

VA Annual State Performance Report

Victim Assistance Formula Grant Program

Reporting Period: [Oct 1, 2022 to Sept 30, 2023]

This aggregated data is self-reported by the grantees and subgrantees in each state/territory.

OVC VOCA Assistance Funds					
	2019-V2-GX-0054	2020-V2-GX-0048	2021-15POVC-21-GG-00602-ASSI	2022-15POVC-22-GG-00681-ASSI	2023-15POVC-23-GG-00472-ASSI
Federal Award Amount	\$57,815,818.00	\$42,711,960.00	\$26,655,243.00	\$36,757,166.00	\$34,605,387.00
Total Amount of Subawards	\$54,783,610.00	\$37,473,845.00	\$23,138,316.00	\$23,343,929.00	\$0.00
Total Number of Subawards	294	283	121	165	0
Administrative Funds Amount	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Training Funds Amount	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Balance Remaining	\$3,032,208.00	\$5,238,115.00	\$3,516,927.00	\$13,413,237.00	\$34,605,387.00

Subgrantee Organization Type					
<small>The total number of subgrantees represents all subgrantees funded across all federal awards active during the reporting period. The number is not unique as there are subgrantee organizations that are continuously funded from each federal award.</small>					
Type of Organization	2019-V2-GX-0054	2020-V2-GX-0048	2021-15POVC-21-GG-00602-ASSI	2022-15POVC-22-GG-00681-ASSI	2023-15POVC-23-GG-00472-ASSI
Government Agencies Only	148	147	33	112	0
Corrections	0	0	0	0	0
Courts	79	89	11	68	0
Juvenile Justice	0	0	0	0	0
Law Enforcement	9	8	1	6	0
Prosecutor	42	38	8	33	0
Other	18	12	13	5	0
Nonprofit Organization Only	144	134	87	53	0
Child Abuse Service organization (e.g., child advocacy center)	20	11	17	14	0
Coalition (e.g., state domestic violence or sexual assault coalition)	3	3	1	1	0
Domestic and Family Violence Organization	25	22	22	1	0
Faith-based Organization	0	0	0	0	0
Organization Provides Domestic and Family Violence and Sexual Assault Services	40	43	22	12	0
Organization by and/or for underserved victims of crime (e.g., drunk driving, homicide, elder abuse)	5	5	5	0	0
Sexual Assault Services organization (e.g., rape crisis center)	9	8	6	1	0
Multiservice agency	6	5	5	0	0
Other	36	37	9	24	0
Federally Recognized Tribal Governments, Agencies, and Organizations Only	0	0	0	0	0
Child Abuse Service organization (e.g., child advocacy center)	0	0	0	0	0
Court	0	0	0	0	0
Domestic and Family Violence organization	0	0	0	0	0
Faith-based organization	0	0	0	0	0
Juvenile justice	0	0	0	0	0
Law Enforcement	0	0	0	0	0
Organization provides domestic and family violence and sexual assault services	0	0	0	0	0
Prosecutor	0	0	0	0	0
Sexual Assault Services organization (e.g., rape crisis center)	0	0	0	0	0
Other justice-based agency	0	0	0	0	0
Other agency that is NOT justice-based (e.g., human services, health, education)	0	0	0	0	0
Organization by and/or for a specific traditionally underserved community	0	0	0	0	0
Organization by and/or for underserved victims of crime (e.g., drunk driving, homicide, elder abuse)	0	0	0	0	0
Other	0	0	0	0	0
Campus Organizations Only	2	2	1	0	0
Campus-based victims services	1	2	1	0	0

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Law enforcement	0	0	0	0	0
Physical or mental health service program	1	0	0	0	0
Other	0	0	0	0	0
Total Number of Subawards	294	283	121	165	0

*This number is not unique across fiscal years as there are subgrantee organizations that are funded from multiple federal awards.

Subaward Purpose					
<small>A single SAR can select multiple purposes. Numbers are not unique</small>					
	2019-V2-GX-0054	2020-V2-GX-0048	2021-15POVC-21-GG-00602-ASSI	2022-15POVC-22-GG-00681-ASSI	2023-15POVC-23-GG-00472-ASSI
A. Continue a VOCA-funded victim project funded in a previous year	277	266	121	164	0
B. Expand or enhance an existing project not funded by VOCA in the previous year	10	9	0	1	0
C. Start up a new victim services project	8	8	0	0	0
D. Start up a new Native American victim services project	0	0	0	0	0
E. Expand or enhance an existing Native American project	0	0	0	0	0

VOCA and Match Funds					
<small>A single SAR can select multiple service types. Numbers are not unique</small>					
	2019-V2-GX-0054	2020-V2-GX-0048	2021-15POVC-21-GG-00602-ASSI	2022-15POVC-22-GG-00681-ASSI	2023-15POVC-23-GG-00472-ASSI
A.INFORMATION & REFERRAL	167	216	113	139	0
B.PERSONAL ADVOCACY/ACCOMPANIMENT	194	236	108	163	0
C.EMOTIONAL SUPPORT OR SAFETY SERVICES	161	212	111	138	0
D.SHELTER/HOUSING SERVICES	140	117	68	121	0
E.CRIMINAL/CIVIL JUSTICE SYSTEM ASSISTANCE	188	235	101	163	0
F. ASSISTANCE IN FILING COMPENSATION CLAIMS	194	247	119	165	0

Priority and Underserved Requirements					
Priority Area	2019-V2-GX-0054	2020-V2-GX-0048	2021-15POVC-21-GG-00602-ASSI	2022-15POVC-22-GG-00681-ASSI	2023-15POVC-23-GG-00472-ASSI
Child Abuse					
Total Amount	\$12,740,482.00	\$8,002,012.00	\$7,521,367.00	\$8,173,537.00	\$0.00
% of Total Federal Award	22.00 %	19.00 %	28.00 %	22.00 %	
Domestic and Family Violence					
Total Amount	\$10,696,508.00	\$10,254,988.00	\$8,256,508.00	\$6,503,925.00	\$0.00
% of Total Federal Award	19.00 %	24.00 %	31.00 %	18.00 %	
Sexual Assault					
Total Amount	\$7,977,689.00	\$5,583,911.00	\$3,740,644.00	\$4,065,311.00	\$0.00
% of Total Federal Award	14.00 %	13.00 %	14.00 %	11.00 %	
Underserved					
Total Amount	\$11,964,158.00	\$8,655,036.00	\$3,367,524.00	\$3,522,277.00	\$0.00
% of Total Federal Award	21.00 %	20.00 %	13.00 %	10.00 %	

