

# STATEWIDE NEEDS ASSESSMENT



2024

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# Language Choice

Throughout the Needs Assessment we have used the term survivor to indicate those receiving services from service providers and those who have experienced violence and harm. While some individuals prefer the term victim or client, survivor emphasizes resilience and empowerment, aligning with a trauma-informed approach. It is widely accepted in advocacy and support services as it avoids defining individuals solely by their experiences of violence.

## Assessment Summary

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In February 2023, the Arizona Coalition to End Sexual and Domestic Violence (ACESDV) initiated a Statewide Needs Assessment to gather information from survivors, stakeholders, and the community. The objective was to identify resources and gaps in Arizona's domestic violence (DV) and sexual assault (SA) response systems and to strategically plan future direct services. A diverse planning team, including service providers, Tribal members, government employees, health departments, and survivors, collaborated virtually throughout the spring and summer of 2023. They designed the assessment, reviewed and adjusted surveys, and assisted in data collection.

The assessment consisted of three components: a survivor survey, a program survey, and follow-up interviews. The program survey, completed by 36 organizations, included follow-up data collection to include non-member programs and unidentified stakeholders. The survivor survey, developed by ACESDV in 2021, was distributed electronically and in paper format to participants in the Arizona Address Confidentiality Program. Survey responses were coded and analyzed by ACESDV staff to identify trends.

### State Overview

Arizona has the fifth-highest domestic violence rate in the United States, with 42.6% of women and 33.4% of men reporting experiences of intimate partner violence (IPV), sexual violence, or stalking. In the past five years, 475 people have been killed in Arizona due to IPV-related causes, and Arizona has the seventh highest rate of women killed by men in the United States. Clearly, domestic and sexual violence is a significant problem in Arizona..

### Survivor Survey

192 individuals, predominantly from Maricopa County, responded to the survivor survey. Respondents ranged in age from 18 to 84, with a majority identifying as female. White respondents were overrepresented. The survey revealed high rates of repeated victimization, childhood sexual abuse, and assaults by known individuals. Many survivors did not report assaults to law enforcement, and those who did had mixed experiences, particularly those with disabilities. Primary needs included legal services, counseling, financial assistance, and housing, which were often unavailable or insufficient.

## Program Survey

Thirty-six organizations responded to the program survey, representing a mix of rural and urban service providers. High vacancy rates and turnover were identified as significant issues affecting service provision. Key barriers included lack of transportation, cultural and language obstacles, and inadequate funding. While most programs provided access to healthcare and education, gaps in childcare, legal services, housing, and transportation were prominent. Services for specific populations such as LGBTQIA+, disabled, male, refugee, limited English proficiency, and Indigenous survivors were often inadequate or non-existent.

## Identified Gaps

- **Legal Services:** Increase availability of legal representation.
- **Mental Health Services:** Expand access to counseling and therapy.
- **Housing:** Address the shortage of affordable housing.
- **Childcare:** Provide reliable childcare to support survivors' employment and education.
- **Transportation:** Improve transportation access, especially in rural areas.
- **Program Funding:** Secure sufficient funding to enhance service quality and availability.
- **Data Collection:** Establish a central data repository to track DV and SA statistics.
- **Prevention Programming:** Develop comprehensive prevention strategies across the Social Ecological Model.

## Specific Population Needs

- Specific support programs for LGBTQIA+ individuals.
- Programs for survivors with mental health and substance use disorders.
- Shelters and services are not accessible for people with disabilities.
- Dedicated services and shelters for male survivors with children.
- Specialized services for refugees.
- Services directly in Spanish for those with limited English proficiency.
- Provide culturally specific services for Indigenous survivors.

The Statewide Needs Assessment highlighted significant gaps in services for survivors in Arizona, particularly among underserved populations. The findings underscore the need for enhanced legal, mental health, housing, childcare, and transportation services. Addressing these gaps through strategic planning and funding is crucial for improving support for all survivors in Arizona.



# Process

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In February 2023, ACESDV began conducting a Statewide Needs Assessment. The purpose of the Statewide Needs Assessment is to collect the needs of survivors, stakeholders, and the community, to identify resources and gaps in domestic violence and sexual assault response to strategically plan for the future of direct service in Arizona.

A collaboration of direct service providers, Tribal members, governmental employees, health departments, and survivors joined together as a planning team and met virtually throughout the spring and summer of 2023 to make decisions regarding the assessment design, review and adjust the survey, and assist in gathering and providing the data. To be comprehensive, the needs assessment was determined to have three portions: a survivor survey, a program survey and follow up interviews as needed.

A Program Survey was sent out to members and key stakeholders in the Fall of 2023, and 36 organizations completed the survey. Follow-up data collection was conducted, asking organizations identified in the initial survey to also participate to include nonmember programs and previously unidentified stakeholders.

The Survivor Survey was previously developed by ACESDV staff in 2021 and was sent electronically to the ACESDV Strength Hope Awareness Respect Education Survivors Advisory Committee (S.H.A.R.E.) committee and to domestic and sexual violence service providers to provide to those they serve. Additional surveys were provided in paper format to participants in the Arizona Address Confidentiality Program.

