5 (54)	10.12	.001	.20
Private/personal matter	25.2 (39)	34.6 (37)	2.73	.099	.10
Wanted it handled by family	21.9 (34)	27.1 (29)	0.93	.336	.06
Did not know how to tell others	12.9 (20)	35.5 (38)	18.78	< .001	.27
The situation was not serious enough	22.6 (35)	15.0 (16)	2.35	.125	.10
Did not know where to go	15.5 (24)	19.6 (21)	0.76	.382	.05
	No coercive control victimization (*n* = 174)	**Coercive control victimization (*n* = 88)**			
Feared the situation would get worse	39.7 (69)	37.5 (33)	0.11	.735	.02
Private/personal matter	25.3 (44)	36.4 (32)	3.48	.062	.12
Wanted it handled by family	23.6 (41)	25.0 (22)	0.07	.797	.02
Did not know how to tell others	21.8 (38)	22.7 (20)	0.03	.870	.01
The situation was not serious enough	23.0 (40)	12.5 (11)	4.10	.043	.13
Did not know where to go	16.7 (29)	18.2 (16)	0.09	.759	.02

	No sexual violence victimization (n = 219)	Sexual violence victimization (n = 43)			
Feared the situation would get worse	39.7 (87)	34.9 (15)	0.35	.552	.04
Private/personal matter	30.6 (67)	20.9 (9)	1.63	.202	.08
Wanted it handled by family	25.1 (55)	18.6 (8)	0.83	.361	.06
Did not know how to tell others	18.7 (41)	39.5 (17)	9.03	.003	.19
The situation was not serious enough	19.6 (43)	18.6 (8)	0.02	.876	.01
Did not know where to go	16.0 (35)	23.3 (10)	1.34	.248	.07
	No sexual harassment victimization (n = 210)	**Sexual harassment victimization (n = 52)**			
Feared the situation would get worse	40.0 (84)	34.6 (18)	0.51	.476	.04
Private/personal matter	32.4 (68)	15.4 (8)	5.85	.016	.15
Wanted it handled by family	26.2 (55)	15.4 (8)	2.67	.103	.10
Didn't know how to tell others	20.0 (42)	30.8 (16)	2.80	.094	.10
The situation was not serious enough	21.9 (46)	9.6 (5)	4.02	.045	.12
Didn't know where to go	18.1 (38)	13.5 (7)	0.63	.428	.05
	No stalking victimization (n = 164)	**Stalking victimization (n = 98)**			
Feared the situation would get worse	37.8 (62)	40.8 (40)	0.23	.629	.03
Private/personal matter	33.5 (55)	21.4 (21)	4.37	.037	.13
Wanted it handled by family	25.0 (41)	22.4 (22)	0.22	.640	.03
Did not know how to tell others	24.4 (40)	18.4 (18)	1.29	.256	.07
The situation was not serious enough	9.1 (15)	36.7 (36)	29.78	< .001	.34
Did not know where to go	17.1 (28)	17.3 (17)	0.003	.955	.01

Note. Analyses were only conducted for barriers endorsed by 10% or more of total responding participants. For our race variable, "White" included participants who identified as "White/Caucasian/European origins" or as "White Africans," all other racial identities were grouped together as "non-White." The two participants who identified as transgender and nonbinary are excluded from gender comparison analyses. The four participants who reported victimization and identified their sexual orientation as "other" or indicated they would prefer not to say were excluded from sexual orientation comparison analyses. The four participants who indicated that they preferred not to provide their race were excluded from race comparison analyses. Due to the low frequency of sex trafficking victims in our sample, we were unable to conduct analyses related to this victimization experience.

Table C10

Comparisons of the Top Six Barriers to General Help-Seeking Among Survivors that Participants Know (n = 354)