Budget and Staffing					
Staffing Information	2019-V2-GX-0054	2020-V2-GX-0048	2021-15POVC-21-GG-00602-ASSI	2022-15POVC-22-GG-00681-ASSI	2023-15POVC-23-GG-00472-ASSI
Total number of paid staff for all subgrantee victimization program and/or services	2273	1941	909	941	
Number of staff hours funded through this VOCA award (plus match) for subgrantee's victimization programs and/or services	3724016	3459786	771790	1103436	
Total number of volunteer staff supporting the work of this VOCA award (plus match) for subgrantee's victimization programs and/or services	3288	3134	12062	821	
Number of volunteer hours supporting the work of this VOCA award (plus match) for subgrantee's victimization programs and/or services	351779	394024	132464	172661	

AGGREGATED SUBGRANTEE PERFORMANCE MEASURE DATA

Victimization Type						
Victimization Type	Number of Subgrantees Indicating Intent to Serve This Victim Type	Number of Individuals Who Actually Received Services Based on a Presenting Victimization				
		Quarter 1 Total	Quarter 2 Total	Quarter 3 Total	Quarter 4 Total	Per Quarter Average
Adult Physical Assault (includes Aggravated and Simple Assault)	365	7526	8597	9301	9250	8668

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Adult Sexual Assault	389	3418	3728	3706	3782	3658
Adults Sexually Abused/Assaulted as Children	378	873	919	887	734	853
Arson	257	85	104	111	143	110
Bullying (Verbal, Cyber or Physical)	347	2504	2724	2726	2587	2635
Burglary	260	591	922	809	996	829
Child Physical Abuse or Neglect	448	5282	5744	5715	5628	5592
Child Pornography	339	180	207	233	321	235
Child Sexual Abuse/Assault	467	5405	6195	5866	6735	6050
Domestic and/or Family Violence	428	18814	19821	20234	21143	20003
DUI/DWI Incidents	256	229	262	279	286	264
Elder Abuse or Neglect	332	110	136	162	135	135
Hate Crime: Racial/Religious/Gender/ Sexual Orientation/Other (Explanation Required)	275	40	50	62	63	53
Human Trafficking: Labor	297	110	76	96	65	86
Human Trafficking: Sex	375	201	203	253	253	227
Identity Theft/Fraud/Financial Crime	275	820	1097	1026	1265	1052
Kidnapping (non-custodial)	288	290	494	422	478	421
Kidnapping (custodial)	295	83	97	73	93	86
Mass Violence (Domestic/International)	256	22	32	63	58	43
Other Vehicular Victimization (e.g., Hit and Run)	256	666	803	871	958	824
Robbery	269	2152	2693	2581	3044	2617
Stalking/Harassment	393	2328	2671	2532	2852	2595
Survivors of Homicide Victims	304	809	1149	853	1258	1017
Teen Dating Victimization	383	106	153	94	94	111
Terrorism (Domestic/International)	246	26	12	29	17	21
Other	18	3608	5001	4881	6367	4964

Special Classifications of Individuals

Special Classifications of Individuals	Number of Individuals Self Reporting a Special Classification				
	Quarter 1 Total	Quarter 2 Total	Quarter 3 Total	Quarter 4 Total	Per Quarter Average
Deaf/Hard of Hearing	70	89	93	122	909
Homeless	1191	1387	1423	1338	14183
Immigrants/Refugees/Asylum Seekers	2513	2519	2491	1958	16508
LGBTQ	551	479	479	464	3466
Veterans	142	151	146	183	1464
Victims with Disabilities: Cognitive/ Physical /Mental	1752	2034	2250	1914	15235
Victims with Limited English Proficiency	2611	2641	2555	2744	16806
Other	3075	3375	3180	2973	26614

General Award Information

Activities Conducted at the Subgrantee Level	Number	Percent
Total number of individuals who received services during the Fiscal Year.	162656	
Total number of anonymous contacts who received services during the Fiscal Year	45140	
Number of new individuals who received services from your state for the first time during the Fiscal Year.	121226	74.53 %
Of the clients who received services, how many presented with more than one type of victimization during the Fiscal Year?	23280	14.31 %
Number of individuals assisted with a victim compensation application during the Fiscal Year.	8897	

Demographics

Demographic Characteristic of New Individuals Served	Number	Percent
Race/Ethnicity		
American Indian or Alaska Native	169	0.14 %
Asian	1536	1.27 %
Black or African American	33660	27.77 %
Hispanic or Latino	13207	10.89 %
Native Hawaiian or Other Pacific Islander	228	0.19 %
White Non-Latino or Caucasian	57371	47.33 %
Some Other Race	1759	1.45 %
Multiple Races	2169	1.79 %
Not Reported	5529	4.56 %
Not Tracked	5598	4.62 %
Race/Ethnicity Total	121226	

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Gender Identity		
Male		36427 30.05 %
Female		79279 65.40 %
Other		225 0.19 %
Not Reported		1677 1.38 %
Not Tracked		3618 2.98 %
Gender Total		121226
Age		
Age 0- 12		15760 13.00 %
Age 13- 17		10247 8.45 %
Age 18- 24		13504 11.14 %
Age 25- 59		63013 51.98 %
Age 60 and Older		9003 7.43 %
Not Reported		4261 3.51 %
Not Tracked		5438 4.49 %
Age Total		121226