The survey responses to all surveys were coded by ACESDV staff in multiple iterations, with trends being noted and reviewed by the team to ensure consistency.

The planning team also participated in the creation, review, and dissemination of this report.

The Statewide Needs Assessment examines the quality and variety of services available to all Arizonans with an emphasis on underserved populations such as Indigenous, Immigrant, lesbian, gay, bisexual, transgender, Queer, Intersex, and asexual people (LGBTQIA+) communities as well as cisgender male survivors in Arizona. We additionally analyze the gaps in services cited by survey respondents and offer recommendations for future efforts to end stalking, trafficking, and IPV in Arizona.

## Survivors of Violence Survey Data

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The Survivors of Violence Survey was intended to collect information about survivors through 79 multiple choice, rankings and open ended questions. The survey was designed by ACESDV staff with collaboration with the S.H.A.R.E. committee.

192 individuals who have experienced sexual and/or domestic violence responded to the Survivor Survey. Of those respondents, only 118 provided their location. As many respondents participated in the Address



Confidentiality Program, this was an expected result as we did not obtain geographic data on those participants.

## Respondent Characteristics



- Primarily in Maricopa County
- Primarily 35 to 54
- Respondents racially representative, but primarily white
- Primarily female
- Respondents of all incomes

## Location of Respondents

Of those that provided their location, the majority (70%) reside in Maricopa County. Maricopa County respondents are slightly overrepresented in the sample, as 62% of Arizona's population resides in the county. Cochise, Mohave, Pinal, La Paz, and Greenlee counties are represented as expected. The counties of Coconino, Apache, Santa Cruz, Yavapai, and Yuma are slightly underrepresented with a 1% to 2% difference from expected, with Gila, Graham, and Navajo slightly overrepresented by the same margins. Pima county is underrepresented at 5% from expected.

## Age of Respondents

Respondents were between the ages of 18 to 84. Only adults were included in the survey, although many adult respondents experienced childhood victimization. Respondents are concentrated in those who are 35 through 54, but it should be noted that current age at time of the survey does not match victimization age.

## Race of Respondents

The distribution of respondents by race is as expected with two exceptions. Respondents identifying as Asian and South Asian accounted for 3% of total respondents, Black respondents are 5%, Indigenous respondents were 4%, and those identifying as two or more races are 9% of respondents. White respondents were disproportionately represented from expected at 66% and Latino respondents are underrepresented from expected at 14%. The survey does not match nationally reported rates of victimization among Latino, Black and indigenous individuals, wherein we would expect higher numbers of those groups. These findings align with research on web-based survey participation suggesting that white respondents are more likely to participate in and complete web-based surveys. We recognize the limitations of web-based surveys as a data collection instrument and will adapt our future data collection instruments to be more inclusive to wider community input.

## Gender of Respondents

Respondents that provided their gender primarily identified as female with 181 respondents. Eight respondents identified as male, two as nonbinary, and one as transgender. Female respondents are overrepresented in the sample, given statewide rates of male victimization. These findings reflect current research suggesting men and LGBTQIA+ people are significantly less likely to report intimate partner violence than women. ACESDV recognizes the need for higher victimization reporting rates to better address the needs of these underserved populations.

## Income and Education of Respondents

Respondents come from all income levels: 27% earn less than \$20,000 annually; 10% earn between \$20,000 to \$34,999; 18% earn between \$35,000 to \$49,999; 18% earn between \$50,000 to \$74,999; 10% earn between \$75,000 to \$99,999; and 18% earn over \$100,000. Nine respondents had less education than having earned a high school diploma, 19 a high school diploma, 42 some college, 25 an associate's degree, 39 a bachelor's degree, and 41 a post-graduate degree. These findings on both education and income illustrate that IPV impacts people of all socioeconomic backgrounds and requires ongoing efforts to prevent and intervene to increase the wellbeing of all Arizona communities.

## Areas of Vulnerability

57 respondents reported that they have a disability. Nine respondents have chronic illness, seven have an intellectual or developmental disability, 51 have a mental health condition, 19 have a physical disability, and seven a sensory disability. We do not have data on whether these disabilities and health conditions pre-existed the respondents' victimization, however, people with disabilities are approximately 50% more likely to experience IPV than the general population.

159 respondents provided information on their experience of IPV. Over half of those respondents (54%) experienced domestic violence in more than one relationship. Of the respondents, 54% experienced childhood sexual abuse. 42% of respondents were threatened or harmed with a firearm. 98 respondents, or almost half of respondents, indicated that they had experienced or seen domestic violence as children.

140 respondents provided information on their experience of sexual violence. Over half of those respondents (55%) experienced sexual assault with more than one individual. 79% of the perpetrators of assault identified

were individuals known to the victim, 12% were in a position of power over the victim, and only 9% were a stranger unknown to the victim. These findings are in alignment with current data suggesting that violence is most likely to occur between individuals who know one another.

## Victimization

- Survivors disclose assault primarily to friends and family as well as mental health professionals
- Survivors are primarily assaulted by present or former significant others

## Reporting An Assault

When disclosing their assault, survivors tend to trust friends, family, and mental health professionals.

