Research Article

Innovative Services for Survivors of Sexual Violence: Mapping New Pathways Forward

Violence Against Women
1–27

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Abstract

Ensuring that support and services are meeting the needs of survivor-victims (SV) of sexual assault requires that policymakers, service providers, and advocates seek their insight directly. This article reports qualitative results on self-perceived needs from SV focus groups conducted in the fifth-largest metropolitan area in the United States (Phoenix, Arizona). Interviews with key informants (KIs) drawn from the service and justice sector were also obtained for system-level perspectives of SV priority needs. The major themes of the SV conversations demonstrated that they use a holistic wellness perspective. Their narratives mapped across the social-ecological model and demonstrated a wide range of wants and needs beyond justice. KI narratives identified options typically listed on a grant menu. SVs spoke of what they needed in their daily lives. Typically, KIs focused on increased funds to offer more of the same interventions currently available. The findings open opportunities to better align services with what SVs seek, and further underscore the need to engage them in planning and implementation.

Keywords

sexual assault, sex crime victims, restorative justice, victim experiences in criminal justice

Introduction

Ending sexual violence and mitigating negative outcomes for those who experience it are essential companions to justice responses (CDC, 2016). The consequences of sexual violence are often life-altering. Existing literature establishes

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that survivor-victims (SVs) of sexual violence infrequently report to the criminal legal system (CLS) and those who do are often further harmed, revictimized, and traumatized by this experience (Maier, 2008). Additionally, many SVs feel underserved by community programs (Bach et al., 2021). The term Survivor-Victim and its abbreviation (SV) are used throughout to match the current literature that retains "the empowerment conveyed by the word 'survivor' and the outrage implied by the word 'victim'," (Koss & Achilles, 2008). While past research highlights why SVs elect not to participate in the CLS (RAINN, 2021), there remains a gap in literature about what other pathways SV view as beneficial to moving forward. This study was conducted to learn how SVs express their complex needs including those for "justice," in whichever way they choose to define it. In addition to focus groups with SVs, semistructured interviews were conducted with KIs who were drawn from the service and criminal justice sectors. Their responses were analyzed to determine the alignment of KI and SV views on helpful, appropriate, and accessible post-assault responses to address their needs. Participants' experiences with the CLS, thoughts about how it could be improved, and reactions to restorative justice conferencing as a resolution for sexual crimes were also obtained. We have prepared those results separately. Policymakers, advocates, and service providers have called to include victim voices in formulating service plans, system design, policy agenda, and funding streams (Koss et al., 2017).

Background

Approximately one in five women and one in 15 men in the United States will be sexually assaulted in their lifetime (CDC, 2016; Smith et al., 2018). The World Health Organization defines sexual violence as "a serious public health and human rights problem with both short- and long-term consequences on women's physical, mental, and sexual and reproductive health" (2005). Specifically, SVs of sexual assault are at an increased risk of suffering from mental health effects, such as posttraumatic stress disorder (PTSD), depression, and anxiety, among others (Campbell, 2008; Faramarzi et al., 2005; Koss et al., 2002; Ullman & Brecklin, 2003; VAWA, 1994). Additionally, many SVs experience social withdrawal and isolation (Campbell, 2008; Faramarzi et al., 2005; Koss et al., 2002; Ullman & Brecklin, 2003; VAWA, 1994). Sexual violence has been shown to increase maternal morbidities, such as labor complications and birth outcomes including low birth weight and preterm deliveries (Bach et al., 2021; Faramarzi et al., 2005). Additionally, research has linked sexual violence to higher rates of substance abuse among SVs in general and in previously victimized pregnant women (Bach et al., 2021; Campbell, 2008; Daly & Bouhours, 2010; Faramarzi et al., 2005; RAINN, 2021; Smith et al., 2018; Ullman & Brecklin, 2003; WHO, 2005). These health issues can impact the well-being of SVs acutely, to an extent for the rest of their lives, intergenerationally, and sometimes lead to early death (Campbell, 2008; Faramarzi et al., 2005; Ullman & Brecklin, 2003).

SV needs are anticipated by examining both the health and justice outcomes. The CLS literature focuses primarily on outcomes that legal processes can produce as

opposed to those that constitute social work and physical and mental health care. Needs informed by health considerations are an important component of sexual assault response because the majority of SVs do not report sexual assault through the CLS (77%), whereas they do utilize health service providers. The reasons for not reporting have been well-studied (Cattaneo et al., 2020; Daly, 2017; Goodman & Smyth, 2011; Goodmark, 2015; Martin, 2005; RAINN, 2021). Among the top reasons are that SV goals often do not align with CLS potential outcomes, and that SV fears further harm and retaliation (Daly, 2017; Goodman & Smyth, 2011; Martin, 2005; RAINN, 2021). For this reason, it is important to consider SV needs among both those who do and do not seek the assistance of CLS while understanding that the majority of SVs do not interact with the CLS.

SVs are not typically asked about what services or programs that they would find beneficial if available that remain unrelated to the CLS or other reporting mechanisms. The few papers that attempt to tackle this topic include studies directly seeking SV voice have been limited to college campuses and recommendations for immediate response to SVs after crisis, and do not align with the goals of this paper to determine long-term supports, services, and programs that could be offered (Kirkner et al., 2021; Munro-Kramer et al., 2017). What is known about survivor needs outside of justice exists within domestic violence-specific research, but not within the context of sexual assault survivors (Cattaneo et al., 2020; Goodman & Smyth, 2011; Koss et al., 2017). Some of the highlighted nonjustice needs include increased social system support for survivors, helping them identify informal support networks, and survivor-centered service provision driven by victim voice (Cattaneo et al., 2020; Goodman & Smyth, 2011; Koss et al., 2017). The present study elicited SV perceptions of the needs and recovery services they experienced as helpful in resolution and considered the potential that might seek justice outside the CLS.