Direct Services				
Service Area	# of Subgrantees That Provided Services in This Category	# of Individuals/Contacts Receiving Services	Specific Service	Frequency of Service
A. Information & Referral	227	131865	Enter the number of times services were provided in each subcategory.	0
			A1. Information about the criminal justice process	111771
			A2. Information about victim rights, how to obtain notifications, etc.	221495
			A3. Referral to other victim service programs	25541
			A4. Referral to other services, supports, and resources (includes legal, medical, faith-based organizations, address confidentiality programs, etc.)	352875
B. Personal Advocacy/ Accompaniment	247	82897	Enter the number of times services were provided in each subcategory.	0
			B1. Victim advocacy/accompaniment to emergency medical care	1812
			B2. Victim advocacy/accompaniment to medical forensic exam	2741
			B3. Law enforcement interview advocacy/accompaniment	8802
			B4. Individual advocacy (e.g., assistance in applying for public benefits, return of personal property or effects)	586827
			B5. Performance of medical or nonmedical forensic exam or interview or medical evidence collection	6009
			B6. Immigration assistance (e.g., special visas, continued presence application, and other immigration relief)	2004
			B7. Intervention with employer, creditor, landlord, or academic institution	10057
			B8. Child or dependent care assistance (includes coordination of services)	10969
			B9. Transportation assistance (includes coordination of services)	30116
			B10. Interpreter services	17535
C. Emotional Support or Safety Services	215	83884	Enter the number of times services were provided in each subcategory.	0
			C1. Crisis intervention (in-person, includes safety planning, etc.)	156302
			C2. Hotline/crisis line counseling	56702
			C3. On-scene crisis response (e.g., community crisis response)	2403
			C4. Individual counseling	185530
			C5. Support groups (facilitated or peer)	11869
			C6. Other Therapy (traditional, cultural, or alternative healing; art, writing, or play therapy, etc.)	15707
			C7. Emergency financial assistance	16603
D. Shelter/ Housing Services	129	14025	Enter the number of times services were provided in each subcategory.	0
			D1. Emergency shelter or safe house	10533
			D2. Transitional housing	518
			D3. Relocation assistance (includes assistance with obtaining housing)	21500
E. Criminal/ Civil Justice System Assistance	237	64402	Enter the number of times services were provided in each subcategory.	0
			E1. Notification of criminal justice events	83147
			E2. Victim impact statement assistance	4872
			E3. Assistance with restitution	15575
			E4. Civil legal assistance in obtaining protection or restraining order	27196
			E5. Civil legal assistance with family law issues	11939
			E6. Other emergency justice-related assistance	4337
			E7. Immigration assistance	1673
			E8. Prosecution interview advocacy/accompaniment	16245

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	E9. Law enforcement interview advocacy/accompaniment	2992
	E10. Criminal advocacy/accompaniment	96360
	E11. Other legal advice and/or counsel	15735