Category of Person to Whom the Survivor Disclosed Assault	Number of Survivors
Family	114
Counselor	107
Friend	104
Significant other	70
Law enforcement	67
DV advocate	61
Healthcare	38
SV advocate	30
Teacher	13
Faith Leader	13
Trusted adult	8
Judge/attorney	4
Coworker	2

Only 5% of respondents did not speak of their assault to anyone. However, as the survey relied primarily on those who sought services, this number can be considered underreported. Nationally, only 39% of sexual assaults are reported, with domestic violence reports higher at 66%. Of those that did not speak of their assault, 66% experienced sexual assault and 33% experienced domestic violence.

Most assault experienced by respondents were committed by present or former significant others.

Relationship to Perpetrator	Number of Survivors
<b>Present or Former Significant Other</b>	80
<b>Family Member</b>	63
<b>Friend/Acquaintance</b>	40
<b>Friend of Family</b>	29
<b>Stranger</b>	27
<b>Fellow Student</b>	15
<b>Co-Worker</b>	12
<b>Law Enforcement/Corrections Officer</b>	9
<b>Medical Provider</b>	9
<b>Teacher</b>	6
<b>Faith Leader</b>	4
<b>Caregiver</b>	3
<b>Elected Official</b>	3
<b>Babysitter</b>	2
<b>Landlord</b>	1

## Male Survivors

A small portion of the survey respondents were male, but their experiences were similar. All responded citing the lack of services for male survivors or a cultural stigma of being a male survivor of domestic violence as the primary issue with seeking services. Male survivors (66%) reported that programs and organizations that they reached out to were not helpful, and they would not call helpline or hotline services again. Male survivors (50%) stated that they were not believed as to the abuse that they experienced. Male survivors with children also universally reported the lack of access to shelter as a primary barrier to safety.

## Law Enforcement Engagement

A third of survey respondents did not report their assault to law enforcement. Another 21% reported some assaults, but not all, to law enforcement. 43% of survey respondents reported their assault to the police. As this survey primarily reflects the experience of those engaging in services, this is likely an overreport of those engaging with law enforcement, as these numbers do not reflect national numbers showing that approximately 63% of assaults are not reported to police.



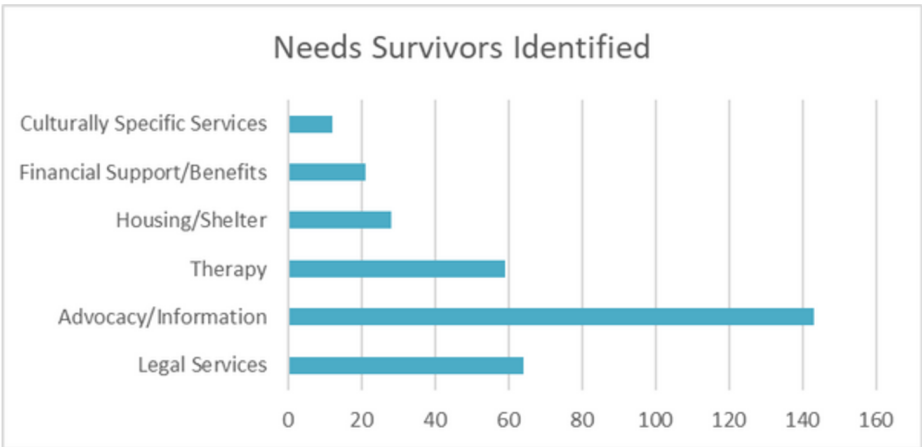
Those reporting to law enforcement rated their experience on a 6-point scale with 1 indicating poor treatment and 6 indicating positive treatment. The average experience was a 3.2, above slightly negative. The responses on both sides of the scale were racially and economically diverse, but significantly fewer disabilities were reported by the group experiencing good treatment, 34% versus 70%, indicating that those with disabilities experience poor outcomes when engaging with law enforcement, which aligns with current data on IPV reporting among people with disabilities showing lower victimization reporting rates than the general population.

## Needs and Gaps



- Legal Services
- Therapy or counseling
- Housing
- Financial assistance

When survivors reached out for services initially following their victimization, 68% were looking for advocacy or information, including someone to talk too, information about domestic violence or sexual assault, or information on how to report abuse. The primary service need was legal services, with a third of respondents (30%) identified having a criminal or civil need. The second highest need was therapy (28%). Only approximately a tenth of survivors reached out to programs to access housing or assistance with social services or benefits. Twelve respondents identified the need for culturally specific services. Of those respondents, six identified as Native Americans, one Asian/South Asian, three as multiple races and two were white.