Resource	% (*n*)	% (*n*)	χ^2	*p*	Cramer's V
	No physical violence victimization (*n* = 209)	**Physical violence victimization (*n* = 145)**			
Feared the situation would get worse	34.9 (73)	44.1 (64)	3.06	.080	.09
Private/personal matter	25.4 (53)	39.3 (57)	7.78	.005	.15
Did not know where to go	24.4 (51)	20.0 (29)	0.95	.330	.05
Wanted it handled by family	16.3 (34)	31.0 (45)	10.77	.001	.17
Did not know how to tell others	21.1 (44)	21.4 (31)	0.01	.941	.00
The situation was not serious enough	18.7 (39)	15.9 (23)	0.46	.496	.04
	No coercive control victimization (*n* = 221)	**Coercive control Victimization (*n* = 133)**			
Feared the situation would get worse	36.2 (80)	42.9 (57)	1.55	.213	.07
Private/personal matter	32.1 (71)	29.3 (39)	0.31	.581	.03
Did not know where to go	19.9 (44)	27.1 (36)	2.43	.119	.08
Wanted it handled by family	22.6 (50)	21.8 (29)	0.03	.858	.01
Did not know how to tell others	18.6 (41)	25.6 (34)	2.45	.118	.08
The situation was not serious enough	16.7 (37)	18.8 (25)	0.24	.622	.03
	No sexual violence victimization (*n* = 273)	**Sexual violence victimization (*n* = 81)**			
Feared the situation would get worse	37.4 (102)	43.2 (35)	0.90	.343	.05
Private/personal matter	34.8 (95)	18.5 (15)	7.73	.005	.15
Did not know where to go	20.5 (56)	29.6 (24)	2.97	.085	.09
Wanted it handled by family	25.6 (70)	11.1 (9)	7.61	.006	.15
Did not know how to tell others	16.1 (44)	38.3 (31)	18.36	< .001	.23
The situation was not serious enough	18.7 (51)	13.6 (11)	1.13	.289	.06

	No sexual harassment victimization (*n* = 265)	Sexual harassment victimization (*n* = 89)			
Feared the situation would get worse	40.0 (106)	34.8 (31)	0.75	.386	.05
Private/personal matter	29.8 (79)	34.8 (31)	0.78	.376	.05
Did not know where to go	21.9 (58)	24.7 (22)	0.31	.580	.03
Wanted it handled by family	24.2 (64)	16.9 (15)	2.05	.153	.08
Did not know how to tell others	19.2 (51)	27.0 (24)	2.38	.123	.08
The situation was not serious enough	17.7 (47)	16.9 (15)	0.04	.850	.01
	No stalking victimization (*n* = 259)	**Stalking victimization (*n* = 95)**			
Feared the situation would get worse	39.0 (101)	37.9 (36)	0.04	.850	.01
Private/personal matter	35.1 (91)	20.0 (19)	7.43	.006	.15
Did not know where to go	21.2 (55)	26.3 (25)	1.03	.311	.05
Wanted it handled by family	24.3 (63)	16.8 (16)	2.25	.134	.08
Did not know how to tell others	23.2 (60)	15.8 (15)	2.27	.132	.08
The situation was not serious enough	10.8 (28)	35.8 (34)	30.02	< .001	.29
	No sex trafficking victimization (*n* = 334)	**Sex trafficking victimization (*n* = 20)**			
Feared the situation would get worse	39.2 (131)	30.0 (6)	0.68	.411	.04
Private/personal matter	31.7 (106)	20.0 (4)	1.21	.271	.06
Did not know where to go	23.1 (77)	15.0 (3)	0.70	.403	.04
Wanted it handled by family	22.8 (76)	15.0 (3)	0.66	.418	.04
Did not know how to tell others	21.0 (70)	25.0 (5)	0.19	.667	.02
The situation was not serious enough	16.5 (55)	35.0 (7)	4.49	.034	.11

Note. Analyses were only conducted for barriers endorsed by 10% or more of total responding participants. As we did not collect demographic data on the survivors that participants know, we only conducted barrier endorsement comparisons related to their victimization experiences.

Table C11

Help-Seeking Experiences Among Participant Survivors and Survivors that Participants Know

Resource	Participant survivors (*n* = 262)	Survivors whom participants know (*n* = 354)
	% (*n*) or *M* (SD)	% (*n*) or *M* (SD)
Total number of resources they sought help from	2.45 (1.31)	2.69 (1.49)
Any Help-Seeking	95.0 (249)	94.6 (335)
Informal	95.0 (249)	93.2 (330)
Formal	59.5 (156)	62.4 (221)
Local Social Services	41.2 (108)	44.1 (156)
Friend or acquaintance	68.7 (180)	73.4 (260)
Family member	59.5 (156)	57.3 (203)
Fairfax County Domestic and Sexual Violence Services (DSVS)/Domestic Violence Action Center (DVAC)	37.4 (98)	32.5 (115)
Police	18.7 (49)	25.4 (90)
Coworker	17.6 (46)	17.8 (63)
Counseling services	11.1 (29)	16.1 (57)
The Women's Center	6.9 (18)	11.9 (42)
The courts/an attorney	6.1 (16)	10.7 (38)
Another domestic violence agency	4.6 (12)	5.1 (18)
Religious leader	6.9 (18)	3.1 (11)
Another member of their religious community	3.8 (10)	0.6 (2)
Coordinated Services Planning (CSP)/222 number	1.9 (5)	0.6 (2)
A shelter in Fairfax County	0.8 (2)	5.4 (19)
A medical professional	0.4 (1)	0.8 (3)
Fairfax Falls Church Community Services Board (CSB)	0.4 (1)	2.8 (10)
Their or their child's school or teacher	0.4 (1)	1.4 (5)
Did not disclose or seek help/Doesn't know who the victim they know told	1.1 (3)	6.5 (23)