ANNUAL QUESTIONS

Grantee Annually Reported Questions	
Question/Option	Count
Were any administrative and training funds used during the reporting period?	
Yes	1
No	0
Did the administrative funds support any education activities during the reporting period?	
Yes	0
No	1
Number of requests received for education activities during the reporting period.	0
Number of people trained or attending education events during the reporting period.	4415
Number of events conducted during the reporting period.	36
Did the grant support any coordination activities (e.g., with other service providers, law enforcement agencies) during the reporting period?	
Yes	1
No	0
Describe any program or educational materials developed during the reporting period.	
<p>DCJS developed a variety of educational outreach materials for constituents in the reporting period. Each quarter, DCJS staff create and share program information on best practices, innovative and promising practices, grant management resources and reminders, and program accomplishments of our subgrantees in the DCJS Victims Services newsletter. In addition, "Dialed In with DCJS Victims Services," DCJS Victims Services' monthly podcast, highlights innovative programs and provides insight and guidance on topics such as accurate data reporting, successfully communicating program successes or community needs, and the Virginia Sexual and Domestic Violence Program Professional Standards accreditation process. In observance of Domestic Violence Awareness Month (October), Stalking Awareness Month (January), Sexual Assault Awareness Month (April), and National Crime Victims' Rights Week (April), DCJS staff developed and distributed multimedia outreach materials. These materials include articles highlighting promising practices, topic-specific resources, downloadable fact sheets, and informative videos. Included in the National Crime Victims' Rights Week outreach materials were superhero self-care adult coloring books for victims designed by Victims Services staff and survivors. Finally, a variety of program-specific materials were developed in order to enhance service provision. Children's Advocacy Centers (CACs) identified a need for simplified, clear messaging that increased client accessibility. As a result, new brochures, websites, and informational materials were developed. The DCJS-led Victims Crisis Assistance and Response Team (VCART) saw significant growth this year and as a result focused on the creation of informational materials enabling communities to learn about the team and their services. These included a VCART website, maps of response regions, flyers, Frequently Asked Questions documents, and explanations of the Group Crisis Intervention (GCI) model.</p>	
Describe any planning or training events held during the reporting period.	
<p>During the reporting period, DCJS used administrative funds to support at least a portion of the costs associated with 36 training events. Events are summarized below. Title; Date; Number of Attendees Katrina Brownlee: From Survivor to Detective; 10/11/22; 229 Abuse and Disabilities; 10/13/22; 147 IPV in Later Life: How to Recognize and Respond to Older Adult Survivors; 10/20/22; 129 Firearms & Intimate Partner Violence; 11/29/22; 90 NOVA Basic Community Crisis Response 3 days; 11/30/22; 35 Trauma and Sibling Abuse; 12/02/22; 296 STALKED: A Case Study; 01/10/23; 326 Stalking Must Stop; 01/18/23; 216 How Disaster Outside the Home Creates Disaster Inside the Home; 02/21/23; 151 Trauma-Responsive Investigations and Sexual Assault Victim Interviews 4 days; 02/27/23; 30 Adult/Adolescent Sexual Assault Nurse/Forensic Examiner (SANE/SAFE) Clinical Skills Lab 2 day; 03/04/23; 11 Trauma-Responsive Investigations & Sexual Assault Victim Interviews ; 03/08/23; 20 Guardianships and Alternatives for Survivors with Disabilities; 03/15/23; 89 Expert Testimony in Sexual Assault & Domestic Violence Cases; 03/17/23 ; 30 Pregnant Partner Violence: Risks of Physical and Emotional Harm for Mother and Fetus; 03/21/23; 151 Sustaining Your Work: Economic Advocacy Practices and Resources; 03/30/23; 46 Give Me Some Credit: Hands-on Credit Advocacy Strategies with Survivors of Intimate Partner Violence; 03/31/23; 90 Strengthening Domestic Violence Investigations; 04/24/23; 79 Now I Speak: Victim Impact Statements; 04/26/23; 201 Sexual Assault Survivors' Bill of Rights; 04/27/23; 174 Basic Crisis Response (VCART) Training; 05/01/23; 26 Tech-Enabled Abuse: The Basics; 05/17/23; 11 Trauma-informed Responses for Victims Services-Understanding and Responding to Mental Health Symptoms: Balancing Rules and Expectations with Support; 06/09/23; 197 Tech-Enabled Abuse: Safety Planning; 06/12/23; 118 Trauma-Responsive Investigations & Sexual Assault Victim Interviews; 06/12/23; 29 Trauma-Informed Responses for Victims Services: Verbal De-escalation Skills; 06/23/23; 185 Tech-Enabled Abuse: Addressing Online Financial Abuse; 06/29/23; 100 Trauma-Informed Responses for Victims Services-Suicide Assessment and Response; 07/07/23; 122 Trauma-Aware Collaborative Advocacy; 07/17/23; 35 Ethical Boundary Setting with Victims with Mental Health Diagnoses; 07/18/23; 207 Cross-Collaborative Work: incorporating Female Genital Mutilation/Cutting Survivors into Support Services in Virginia; 08/08/23; 96 Wellness as a Survival Mechanism; 08/16/23; 165 Trauma-Responsive Investigations & Sexual Assault Victim Interviews; 09/12/23; 51 Federal Grants Management Training for DCJS Victims Services Subrecipients: Basic Constructs of Federal Grants; 09/12/23; 163 Federal Grants Management Training for DCJS Victims Services Subrecipients: Pre-Award (Application Phase); 09/19/23; 140 Federal Grants Management Training for DCJS Victims Services Subrecipients: Award Acceptance Phase; 09/25/23; 124</p>	
Describe any program policies changed during the reporting period.	
<p>In the current reporting period, DCJS implemented a new data collection and management system for Victim Witness programs. For many years, Victim Witness programs have been using a Microsoft Access based data system called the Client Information Management System (CIMS). CIMS predated PMT and had some significant data collection limitations. The new data system, the Victims Services Data Collection System (VSDCS), was developed specifically to be compliant with OVC and PMT requirements and to meet the needs of Victim Witness programs as they provide services in accordance with the Code of Virginia and the Virginia Victims Bill of Rights. Rollout of the VSDCS began in January 2023. Following the release, new reporting policies and training were developed and administered. Victim Witness programs are now able to collect truly accurate service data and the processes for data entry and PMT reporting completion have streamlined significantly. VSDCS implementation represents a significant shift for Victim Witness programs as they move towards increased accountability and programmatic clarity. The accreditation and review processes that many programs undergo ensures that policies and procedures are continually updated to be consistent with national standards and best practice. CASA programs responded to evaluation by the National CASA Association regarding alignment with Local Program Standards. Each program completed a quality assurance self-assessment to determine compliance with the standards during the previous year. During this reporting period, CASA programs were required to fully demonstrate compliance. CASA programs continue to receive regular monitoring that includes review of grant and regulatory requirements. The regulatory monitoring includes a comprehensive policy review. Many CACs successfully completed reaccreditation in the reporting period ensuring continuous quality improvement. New protocols and work templates have been implemented to ensure consistency in service provision across the Commonwealth and with national standards. VCART staff work with numerous organizations on the development of emergency response plans. These activities include assisting Virginia Beach in revising their emergency plans following the 5/31/2019 shooting, reviewing emergency plans for the University of Virginia and Virginia Tech to ensure the inclusion of victim-centered services, participating in the development of the state's Family Assistance Center (FAC) plan, participating in development of the State Emergency Operations Plan, and providing guidance for the development of the School Crisis Emergency Management and Medical Emergency Response Plan Template. Due to the ongoing impact of the COVID pandemic, subrecipients have continued to implement changes in policy at the local program level ensuring that effective services are provided. Domestic violence shelters have continued to be flexible and nimble while navigating the balance between staff/client safety and consistent service provision. One shelter-based program in the Richmond area described a recent situation involving multiple cases of COVID with staff and clients throughout multi-site housing. Since the agency's emergency leave policy had expired, leadership had to quickly problem solve to ensure that staff were safe, not experiencing undue financial hardship, and that coverage for the shelter remained consistent. This is just one example of the types of complex scenarios that subrecipient agencies must respond to with policy changes and flexibility.</p>	
Describe any earned media coverage events/episodes during the reporting period.	
<p>Local VOCA funded programs receive media coverage for program services and activities throughout the year. The Hospital Based Violence Intervention Program (HVIP), operating in five hospital sites around the Commonwealth has received significant media coverage for its innovative approach to meeting the needs of victims of violent crime and its community impact. Some examples are listed below: https://scrippsnews.com/stories/a-hospital-is-seeing-results-as-it-fights-gun-violence/ https://www.wtkr.com/news/sentara-trauma-surgeon https://www.wavy.com/news/local-news/norfolk/record-number-of-gunshot-wounds-treated-at-sentara-norfolk-general-hospitals-trauma-center-concerning-officials-say/</p>	
Describe any coordinated responses/services for assisting crime victims during the reporting period.	
<p>Several subgrantees provided coordinated responses to victims of crime during the reporting period. CACs, by definition and mission, work collaboratively with Multi-Disciplinary Team (MDT) members and community agencies to address the needs of child abuse victims and non-offending caregivers and family members. Community partners include Child Protective Services, law enforcement, Commonwealth's Attorneys, courts, Victim Witness, medical (including Sexual Assault Nurse Examiner or SANE-trained providers) and mental health providers, and other professionals, as needed, to help ensure the best outcome for the child and prevent service duplication. Common themes among the CACs included building team cohesiveness amidst the pandemic and because of staff turnover. CACs are also increasingly involved with issues related to the identification and response to human trafficking. Subgrantees throughout Virginia continue to participate in MDTs. Many CACs and sexual and domestic violence programs participate in or facilitate MDTs in their communities. Representatives included law enforcement, Victim Witness programs, local departments of social services, medical, and mental health providers. Sites report that case managers continued to receive and coordinate referrals, staff cases with emergent needs, and compile waitlists for future cases that could wait for in-person contact. Forensic interviewers continue to provide in-person interviewing services in accordance with safety precautions mandated by the pandemic. CASA programs routinely coordinate with local juvenile and domestic relations courts, local attorneys (guardians ad litem, parents attorneys, and attorneys for local departments of social services), local departments of social services, schools, medical professionals, mental health professionals, and other service providers in providing quality advocacy for child victims of abuse and neglect. Many CASA programs are included in Best Practices Court Teams and participate on Trauma Informed Care Networks, Family Assessment and Planning Teams, and MDTs. Victim Witness programs work together, and with other partners, to coordinate service provision for victims of crime. This is especially important in rural localities, where programs often only have one staff member who must prioritize cases and services. Programs with</p>	