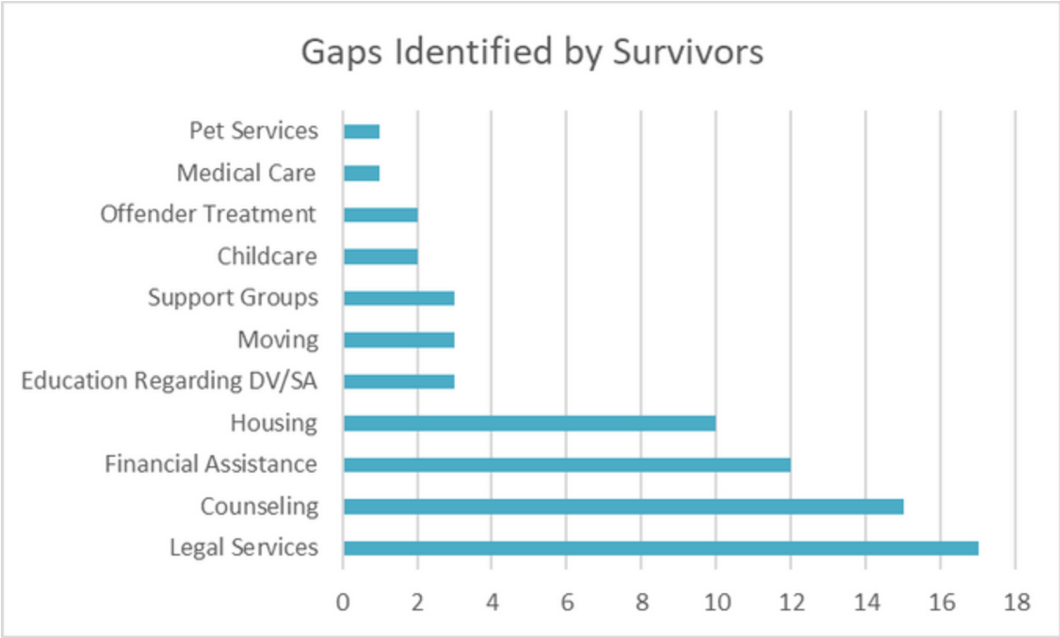




### Gaps in Service Identified by Survivors

Survivors reported the legal services, counseling, financial assistance and housing as the primary services that were needed but unavailable to them at the time of their victimization. While these services are all available to survivors, they are not in sufficient numbers, or are only available for those with income qualifications. Other services identified as missing but needed are peer support or support groups, services for perpetrators, advocacy, and moving assistance.

Advocacy and information, the primary need identified by survivors in the above section, was not identified as a gap.



## Service Program Survey

### Geographic Location and Type of Respondents

Respondent programs included thirteen rural, fourteen urban, and eight programs serving both rural and urban populations. Of the respondents, eight were domestic violence programs, 25 were dual programs (serving both domestic violence and sexual violence survivors), and four were community-based programs.

Responding organizations are mostly direct service organizations. For 29 of the responding programs, most staff (more than 50%) directly serve survivors while at only five other responding programs, most staff do not directly serve survivors.

### Staff of Respondents

The median staff size at responding organizations is twelve, with a range of one to 500. Responding organizations have an average of seven staff that work directly with survivors, with a range of zero to 75.

Programs report higher vacancy rates in staff over time, with an average vacancy rate of 19% in 2020 increasing to a 36% vacancy rate in 2023. Eighteen organizations saw significant increases in turnover, with even dispersal between urban and rural programs, indicating that labor is a consistent barrier to service provision across all program.

### Scope of Service of Respondents

The programs are impacting large portions of Arizona survivor populations with 57,135 adult survivors served by responding programs and a wide range in organization capacity, with a range of three to 7,508 survivors served by individual programs. The responding programs additionally reported serving 22,672 children or youth. Survivor-serving staff serve a median of 28 survivors as a caseload.

Service Not Available to Survivors	Percentage of Programs
Childcare assistance, childcare, daycare, IDD care	48%
Legal - immigration, family and civil	32%
Affordable housing	28%
Transportation	20%
Counseling, mental health care	16%
Transitional housing	16%
Forensic medical exams	12%
Health care, including mobile medical care and OBGYN care	12%

### Barriers to Service

Respondents were asked what the primary barriers were to meeting the needs of the survivors that they served. A barrier to service is any obstacle that prevents survivors from accessing a provider’s offered support

and resources. These barriers can be physical, such as lack of transportation to the shelter or geographical isolation, making it difficult for survivors in rural or remote areas to reach services. Cultural and language barriers can prevent non-English-speaking survivors or those from different cultural backgrounds from seeking help. These barriers collectively hinder the ability of survivors to seek safety and support, making it critical for shelters to identify and address them to ensure comprehensive and inclusive service delivery.

Respondents were provided a list of the most identified barriers with an option to provide answers not included in the original list.

Programs identified the following barriers for survivors:

Barrier	Urban Program	Barrier	Rural Program
Affordable housing	95%	Affordable housing	91%
Program funding	82%	Childcare	82%
Mental health services	77%	Transportation	73%
Childcare	68%	Mental health services	73%
Transportation	64%	Program Funding	64%
Substance use treatment services	59%	Substance use treatment services	59%
Local, state, or federal policies	50%	Food	50%
Technology	50%	Local, state, or federal policies	41%
Healthcare	50%	Technology	41%
Food	45%	Healthcare	41%

The top barriers identified were the same for rural and urban programs, consisting of affordable housing, funding for programs, mental health services, childcare, transportation, and substance use treatment. The only programs not identifying housing as a barrier does not offer direct services to clients. Other barriers identified that were not statistically significant were internal policies and procedures, school policies, pet care, and culturally specific services.







# Available Services

The survey asked what external resources in the community were available to survivors of respondent programs. While these resources may not be within the power of service providers to provide for survivors, they are important for the overall well-being of survivors and a comprehensive service array.