Note. Informal help-seeking includes friends/acquaintances, family members, coworkers, and other members of their religious community. Formal help-seeking includes all resources not considered "informal." Local social services help-seeking includes DSVS/DVAC, The Women's Shelter, CSP, Fairfax County shelters, and CSB.

Table C12

Comparisons of Help-Seeking Rates Among Participant Survivors (n = 262)

Resource	% (*n*)	% (*n*)	χ^2	*p*	Cramer's V
	Women (*n* = 216)	**Men (*n* = 44)**			
Any help-seeking	94.9 (205)	95.5 (42)	0.02	.879	.01
Informal help-seeking	94.9 (205)	95.5 (42)	0.02	.879	.01
Formal help-seeking	59.7 (129)	59.1 (26)	0.01	.938	.01
Local help-seeking	40.7 (88)	43.2 (19)	0.09	.764	.02
	Heterosexual (*n* = 242)	**Lesbian, Gay, Bisexual or Pansexual (*n* = 16)**			
Any help-seeking	94.6 (229)	100.00 (16)	0.91	.341	.06
Informal help-seeking	94.6 (229)	100.00 (16)	0.91	.341	.06
Formal help-seeking	57.9 (140)	87.5 (14)	5.48	.019	.15
Local help-seeking	39.7 (96)	68.8 (11)	5.23	.022	.14
	Non-White (*n* = 88)	**White (*n* = 170)**			
Any help-seeking	90.9 (80)	97.1 (165)	4.58	.032	.13
Informal help-seeking	90.9 (80)	97.1 (165)	4.58	.032	.13
Formal help-seeking	54.5 (48)	62.9 (107)	1.70	.192	.08
Local help-seeking	37.5 (33)	43.5 (74)	0.87	.351	.06
	No disability (*n* = 247)	**One or more disability (*n* = 14)**			
Any help-seeking	95.1 (235)	92.9 (13)	0.15	.702	.02
Informal help-seeking	95.1 (235)	92.9 (13)	0.15	.702	.02
Formal help-seeking	58.7 (145)	78.6 (11)	2.18	.140	.09
Local help-seeking	41.7 (103)	35.7 (5)	0.20	.658	.03
	Ages 18-49 (*n* = 219)	**Ages 50-80 (*n* = 113)**			
Any help-seeking	94.5 (207)	97.7 (42)	0.76	.384	.05
Informal help-seeking	94.5 (207)	97.7 (42)	0.76	.384	.05
Formal help-seeking	60.7 (133)	53.5 (23)	0.78	.376	.06
Local help-seeking	45.2 (99)	20.9 (9)	8.74	.003	.18
	Zip code 22306 (*n* = 148)	**Zip code 22309 (*n* = 114)**			
Any help-seeking	93.9 (139)	96.5 (110)	0.90	.342	.06
Informal help-seeking	93.9 (139)	96.5 (110)	0.90	.342	.06
Formal help-seeking	58.8 (87)	60.5 (69)	0.08	.776	.02
Local help-seeking	39.9 (59)	43.0 (49)	0.26	.611	.03
	No physical violence victimization (*n* = 155)	**Physical violence victimization (*n* = 107)**			
Any help-seeking	95.5 (148)	94.4 (101)	0.16	.689	.03
Informal help-seeking	95.5 (148)	94.4 (101)	0.16	.689	.03
Formal help-seeking	47.1 (73)	77.6 (83)	24.40	< .001	.31
Local help-seeking	30.3 (47)	57.0 (61)	18.61	< .001	.27