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one staff member have multiple competing priorities, including running the Victim Witness office, escorting a victim to a pretrial interview with law enforcement and/or the assigned prosecutor, and providing court support to direct service victims. Further, judges are often shared by multiple jurisdictions, so it is very common to have Circuit Court in session at the exact same time as lower court. This can result in staff having to choose between spending their time in District Court to be available to crime victims who are just beginning their journey or escorting and supporting victims in Circuit Court with whom they have spent months building relationships and trust. These challenges are compounded by jury trials when staff are expected to support the victim(s), coordinate the appearances of multiple Commonwealth witnesses (both lay and expert), and assist with the separation of those witnesses when there are security concerns. This is a frequent topic of regional Victim Witness coalition meetings, and as a result, neighboring jurisdictions coordinate with and support each other through the demands of jury trials, so that the Victim Witness office can remain staffed, and victims can continue to receive vital services. In addition, Victim Witness programs coordinate with community partners. One program describes supporting a victim through an assault and battery case and providing safety planning and referral services to community domestic violence resources, to ensure that the victim received services responsive to all their needs. In the reporting period, VCART led a coordinated response to the following incidents, serving a total of 2,690 victims: University of Virginia shooting, Chesapeake Walmart shooting, Virginia Highlands Community Services Board incident, Southwest Virginia Regional Jail Authority incident, Charlottesville St. Patrick's Day shooting, Richmond City Graduation shooting. These responses included coordination of efforts and resources from Victim Witness advocates, Emergency Management professionals, behavioral health providers along with other state agencies and institutions of higher education. Further, VCART staff and volunteers deployed to provide crisis intervention, grief counseling, and other services to victims and community members using the Family Assistance Center (FAC) and Group Crisis Intervention (GCI) models.

Please discuss the major issues in your state that either assist or prevent victims from receiving assistance during the reporting period.

Though the severity of the COVID-19 pandemic has lessened, its impact continues to be felt and programs continue to face unprecedented challenges in providing services to victims. At the same time, VOCA funded subrecipients remain flexible, dedicated, and creative as they work to mitigate these challenges. Subgrantees report complex and/or different types of client needs. There have also been increased needs for emergency food and shelter, and increased food prices have been a struggle for families. One subrecipient in rural southwest Virginia has described the depth of need in their served communities to be overwhelming. Victims are reporting more severe injuries, more complex trauma, and significant mental health and substance abuse issues. Further, programs across sectors report being overwhelmed by the volume of clients, making it difficult to provide comprehensive services to all. These are exacerbated by local economies that continue to struggle. Several Victim Witness programs have reported an increase in petty larcenies and related misdemeanors, reflecting the need and crises that many communities face. A lack of affordable housing is another major barrier. Even when there are financial resources for relocation assistance, there are often no affordable housing options in which to place victims. Shelter based domestic violence programs in many localities have become the primary housing provider because there are simply no other options. Shelters continue to report that they are at full capacity and/or are only accepting residents of their county. This is compounded by challenges with clients being unable to find work that pays a living wage. Combined with a lack of options and long wait lists, families are staying in shelter for much longer periods of time. These factors combine to create enormous barriers to victims of crime restoring security and stability in their lives. Adjacent community services are also impacted by increased volume and need, which in turn impacts victim services. A YWCA program reports that clients have experienced excessive wait times when calling 911. Additionally, clients report inconsistent law enforcement response and delays with interventions like the Lethality Assessment Program due to staffing challenges. Many other communities report similar challenges and long wait times or no-answers when calling emergency services. There continues to be a lack of adequate mental health and substance abuse services as programs report seeing increases in mental health and substance abuse issues. Untreated mental health conditions and a lack of mental health services are major barriers for victims to engage with services. Staff are also impacted by the vicarious trauma of witnessing clients experiencing serious mental health issues or substance abuse. High staff turnover and increased demand for mental health counselors prevent some clients from receiving care – or they never return for future appointments. DCJS has heard from the field that due to staffing issues, many victims seeking counseling services are placed on waitlists and may not receive services for months. Additionally, counseling options in their service areas are very limited and they are unable to find counselors or therapists who are accepting new clients. Similarly, subgrantees have reported that they are unable to hire staff for open grant funded positions. Applications are minimal in number and applicants often do not show up to interviews or follow-through with the hiring process. Adding to this hiring issue, subgrantees report that current staff are often overwhelmed with a large and insurmountable caseload. This has led to burnout and additional staff turnover. One remaining barrier from the pandemic is the lower number of children identified as in need of services through the court system, as a result of delays and other factors. CASA programs receive appointments to cases directly from the juvenile and domestic relations district court judges. The primary route through which child abuse victims are identified is by the department of social services. If necessary, these children are brought to the attention of the court. Secondly, children come to the attention of the court when allegations of abuse or neglect are brought forward when their parents are before the court on custody matters. During the pandemic there was an overall reduction in the number of child abuse victims served by the juvenile courts, departments of social services, and CASA programs.

Please describe ways that your agency promoted the coordination of public and private efforts within the community to help crime victims during the reporting period.

To effectively meet the needs of victims of crime, subgrantees worked to promote the coordination of public and private efforts within their communities. The coordination that subgrantees have worked towards in the past has become even more essential as the need in communities deepens. Many subgrantees that are non-profit organizations have strong relationships with local law enforcement and prosecutors offices. Programs also partner with private service providers, such as mental health counselors, to ensure that service provision occurs. Each program works with their community partners and stakeholders to coordinate services and resources on behalf of victims of crime. Many domestic and sexual violence programs have strong partnerships with local landlords/apartment complexes and/or hotels that provide essential housing support. Both CASA and CAC programs promote public and private sector coordination. CASA programs are primarily private, non-profit organizations. Each reaches out within their respective communities to coordinate services and resources on behalf of child victims of abuse and neglect. CACs continually promote the coordination of public and private efforts within the community to help crime victims. The MDT component is an integral part of the CAC model and coordination of team members efforts is inherent in the CAC process. Some examples include: Working with local school systems for relevant training, as well as public and private universities/colleges providing elective rotations to students in the health professions; Networking with private mental health providers to offer referrals; Partnering with federal agencies to provide services for federal victims of crime and/or the military; Participation in the statewide Community Chalkboard to bring awareness to child abuse; Partnering with local restaurants to provide food to children and parents attending programming; Partnering with local, state, and federal agencies to have a strong system of response in place in anticipation of a casino opening and for the possible increase in Commercial Sexual Exploitation of Children (CSEC) crimes.