## Healthcare

Healthcare is crucial for survivors of violence as it addresses both immediate and long-term needs. Survivors often sustain physical injuries that require medical attention. Beyond physical health, violence has profound psychological effects, including anxiety, depression, and PTSD, making access to mental health services essential for emotional recovery. Chronic health conditions, such as hypertension and heart disease, can be exacerbated by the stress and trauma of abuse, necessitating regular healthcare to manage these issues and improve overall well-being. The survey explored whether survivors had access to healthcare providers, whether a provider was available for them and if they had the ability to go to the provider.

80% of respondents stated that the majority of their survivors had access to healthcare. The remaining programs stated that approximately half of their survivors have access to healthcare. This indicates that most survivors have access to healthcare through insurance or state programs and that healthcare providers are usually available in the areas that programs are serving.

## Employment

Education, employment, and income are significant factors in preventing violence and supporting survivors to recover from their victimization. The survey examined education, employment, and wage rates among our responding programs regarding survivor income. 36% of responding programs indicated that fewer than half of their survivors have access to jobs paying a living wage, defined as \$23.40 per hour. 20% stated half their survivors have access to living wage employment, and 24% of programs have a majority of survivors with access to living wage employment. All programs with most survivors with living wage employment are in rural

Arizona, indicating that living wage is more accessible in rural over urban areas. 64% of programs indicate that all survivors have access to training and education programs, with 12% stating that most survivors do not have access and the remaining stating that most survivors do have access.

## Gaps in Service Identified by Programs

Respondents were asked to identify what services the survivors they served needed in order to address their needs, but that were not available within their community. The primary gaps in community services are childcare, legal services, housing, and transportation.

Access to reliable childcare allows survivors to seek employment, pursue education, and attend necessary legal and counseling appointments. Childcare is a fundamental component of a comprehensive support system for survivors, fostering both immediate safety and long-term well-being for families.

Legal services are crucial for survivors as they provide the necessary support and protection to navigate complex legal systems. These services help survivors obtain orders of protection, address child custody, and obtain divorce decrees, which are essential in ensuring safety. Legal assistance also helps survivors address issues related to housing, employment, and immigration, which can be significant barriers to achieving independence and stability.

Affordable housing is crucial for survivors of domestic violence as it provides a safe and stable environment. Without affordable housing options, survivors are often forced to choose between returning to their abusers or facing homelessness. If survivors are not able to access affordable housing to exit from shelter, they may stay in emergency shelter longer, preventing another person that needs a safe exit to shelter from accessing that bed. While shelter beds in Arizona have increased, as 786 beds were available prior to 2020 at responding programs, with 843 beds available in current day, the need remains greater than supply in urban areas of Arizona with an average of 559 calls for shelter being turned away monthly.

All agencies with shelter services identified affordable housing as a need for survivors. When affordable housing is available through Section 8, Rapid Rehousing, or other HUP programs, waitlists are up to a year and respondents state that survivors are unable to access housing prior to leaving shelter. Other respondents state that affordable housing is not available or is not readily available. The average cost of housing for a survivor exiting shelter is \$1220 monthly in rural areas and \$1310 in urban areas. A person making minimum wage of \$14.35 and working full-time would have to pay 62% of their income for housing while those making living wage would pay 40% of their income for housing in urban areas.

## Vulnerable Populations

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A population vulnerable to domestic violence includes individuals or groups who are at higher risk of experiencing abuse due to various factors that limit their ability to seek help or protect themselves. These factors can include, but are not limited to, economic dependency, social isolation, cultural barriers, lack of access to resources, and physical or mental disabilities. These populations may face additional challenges in

reporting abuse, accessing support services, and obtaining legal protection, making them more susceptible to continued victimization. Respondents were asked to identify what portion of their clients were part of vulnerable populations and to identify and services that exist specifically to serve the unique needs of the population.

## LGBTQIA+ Survivors

Discrimination, stigma, and societal prejudice based on sexual orientation and gender identity can lead to increased isolation and marginalization, making it harder for LGBTQIA+ individuals to access support services or seek help. Abusers may exploit these vulnerabilities, using threats of outing their partner to family, friends, or employers as a means of control. The lack of culturally competent services and the fear of encountering homophobia or transphobia in shelters, law enforcement, and healthcare settings can deter LGBTQIA+ survivors from reaching out for assistance.

Programs reported serving between 0 and 66% survivors identifying as LGBTQIA+, with an average of 12% of survivors served. Programs that serve a majority youth survivors are responsible for significantly higher percentages. Most respondents (75%) do not offer services specifically designed for LGBTQIA+ survivors. The barriers to service that programs identified for LGBTQIA+ survivors are like those identified broadly, including housing, transportation, financial assistance, and underemployment.

## Survivors with Behavioral Health Diagnosis

Individuals with a behavioral health diagnosis are considered a vulnerable population as mental health conditions such as depression, anxiety, PTSD, or substance use disorders can impair a person's ability to recognize danger, make decisions, and seek help, making them more susceptible to abuse and manipulation. People using violence may exploit the stigma and discrimination associated with mental health issues to further isolate and control their victims, using their diagnosis against them to undermine their credibility and self-esteem. Those with behavioral health diagnoses often face barriers in accessing support services, including limited availability of specialized care and potential biases from service providers.