	No coercive control victimization (n = 174)	Coercive control victimization (n = 88)			
Any help-seeking	94.8 (165)	95.5 (84)	0.05	.825	.01
Informal help-seeking	94.8 (165)	95.5 (84)	0.05	.825	.01
Formal help-seeking	47.7 (83)	83.0 (73)	30.15	< .001	.34
Local help-seeking	35.1 (61)	53.4 (47)	8.12	.004	.18
	No sexual violence victimization (n = 219)	**Sexual violence victimization (n = 43)**			
Any help-seeking	95.0 (208)	95.3 (41)	0.01	.918	.01
Informal help-seeking	95.0 (208)	95.3 (41)	0.01	.918	.01
Formal help-seeking	55.7 (122)	79.1 (34)	8.14	.004	.18
Local help-seeking	38.4 (84)	55.8 (24)	4.52	.033	.13
	No sexual harassment victimization (n = 210)	**Sexual harassment victimization (n = 52)**			
Any help-seeking	95.7 (201)	92.3 (48)	1.03	.311	.06
Informal help-seeking	95.7 (201)	92.3 (48)	1.03	.311	.06
Formal help-seeking	57.6 (121)	67.3 (35)	1.62	.203	.08
Local help-seeking	36.7 (77)	59.6 (31)	9.06	.003	.19
	No stalking victimization (n = 164)	**Stalking victimization (n = 98)**			
Any help-seeking	92.7 (152)	99.0 (97)	5.16	.023	.14
Informal help-seeking	92.7 (152)	99.0 (97)	5.16	.023	.14
Formal help-seeking	69.5 (144)	42.9 (42)	18.09	< .001	.26
Local help-seeking	47.0 (77)	31.6 (31)	5.94	.015	.15

Note. For our race variable, "White" included participants who identified as "White/Caucasian/European origins" or as "White Africans," all other racial identities were grouped together as "non-White." The two participants who identified as transgender and nonbinary are excluded from gender comparison analyses. The four participants who reported victimization and identified their sexual orientation as "other" or indicated they would prefer not to say were excluded from sexual orientation comparison analyses. The four participants who indicated that they preferred not to provide their race were excluded from race comparison analyses. Due to the low frequency of sex trafficking victims in our sample, we were unable to conduct analyses related to this victimization experience.

Table C13

Comparisons of Help-Seeking Rates Among Survivors that Participants Know (n = 354)

Resource	% (*n*)	% (*n*)	χ^2	*p*	Cramer's V
	No physical violence victimization (*n* = 209)	**Physical violence victimization (*n* = 145)**			
Any help-seeking	93.3 (195)	96.6 (140)	1.78	.182	.07
Informal help-seeking	92.3 (193)	94.5 (137)	0.62	.431	.04
Formal help-seeking	54.1 (113)	74.5 (108)	15.21	< .001	.21
Local help-seeking	38.8 (81)	51.7 (75)	5.84	.016	.13
	No coercive control victimization (*n* = 221)	**Coercive control victimization (*n* = 133)**			
Any help-seeking	94.1 (208)	95.5 (127)	0.31	.579	.03
Informal help-seeking	92.8 (205)	94.0 (125)	0.20	.657	.02
Formal help-seeking	54.3 (120)	75.9 (101)	16.58	< .001	.22
Local help-seeking	37.1 (82)	55.6 (74)	11.57	< .001	.18
	No sexual violence victimization (*n* = 273)	**Sexual violence Victimization (*n* = 81)**			
Any help-seeking	96.0 (262)	90.1 (73)	4.21	.040	.11
Informal help-seeking	94.5 (258)	88.9 (72)	3.12	.077	.09
Formal help-seeking	58.2 (159)	76.5 (62)	8.92	.003	.16
Local help-seeking	39.6 (108)	59.3 (48)	9.83	.003	.17
	No sexual harassment victimization (*n* = 265)	**Sexual harassment victimization (*n* = 89)**			
Any help-seeking	95.5 (253)	92.1 (82)	1.46	.227	.06
Informal help-seeking	93.6 (248)	92.1 (82)	0.22	.638	.03
Formal help-seeking	62.6 (166)	61.8 (55)	0.02	.887	.01
Local help-seeking	41.9 (111)	50.6 (45)	2.03	.154	.08
	No stalking victimization (*n* = 259)	**Stalking victimization (*n* = 95)**			
Any help-seeking	95.0 (246)	93.7 (89)	0.23	.632	.03
Informal help-seeking	93.1 (241)	93.7 (89)	0.04	.833	.01
Formal help-seeking	68.7 (178)	45.3 (43)	16.31	< .001	.22
Local help-seeking	49.4 (128)	29.5 (28)	11.22	< .001	.18
	No sex trafficking victimization (*n* = 334)	**Sex trafficking victimization (*n* = 20)**			
Any help-seeking	94.6 (316)	95.0 (19)	0.01	.940	.00
Informal help-seeking	93.1 (311)	95.0 (19)	0.11	.744	.02
Formal help-seeking	61.4 (205)	80.0 (16)	2.79	.095	.09
Local help-seeking	44.0 (147)	45.0 (9)	0.01	.931	.01