Please describe any notable activities at the grantee level during the reporting period that improved delivery of victim services.

Virginia's VOCA Assistance award continues to support improvements in the delivery of victim services throughout the Commonwealth. Specifically, in the current reporting period, the Criminal Justice Services Board (DCJS's governing body) awarded over \$40 million to support victim services through VOCA funded projects, including victim/witness programs, domestic violence shelters, sexual assault crisis centers, and child abuse programs. In total for the reporting period, 119,481 crime victims were served by VOCA-supported projects. This funding supported 3,130,200 instances of direct service delivery contacts and 5,917 paid staff positions. Below are summaries of VOCA grant funded programs and activities that improved delivery of victim services: In Virginia, Victim Witness programs are statutorily mandated and ensure that victims of crime are heard at all stages of the criminal justice process. There are currently 111 local Victim/Witness Programs and three statewide projects focused on the delivery of services required under Virginia's Crime Victim and Witness Rights Act (Bill of Rights). At least one full-time position is supported in each Victim Witness Program, with many localities supporting multiple positions. In Virginia, 294 full-time equivalent positions are supported with VOCA funds in Victim/Witness programs and more than \$11.8 million in grant funds are devoted to assisting victims through local, regional, and statewide Victim/Witness program grants. The Victims Services Grant Program (VSGP) was established by DCJS in 2019 as a funding source for various direct service victim assistance programs across the Commonwealth. Stakeholders and practitioners in the field have expressed administrative challenges with receiving multiple DCJS funded grants, many of which were supported by VOCA. In an effort to respond to this identified burden, VSGP combined the VOCA New Initiatives Grant Program and the Sexual and Domestic Violence Grant Program into one grant application and one reporting timeline for subgrantees. To support the continuity of services, VSGP funding was divided into categories that were non-competitive and supportive of core services and competitive, giving applicants the flexibility to develop programming best suited to the needs of victims in individual communities. Further, the competitive funding portion included specific allocations for services to victims of child abuse and community specific projects targeting underserved populations. The victim assistance programs that receive VSGP funding provide a variety of direct services to victims of crime including crisis intervention, emergency assistance, assistance with crime victim compensation claims, information and referrals to other needed services, personal advocacy, and criminal justice support and advocacy. Approximately \$23 million was awarded through the VSGP program, including over \$14.9 million supporting core services in 56 sexual and domestic violence agencies. VOCA funding was also used to support the Hospital Based Violence Intervention Project (HVIP) implemented by the Virginia Hospital and Healthcare Association Foundation, resulting in the creation and implementation of the Virginia HVIP Collaborative. The goal of this project is to improve public safety and health outcomes for victims of violence in Virginia's high-crime areas by implementing HVIP in five Virginia hospitals. Approximately \$1.7 million was allocated to support this program. VOCA funds continue to be allocated to support Court Appointed Special Advocate (CASA) programs, totaling \$1.5 million. CASA programs recruit, screen, and train citizen volunteers to become advocates for child abuse and neglect victims. CASA volunteers are appointed to cases by juvenile court judges. VOCA funds are used to support direct service activities primarily through funding volunteer coordinators. Volunteer coordinators directly supervise CASA volunteers who ensure child victims best interests are met during the court process. The goal of CASA advocacy is to make certain every child has a safe, permanent home. Several CASA programs reported enhancing services to older youth this year, specifically those participating in the Fostering Futures Program. During this reporting period, every CASA program completed a Quality Assurance Self-Assessment review to determine compliance with national standards for local CASA programs. Reports indicated 20 programs received 90-100% ratings of compliance and the remaining 6 programs received 80-89% ratings. The DCJS CASA Grant Monitor and Quality Assurance Coordinator provided targeted technical assistance and support to local programs to assist in ensuring programs achieve compliance with reviews. VOCA also provides approximately \$4 million to support Child Advocacy Centers through a grant to the Virginia Department of Social Services.

Please discuss each priority (i.e., child abuse, domestic assault, sexual assault, and underserved) in which VOCA funds have been used to assist crime victims during the reporting period

Please see the attached Case Studies document.

Please briefly describe efforts taken to serve Victims of Federal crime during the reporting period.

It is a requirement that VOCA funded programs in Virginia provide services to victims of federal crime, in the same way that services are provided other types of crime victims. Several VSGP subrecipients include human trafficking efforts in their grant funded programs. Further, programs report an increase in referrals for human trafficking victims, especially those who are minor victims of labor trafficking and/or those who require bi-lingual counseling and case management services. The Legal Aid Justice Center uses VOCA funding to serve immigrant victims of workplace crimes of violence and control across Virginia. Their services include legal representation, including trafficking prosecution, T-Visas, and wage theft. They also assist victims with basic needs such as transportation to medical care. Two subrecipients, Safe Harbor and Samaritan House, provide human trafficking victim advocacy through a transitional shelter and case management. Victim Witness programs housed in local prosecutors offices partner with Homeland Security investigators when there are suspicions of trafficking. One program, Accomack County Victim Witness Program partnered on an investigation regarding juvenile labor trafficking in two major chicken processing plants. Program staff were able to act as victim advocates and provide services and support to identified victims. The Hampton Roads Human Trafficking Task Force is an example of multiple agencies working together to assist federal crime victims. While some human trafficking cases can be prosecuted locally, the assistance of federal agencies and Homeland Security is vital to serving human trafficking victims. An example of this is the continued work of Samaritan House to coordinate with Virginia State Police, the U.S. Attorney, the local prosecutors, and six local police departments to address human trafficking. In addition, youth serving agencies partner with federal agencies to ensure that investigations are conducted in a trauma-informed and child-centered manner. For example, the Child Advocacy Center at the Children's Hospital of the King's Daughters in Norfolk, VA continues to partner with the FBI, who uses their child-friendly facility to conduct interviews with oversight and consultation from their forensic interview team. Homeland Security also brings children and youth from their cases to the CAC for forensic interviews performed by staff and for follow-up services.