Programs reported serving between 5 and 95% survivors identifying as with a behavioral health diagnosis, with an average of 43% of survivors. 16% of respondents do not track this data and were unable to report the portion of survivors served with mental health issues. A large portion of respondents (41%) do not offer services specifically designed for survivors with behavioral health needs.

## Disabilities/Intellectual or Developmental Disabilities (IDD) Survivors

Societal stigma and discrimination experienced by individuals with disabilities contribute to increased isolation, dependence on caregivers, and barriers to accessing support services. Many individuals with disabilities are also dependent on caregivers that may be abusive or might not be allowed into shelter to continue to provide care to an individual. The U.S. Census Bureau determined that 8.9% of residents under the age of 65 years old had a disability, including the Deaf/Hard of Hearing community.

Programs reported serving between 3 and 35% of survivors having disabilities or IDD, with an average of 12% of survivors. 20% of respondents do not track this data. A substantial portion of respondents (84%) do not offer

services specifically designed for survivors with Disabilities or IDD. Sixteen percent of respondents identified that they offered specific services, which included ADA compliance, interpretation, and the ability to request accommodation or modifications of services.

ACESDV also conducted a separate assessment of needs of survivors of disabilities, to identify barriers to victim services for individuals with Intellectual and Developmental Disabilities, Deaf/Hard of Hearing, and DeafBlind. This assessment relied on new data, information, opinions, and experiences of those who experienced any facet of or working with the IDD or sexual violence resource community.

Key findings are as follows:

- Individuals with disabilities have significant barriers to service delivery, including negative attitudes, lack of accommodation, and transportation.
- Hard of Hearing individuals report substantial concern with service delivery due to providers not understanding accommodations specific to this population. This is also assumed for Deaf individuals.
- Individuals living with disabilities seek shared spaces where they can safely seek services and connect with others with similar experiences.
- Victim Service Providers do not have the training, access, or funding to be fully accessible for individuals with disabilities.
- Services such as disability service providers and victim service providers are not equitably distributed across Arizona

## Male Survivors

There is a societal stereotype that men are always perpetrators rather than victims of violence, which can lead to underreporting and stigma when men do experience violence. Men may face barriers in accessing support services designed primarily for women, including shelters and counseling services, which are often not equipped to accommodate male survivors. Attempted legislation in 2023 sought to ban “biologically male” individuals from shelter services, an example on this ongoing stigmatization. Cultural expectations of masculinity may discourage men from acknowledging their victimization or seeking help, fearing judgement or ridicule.

In Arizona, 33.4% of men reported experiences of IPV, sexual violence, or stalking. As approximately half of the population, if male survivors were reaching out for services at the same rate as female survivors we would expect to see much higher rates of utilization of services than the current 10% of survivors.

Programs reported serving between 0 and 30% survivors identifying as male, with an average of 10% of survivors. A large portion respondent (83%) do not offer services specifically designed for survivors that are men. 3% of programs serve only women. Those programs that offer gender specific programs for men, offer support groups only, suggesting a large gap in specific services for male survivors.

## Refugee Survivors

Refugees are particularly vulnerable to domestic violence due to a combination of pre-existing trauma, displacement-related stressors, and challenges in accessing support services. Many refugees have experienced traumatic events such as war, persecution, and forced migration, which can exacerbate vulnerabilities to



further violence. The stress of displacement, uncertainty about the future, and cultural adjustment difficulties can contribute to heightened tensions within families. Refugees often face significant barriers in accessing support services due to language barriers, limited knowledge of available resources, and fear of authorities can prevent refugees from seeking help or reporting. Cultural norms and expectations around gender roles and family dynamics may also influence survivors' perceptions of what constitutes acceptable behavior and their willingness to seek assistance.

Programs reported serving between 0 and 8% of survivors who are refugees, with an average of 1% of survivors. While Arizona resettlement numbers are high, with 19,950 arrivals over the past 10 years, with 274 arrivals per 100,000 in the state population, refugees make up approximately .2% of the population. This indicates that refugees are presenting for services at a higher rate than would be expected, indicating refugees are experiencing violence at higher rates than other groups.

13% of programs indicated that they have specific services for refugees. Those identified services include: U-visa assistance (50%) which is not needed by those with refugee status, and the others refer to refugee programs such as the International Rescue Committee (IRC). This indicates that programs do not have specific services for refugees but refer refugees to other services when they experience violence.

## Survivors with Limited English Proficiency

Limited English proficiency can hinder access to information about available services, legal protections, and resources for survivors. This language barrier may prevent Spanish-speaking individuals from effectively communicating their needs, seeking help, or understanding their rights within the legal system. Fear of deportation, particularly among undocumented individuals, can further prevent survivors from reporting abuse or seeking help from law enforcement or social services. Of the 1,891,842 individuals who speak a language other than English at home in Arizona, 80% speak Spanish with most of those individuals residing in Maricopa County. 25% of the population speak a language other than English at home, and 20% of the population speak Spanish at home.

