



Support, advocacy and education
for people affected by sexual violence,
domestic violence & stalking

www.thejameshouse.org

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(804)458-2704 (804)732-1711

Serving the Tri-Cities & Surrounding Counties
Spanish-Speaking Advocate on Staff

Hotline: (804) 458-2840

Sexual Assault Information

If you are sexually assaulted, it is NOT your fault.

You have the right to decide whether or not you want the Commonwealth's Attorney's Office to prosecute the perpetrator. Regardless, seek medical attention at an emergency room immediately. Even if you do not want to press charges, you may have injuries and may be at risk for unwanted pregnancy or STD's.

You may decide at a later date to go forward with the prosecution process. Therefore, a Physical Evidence Recovery Kit (PERK) exam should be completed within 72 hours (24 hours for oral or anal penetration) by a trained qualified Sexual Assault Nurse Examiner (SANE) or Forensic Nurse Examiner (FNE). Do not shower, bathe, eat, drink, douche, or change your clothes until after the exam is complete. Doing so may destroy important physical evidence.

Recovery from sexual assault can be difficult. You may experience sleeplessness, nightmares, loss of appetite, feelings of anger, humiliation, shame and more. The James House offers free, confidential support to help you as you work through the healing process.

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Important Phone Numbers

For Hopewell Residents

Emergency.....911
Police Non-Emergency.....541-2275
Victim/Witness Assistance Program.....541-2352
Commonwealth's Attorney.....541-2255
Court Services.....541-2265
Legal Aid.....862-1100
Virginia Lawyer's Referral Hotline.....(800) 552-7977
Magistrate.....524-6611

Social Services.....541-2330
Central Virginia Food Bank.....521-2500

Domestic Violence Safe Shelter.....458-2840
Central Intake for homeless single adults.....648-4177
Central Intake for homeless women & children.....291-9083
Virginia Supportive Housing.....525-1951
District 19 Mental Health Crisis Line.....862-8000
National Youth Crisis Line.....(800) 448-3000
National Suicide Hotline.....(800) 273-8255

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Each of us has the right to be in a safe and healthy relationship. Balancing the stressors in life can be difficult but when an intimate partner or family member becomes abusive physically, emotionally or psychologically, a line has been crossed and the relationship becomes unhealthy.

Most survivors of domestic violence would say that they wanted the abuse to end—not the relationship. When personal safety is at risk, ending the relationship may be something you consider. Isolation from friends and family can be a part of an abusive pattern and you may feel you've lost the support network that would help with making that decision. You are not alone.

The James House offers assistance in safety planning whether you decide to stay or leave. We can help you with shelter and link you to other service providers. In addition, we offer counseling, case management, support groups and other services to help begin the healing process.

Knowing that there are people who will listen without judging your situation or your decisions can lift the burden of secrecy and shame. It is not your fault.

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Protective Order Information

Types of Family Abuse Protective Orders

Emergency Protective Order

- Requested by law enforcement or the victim at the magistrate's office or before a judge.
- Effective when alleged abuser is personally served.
- Enforced for 72 hours and can be extended if the victim requests before a judge.

Preliminary Protective Order

- Requested by the victim before a judge.
- Effective when alleged abuser is personally served.
- Enforced for 15 days but can be extended by order of the judge if the alleged abuser does not appear in court.

Permanent Protective Order

- Requested by the victim before a judge at a full hearing.
- Effective immediately upon judge's order at a full hearing where both parties are present.
- Enforced for a maximum of 2 years.
- Can be enforced out of state.

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Important Information

Date of Incident: _____
Time of Incident: _____
Location: _____
Report #: _____
Deputy/Officer Name & Phone number: _____

EPO Issue Date: _____ Expiration: _____
PPO Hearing Date: _____ (if different from expiration)
Victim/Witness Assistance Program Contact: _____

PERK #: _____ Expiration Date: _____

Other Important Information: _____



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