Please identify any emerging issues or notable trends affecting crime victim services in your state during the reporting period.

Office for Victims of Crime - Performance Measurement Tool (PMT)

Across Virginia, programs consistently report seeing increased need and an increase in new referrals for program services from partner agencies at a time when staffing levels have remained static or decreased. At this time, hospital systems are recovering from significant losses attributed to the pandemic, preventing programs from adding staff to meet these growing needs. The rise in severe physical abuse cases has led to increased discussion among agencies about the impact these cases have on the mental health of the professionals working the cases. Many team members have identified that they have struggled with the exposure to the visual effects of abuse and the impact of responding to the hospital during emergency situations. Family violence continues to be prevalent. Advocates have seen many cases involving methamphetamine abuse by one or both parties. This complicates domestic violence situations even further, as the victim is often dependent on substances and afraid of law enforcement due to circumstances related to their addiction. Concurrently, Victim Witness programs across the Commonwealth report an increase in crime rates. This increase is seen not only in violent crime, but in larceny and other misdemeanors as well. Several agencies serving victims of child abuse are reporting an increase in reports of problematic sexual behavior in children and child-on-child sexual abuse cases. One such program, Greater Richmond SCAN has finalized a Memorandum of Understanding (MOU) for a Problematic Sexual Behavior (PSB) Pilot and has been in progress to ensure that all MDT partners agree to provide forensic interviews for the children that are the identified victims and to extend a PSB assessment for those children identified with problematic sexual behaviors. There have been issues encountered with how these disclosures are handled within school settings in many jurisdictions. MDT facilitators are working closely with MDT leaders to develop plans for training school personnel and collaborating when disclosures arise. In addition, an increase in gun violence within the MDT jurisdiction areas led to trauma exposure for many children. Children and family members have shared about the impact of witnessing (hearing and seeing) incidents in their communities which often led to symptoms related to post-traumatic stress disorder (hypervigilance, flashbacks, sleep disturbance, feeling unsafe). Clinicians include additional treatment goals for clients who receive therapy services at the CAC to assist with these symptoms. A lack of access to affordable and safe housing continues to be a troubling trend seen across Virginia. Many domestic violence programs are at capacity and do not have the staff to support an increase in residential services. Further, there is a distinct lack of affordable and safe housing options. Many programs report that housing requests have more than doubled this year. The Collins Center in Harrisonburg, VA saw a notable increase in the homeless population during the pandemic and indicates that housing stability is a challenge, as there is a shortage of available units and/or prices have risen too high to be affordable. Unstable or nonexistent housing substantially increases vulnerability for victimization and creates situations where victims feel trapped or unable to leave. Simply put, many subgrantees report having no options for housing beyond area hotels. Economic concerns and victims who are struggling to access stable employment compound this challenge, especially when substance abuse or mental health issues are present. The CASA program's success is rooted in recruitment, training, and supervision of specially trained and qualified volunteers. CASA programs report volunteer recruitment continues to be a critical need. CASA programs also report changes in child welfare practices related to the Family First Prevention Services Act and a focus on diversion practices to avoid involving families in the child welfare system continue to be trends affecting child victims and service provision. These policies focus on working with families outside of the court system, which results in children not having access to a CASA. Additionally, CASA programs report once cases do come to the attention of the court, children have often experienced significant numbers of alternate placements and attempted interventions resulting in exposure to trauma.

Please briefly outline any staffing retention issues that your victim assistance program has and why these issues may occur during the reporting period.

Staffing challenges, including hiring and retention, continue to be a major issue in Virginia's victim services field. Victim services agencies have always struggled with burnout and hiring, especially in rural areas, however these challenges have been exacerbated by the pandemic and subsequent shifts in the labor market. Many service providers describe the field as being in a staffing crisis and report significant difficulty with hiring and retaining staff. For example, CASA programs indicate that 25% of programs have experienced a change in the program director position. Additionally, one third of volunteer managers/supervisors have changed during the past year. Other sectors of the victim services field are seeing similar amounts of turnover. Staff retention challenges may be due, in part, to high caseloads and burnout resulting from an increase in victims needing assistance combined with the programs inability to hire. Subrecipients have historically reported that not having adequate funding to provide reasonable and fair salaries and benefits for employees has contributed to staff retention and recruitment issues. Subgrantees report challenges with attracting and hiring qualified staff to fill grant funded positions. This challenge has increased, with many local big box stores advertising higher wages than those in victim services. In addition, burnout has played a considerable part in staff retention. The vicarious trauma and stressors that direct service staff are normally under has increased exponentially. Staff report feeling like there is no end in sight. Highly trained professional staff present a particular staffing challenge. Many programs report difficulty finding licensed mental health professionals. It is even more challenging to find trained staff who are bi-lingual. The increased levels of VOCA funding available in recent years allowed subrecipients to increase compensation and benefit levels in an attempt to address recruitment and retention issues; however, decreases in federal funding now result in sustainability concerns. It remains challenging for programs to diversify their programming in such a way that enable them to support current staffing levels should significant VOCA allocation decreases continue. Many sexual and domestic violence programs have reported that if funding continues to decrease, they will be unable to provide 24/7 crisis intervention services. This would represent a significant step backward for the field and have an immeasurable impact on victims in Virginia.

Please explain your state process to publicize its victim assistance funding for services to victims of crime during the reporting period.

DCJS posts all grant opportunities on a dedicated agency webpage and sends information to partner agencies, membership organizations, and others who have signed up to receive agency notices. Information is also shared through DCJS team outreach efforts such as Quarterly Conversations webinars and the regularly published Victims Services Newsletter. Current grant recipients receive notices of applicable funding announcements. The DCJS Victims Services team also maintains webpages for each grant program, which include the purpose of the grant program, eligibility requirements and conditions of awards. Further, DCJS conducts in-person, webinar, and teleconference trainings related to grant application development. DCJS also works with appropriate professional membership organizations to ensure that interested professional groups and the public are informed of the availability of victim assistance funding.

Please explain how your state is able to direct funding to new/underserved populations during the reporting period.