Only one organization does not provide interpretation and most programs utilize staff interpreters, have staff who provide services in the language needed, or use the Language Line to serve survivors speaking languages other than English. Moreover, 5% of programs claimed that interpretation was not a need for their survivors.

Programs reported serving between 0 and 80% survivors who speak Spanish as their primary language, with an average of 19% of survivors. Three percent of respondents do not track this data. A substantial portion of respondents (77%) have Spanish-speaking staff who provide services in Spanish or interpret for survivors, but 8% of programs serve Spanish speaking survivors but do not offer any services in Spanish. 23% of programs do not offer services specific to Spanish-speaking survivors. Only one organization provides culturally specific services, with others identifying as culturally competent.

## Immigrant Survivors

Immigrants may face language barriers and limited knowledge of local laws and available resources, which can hinder their ability to seek help and navigate the legal and support systems in their new country. Fear of deportation or jeopardizing their immigration status can prevent immigrants from reporting abuse or seeking

assistance. Economic dependence on the abuser, lack of social networks, and isolation from family and friends back home can further exacerbate vulnerabilities and limit options for violent situations.

Perpetrators may use the immigration process as a tool for control, threatening to revoke sponsorship or deny legal status, thereby trapping survivors.

Programs reported serving between 0 and 91% of survivors who are immigrants, with an average of 12%. Specific services identified by programs for immigrant survivors are visa/immigration assistance and interpretation and translation. 40% of programs do not offer specific services for immigrant survivors.

## Indigenous Survivors

Indigenous populations are subject to a complex interplay of historical, cultural, socio-economic, and systemic factors. Historical trauma stemming from colonization, forced assimilation policies, and displacement has contributed to intergenerational cycles of trauma and violence within Indigenous communities. This trauma can manifest in increased rates of substance abuse and mental health issues.

Jurisdictional complexities between tribal, state, and federal law enforcement agencies can create gaps in protection and accountability for Indigenous survivors. Economic disparities and lack of access to adequate resources, including healthcare, education, and social services, further exacerbate vulnerabilities among Indigenous populations, while remote geographic locations and inadequate infrastructure can also limit survivors' access to emergency shelter and support services.

Arizona is home to 22 federally recognized tribes and has the third largest population of Indigenous people in the United States, a population that has the highest rates of IPV as compared to other groups. In addition, Arizona has the third highest rate of Missing and Murdered Indigenous women and girls in the United States, prompting the formation of the Missing and Murdered Task Force by Governor Katie Hobbs. Arizona is also a primary site of patient brokering which resulted in indigenous people being kidnapped or coerced by a person being paid by a substance use treatment center or sober living home to recruit patients, a form of human trafficking.

Programs reported serving between 0 and 100% of survivors who are indigenous, the widest range in the survey. Programs tend to either serve a small portion of Indigenous survivors or an high portion of Indigenous survivors. 54% of programs have Indigenous survivors as less than 5% of their clients, while 20% of programs have 40% Indigenous survivors as clients. Only 11% of programs indicated that they have services specific to indigenous survivors, those being programs with the highest portion of Indigenous survivors.

Programs serving a small portion of Indigenous survivors are primarily located in urban areas, while programs with high numbers of indigenous survivors are in rural areas. The population of Indigenous people is high throughout Arizona, but five Arizona counties are on the list of US counties with the largest populations of indigenous people. Maricopa (120,596), Apache (53,704), Navajo (49,901), Pima (43,979), and Coconino (39,994) are listed, 20 with Maricopa and Pima both being urban counties without specific culturally specific services. Only 11% of programs indicated that they have services specific to indigenous survivors, those being programs with the highest portion of indigenous survivors, in rural Arizona.

## Incarcerated or formerly incarcerated survivors

Only 8% of programs reported serving survivors who are incarcerated, and they all reported that only 1% of survivors met this definition. Programs typically do not collect data on past incarceration of survivors, so data on formerly incarcerated survivors was not available from 63% of programs. Remaining programs served between 1% to 45% of formerly incarcerated survivors, with an average of 12%. Programs do not report specific programs for incarcerated or formerly incarcerated survivors, except for Prison Rape Elimination Act (PREA) work for one program.

## Perpetrators of Violence or Harm

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Addressing the root causes of violence through intervention programs for perpetrators can potentially prevent future violence and promote healthier relationships. However, serving perpetrators of violence presents significant challenges as perpetrators may not acknowledge or accept responsibility for their behavior, which can hinder their voluntary participation in intervention programs.

Only 17% of programs reported serving survivors who are perpetrators of harm, and only three programs provide programs specific to those individuals. Services for perpetrators of harm are only available through the penal system and are thus only available to those that are charged and convicted of criminal offenses. As the population of perpetrators is logically similar to the number of victims/survivors, this is a large gap in services.

## Prevention

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Prevention work encompasses a variety of strategies aimed at stopping violence before it occurs, reducing its incidence, and promoting healthy, respectful relationships. Prevention work can be effectively understood through the Social Ecological Model, which examines the multiple levels of influence on behavior and identifies opportunities for prevention interventions across four levels: individual, relationship, community, and societal. At the individual level prevention can include education and awareness programs that teach individuals about healthy relationships, consent, and conflict resolution. At the relationship level the quality of family, peer, and intimate partner relationships is addressed through programs such as family-focused prevention programs or peer programs to promote positive peer norms, problem-solving skills and promote healthy relationships. At the community level prevention addresses community cohesion and safety, economic opportunities, and access to education and healthcare services. Prevention strategies focus on improving the physical and social environment in these settings and by addressing other conditions that give rise to violence in communities such as poverty and segregation. At the societal level prevention addresses the health, economic, educational, and social policies that help to maintain economic or social inequalities between groups in society. Prevention strategies would include promoting societal norms against violence, strengthening household financial security, increasing education and employment opportunities, and other policies that affect the structural determinants of health.

ACESDV staff worked with Center for Policy Research (CPR) to conduct focus groups, interviews, and surveys with leaders and stakeholders across the state, to assess prevention in the state. The results of the environmental scan indicate that prevention work in Arizona is limited to school-based youth education. Violence prevention primarily targets the assumed low levels of education and empathy in our middle- and high-school population, and occasionally addresses other risk factors tangentially (poverty, access to healthcare, or established patterns of violent behavior). Changes at the levels of policy, community organizing, or community resource distribution are not approached through a violence prevention lens.

Programs use self-developed curricula at multiple grade levels, peer-to-peer mentoring, and other evidence-based techniques to affect better outcomes for program participants and lower rates of violence in school settings, as well as higher post-test results from program participants on tools like empathy and comprehension surveys. Other organizations utilize nationally recognized curricula like OneLove, but with otherwise similar methodology.

Of the programs surveyed, 52% self-identified as engaging in some prevention work, with most respondents describing this work as Community engagement, Community education, or Outreach. The pattern that emerged in the data can be summarized by one respondent's reply, "For us, prevention = outreach."

Inconsistent definitions of "prevention" may have affected data collection; organizations reported teen pregnancy prevention, homelessness prevention, trauma healing therapy, probationer-training, and human trafficking trainings for shelter programs as 'prevention' services. Additionally, 5.5% of respondents conflated healing services post-violence with primary violence prevention, demonstrating that the full scope of prevention is not well understood.

Prevention-specific grant funding is typically concentrated in Maricopa and Pima counties leading to a rural/urban disparity in prevention work.

## Conclusion: Identified Gaps

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1. **Legal Services:** Survivors and programs reported significant unmet needs for legal services, particularly for criminal or civil issues, immigration assistance, family law, and civil law. The primary need is for representation.
2. **Mental Health Services:** Survivors and programs reported significant unmet need for counseling and therapy, but these services are often insufficient or have income qualifications that limit access. Therapists and counselors with experience with violence and trauma are in short supply.
3. **Housing:** Affordable housing remains a critical need in both urban and rural Arizona, with long waitlists and high costs preventing survivors from transitioning out of emergency shelters.
4. **Childcare:** Lack of reliable childcare hinders survivors' ability to seek employment, pursue education, and attend necessary appointments.
5. **Transportation:** Transportation barriers, especially in rural areas, prevent survivors from accessing services and support.
6. **Program Funding:** Insufficient funding for programs limits the availability and quality of services provided to survivors.
7. **Data Collection:** A central repository of data on domestic and sexual violence statistics to understand prevalence and effectiveness of interventions.
8. **Prevention Programming:** Interventions across the full Social Ecological Model.





### Specific Gaps for Populations:

Group	Group as a portion of number of survivors served in programs	Group as estimated percentage of Arizona population*	Percentage of Programs without specific services for Group
Male Survivors	10%	50%	83%
LGBTQIA+ Survivors	12%	10%	75%
Survivors with Behavioral Health issues	43%	20%	41%
Survivors with Disabilities	12%	13.2%	84%
Refugee Survivors	1%	.2%	87%
Spanish speaking Survivors	19%	20%	23%
Indigenous Survivors	5 to 40%	4.5%	89%

\*Note that percentage of population is not the percentage of survivors. Vulnerable populations have higher rates of victimization than the regular population, while men have lower rates of victimization.

- Specific support for LGBTQIA+ individuals.
- Programs to address survivors with behavioral health diagnosis.
- Programs to address survivors with substance use disorders.
- Accessible shelters and services for disabilities.
- Training for domestic violence service providers in disability access, accommodation and service provision.
- Training for disability service providers in domestic and sexual violence.
- Services for male survivors.
- Shelter for male survivors with children.
- Specific services for refugees, in collaboration with resettlement agencies.
- Training for resettlement agencies in domestic and sexual violence.
- Services and support in Spanish, not translated or interpreted to Spanish.
- Address systemic barriers to justice and safety due to enforcement agency powers.
- Culturally specific services for Indigenous survivors, particularly in urban areas with higher populations of indigenous people.
- Culturally specific healing services for Indigenous survivors.
- Intervention programs for perpetrators.

# Limitations

The program survey was provided to all organizations identified by ACESDV or a surveyed entity, but the response rate is less than 50% of organizations invited. While the survey is an adequate sample, it is not necessarily representative of all organizations.

As the survivor survey was provided to survivors of sexual and domestic violence through programs, it does not adequately include responses from those who do not seek services. In addition, the survey was provided primarily electronically, limiting access to those with internet access.

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