DCJS is continuously working to ensure that funding is directed to new and underserved populations. Stakeholder input and research revealed that many crime victims in Virginia may not receive services and support that adequately meet their needs after victimization. Further, many victims of crime from underserved populations are more comfortable seeking help from community-based organizations rather than traditional service providers. Meeting victims needs is far more difficult when their access to services is complicated by factors such as race, ethnicity, geographic isolation, language barriers, cultural differences, disability, lack of knowledge of the criminal justice system and their rights, and/or lack of appropriate social support. There is no single way to meet the needs of all underserved populations because of the uniqueness of each group. However, programs can improve their response to these crime victims by looking carefully at specific populations, better understanding needs, and designing appropriate programs and services. As noted earlier, VSGP was developed to streamline multiple VOCA-funded victims services into one solicitation, based on feedback from the field. Funding is divided into categories that are non-competitive and supportive of core services and competitive, giving applicants the flexibility to develop programming best suited to the needs of victims in individual communities. Funding for community-based agencies serving underserved populations is a focus of this grant program. The initial solicitation included a portion of the available funds set aside specifically for these projects. In addition, the scoring was structured with the intention of prioritizing non-traditional community-based service providers. The resultant review process continued to prioritize the needs of underserved populations. Twenty subgrantees were selected to receive this set aside portion of funds, many of which are non-traditional agencies that are new to DCJS funding. These programs received additional training and technical assistance to ensure success as they administer grant funding. One such program is Latinos in Virginia Empowerment Center (LIVE), Virginia's first and only agency that provides culturally specific advocacy for Hispanic/Latino families affected by violence and that can guarantee its services are always delivered by bi-lingual, trained advocates. Before receiving VSGP funding, LIVE was operating solely with volunteers and only able to serve 20 families a year. Today, LIVE is providing services to more than 500 individuals. With the support of VOCA funding, the program went from having a helpline that only operated during business hours, if volunteers were available, to having a full staff operation and a 24/7 hotline to serve the whole state. No matter where in Virginia a Spanish-speaking victim of crime is located, this person has access to phone services provided by a bi-lingual, bicultural, and trained victim advocate. Another recipient of this specific funding, the Ethiopian Community Development Council (ECDC), has been able to expand services to victims of crime in refugee communities. In addition, staff of the program have strengthened a partnership with another VOCA-funded subgrantee, the City of Alexandria Sexual and Domestic Violence Program. The two programs discussed ways to collaborate and refer cases to each other. ECDC was invited to join Alexandria's staff in the city's Domestic Violence Intervention Project coordinated team. This partnership is a direct result of targeted VSGP funding towards underserved communities.

Please explain how your program is able to respond to gaps in services during the reporting period.

DCJS continues to work to respond to gaps in service. DCJS Victims Services leadership instituted regular meetings with the Virginia Department of Social Services and the state coalition, the Virginia Sexual and Domestic Violence Action Alliance, to ensure that lines of communication remain open. Further, these meetings are used to identify gaps and needs experienced by programs across funding streams and allow state funders to develop cohesive responses to identified needs. While not VOCA funding, DCJS has made American Rescue Plan Act (ARPA) funds available to programs to help fill gaps caused by pandemic impacts and decreases in federal funding. DCJS hosted several webinars for grant funded recipients that focused on sustainability, board development, and grant writing. These trainings are intended to help agencies develop the tools and resources to close gaps they see in their services. VCART has been able to conduct several regional responses where emergency plans were not activated, but the community resources were overwhelmed. This is a gap that the DCJS VCART program continuously fills as a core programmatic component. Despite the enormous challenges facing the victim services field, VOCA funded programs continue play a critical role and respond to gaps in service. Sometimes, this has meant being creative and creating new avenues to work with victims. Due to the need for clinical services, and the lack of staff, the Southern Virginia CAC developed a program called the Parent Support Program which is designed for staff to reach out to the caregiver of a child on the waitlist and teach them skills to be able to address their child's emotional needs while they are on the waitlist. A family receives this program once a child has been on the waitlist for 60 days. In communities with increased capacity, subgrantees also continue to think creatively about program implementation in order to respond to gaps in service. Many subrecipients have been successful in developing robust partnerships with community partners, including private mental health service providers. There is a significant gap in mental health services, with need far surpassing available resources. These partnerships enable subrecipients to refer eligible clients to private service providers, reducing the waitlist burden that many programs experience. A related gap is follow-up mental health treatment for children. This has caused staff to think creatively in terms of how to serve every child who needs follow up services. One strategy is to utilize college/graduate level interns whenever possible. Depending on their degree type, where they are at in their course of study, and their skill level, interns can meet with children and caregivers who demonstrate only minimal or moderate levels of need and provide useful therapeutic interventions. Additionally, program staff have implemented peer groups which help increase the number of children served in a therapeutic setting. Several CACs navigate gaps in service through the collective support of Steering Committees, Boards, MDTs, and partners in the community. When a need is identified by a MDT member, the issue is brought to the attention of the wider group to see if someone within the team can respond, or if they are aware of an additional outside resource that may be able to fill the gap in services. Boards of Directors and Steering Committees can use their knowledge and resources to help ensure that any service gaps are filled whenever possible. In addition, many CACs collaborate with Community Services Boards (local mental health authorities) to create a comprehensive list of resources to support triage and appropriate linkages to community resources. A CAC in Alexandria has been able to develop partnerships with local businesses including restaurants. They provide free snacks and drinks for some of their children's Learn & Play Group Sessions, as well as vouchers specifically for the children who are forensically interviewed at the CAC. These resources meet a simple but important need for children within the community who access services.

Please list and explain any outcome measure(s) that are reported to the governor, legislature, or other state entity during the reporting period.

All Virginia state government agencies develop and implement strategic plans for their agency and for relevant programs and service areas. Agencies also identify performance measures to track their progress on achieving their strategic plan objectives. DCJS measures include: Percentage of criminal justice practitioners and professionals that rated the value of the agency-delivered training and education as satisfactory or above. Number of participants trained. Percentage of subgrant recipients that received a site visit per year. Number of desk reviews conducted per year. DCJS also drafts a report on Victim/Witness Assistance Programs, to include their services and funding. This report is provided annually to the Virginia General Assembly. In addition, DCJS collects data from participating Lethality Assessment Programs on a bi-annual basis and produces a biannual and annual report showing the progress of the program in the state. DCJS also reports information periodically to Virginia's Department of Planning and Budget, the Secretary of Public Safety and Homeland Security, the Governor's Office, and other officials as requested.