Method

Recruitment

Adult SVs of sexual assault volunteered in response to a flyer sent electronically to various community-based and system-based victim service provider organizations, activist groups, and others on the state sexual assault advocacy coalition's listserv throughout Arizona. Participants were initially screened to determine that they were over 18 years of age, survivor of at least one instance of sexual assault whether in adulthood or childhood, and lived in or were able to receive services within the greater metropolitan Phoenix area. Adult SVs of child sexual abuse were included due to the well-known fact that many are revictimized later in life, as well as the knowledge that the impacts of sexual violence often last a lifetime and many SVs may still seek services in adulthood as well as coherently reflect on services that may have assisted them in childhood. The recruitment screening also recorded demographic information about study participants. Among 39 initial respondents, 37 met the criteria for participation. Of these, 22 agreed to participate after knowing more about the study and

selected a date and time for the verbal consent process. One person was unable to schedule a time and 21 completed a focus group. A total of seven focus groups with an average of three participants per focus group were conducted.

KIs were employees in decision-making capacities within victim services including support and justice systems, from the nonprofit and legal sectors. They were sent a brief recruitment letter from a listserv that contained all state coalition partner organizations in Arizona and were selected by response and further recruited by snowball sampling. It is unknown if all organizations were open during the pandemic. Seven KIs were interviewed. Five were from community-based sexual assault service provider organizations, and two were employed in the family advocacy centers, which are a state-based component of the CLS. CLS advocates are directly involved with SVs who report and seek the services of the legal system. Advocates in the CLS spend more time directly communicating with SVs and assisting them with referrals for their needs, and therefore were the primary and proper source to include in this study.

Procedures

Semistructured SV focus groups were conducted over Zoom rather than face-to-face due to COVID-19 research protocol. Participants were consented on Zoom or by telephone before participating in a focus group. Focus groups were conducted by the first author. Participants were assigned to groups based on whether or not they reported to the CLS. Those who had reported were questioned about their CLS experiences, whereas this wasn't done for those who chose not to report. Participants were given a Zoom link with a time and date based on their availability. They had the option to leave their cameras on or off and to change their Zoom name in advance to protect their privacy, however, all participants turned their cameras on. Participants introduced themselves and agreed to a few ground rules regarding privacy and respect and were reminded that they were not required to share any part of their assault but could if they felt comfortable to do so. Next, a brief video about the project and a short presentation on restorative justice was given to the groups. During the focus groups, participants were asked a series of semistructured prompts that included: (a) What does "justice" mean to you? (b) What does "closure" mean to you? (c) Outside of justice and closure, what words or ideas define "moving forward" for you? (d) What did you do for self-help that assisted you in finding justice, closure, or other positive outcomes on your own? (e) What services existed or were missing that would have been helpful to you at any point before, during, or after being assaulted? (f) If you could envision something that doesn't yet exist that would have helped you or others, what would it be? Focus groups ranged from 90 min to 120 min. All focus groups were recorded and transcribed. Participants were given $15 gift cards to a grocery store of their choice for their participation.

KIs verbally consented to participation and were subsequently interviewed one-on-one in semistructured interviews conducted by Zoom or telephone and audio recorded. Interviews lasted between 30 min and 80 min. KIs were asked the following semistructured prompts: (a) Tell me about your organization and your role in your

organization. (b) Tell me about what services your organization provides to survivors of sexual assault. (c) Tell me about your understanding of other services available to survivors of sexual assault around the Phoenix area and throughout the state. (d) What services, options, or programs, if any, do you believe are lacking for survivors of sexual assault, especially within Arizona and the Phoenix community? (e) What barriers do you believe exist to providing more services? KIs were given the opportunity to share perspectives on bringing innovations to the victim service space.

Audio recordings were stored in a password-protected online drive approved by the University of Arizona Institutional Review Board. This IRB also approved and monitored ethical conduct and human subject protection for this study.

Data Analysis

Audio recordings were transcribed and de-identified by the first author. Pseudonyms were used to protect participant's privacy. Braun and Clarke's thematic analysis method was used to analyze the transcripts (2017). This method is an inductive approach to explore new meaning. All transcripts were read and coded independently by three researchers, all doctoral candidates or holding doctoral degrees and expertise in sexual assault. Each researcher created a preliminary code list. The first author created a draft codebook. This draft was tested independently by each researcher on one transcript and subsequent to comparison and discussion, a final codebook emerged. The final codebook was then applied independently to all the transcripts by each of the researchers. Researchers did a second pass through all transcripts to ensure correct and consistent usage of codes. The first author reviewed the coding and harmonized wording to achieve consensus on the meaning of codes. Coding and analysis utilized Atlas.ti Version 9 qualitative analysis software to organize and code the data until codes emerged that reached the point of saturation. Researchers came together after all transcripts were coded to identify the main themes and subthemes of the narratives and to name them.

Results

Participants

SVs were between 22 and 73 years old with a mean of 43 years. Three participants identified as using he/him pronouns, 16 she/her, one they/them, and one who preferred not to say. With respect to racial diversity, 15 identified as Caucasian, two as Black/African American, one Asian American/Pacific Islander, one Native America, one of mixed race, one preferred not to say. Four participants identified as being Hispanic/Latinx. SVs had a diverse range of completed education levels, ranging from high school degrees/GEDs to professional or doctoral degrees. Half the sample had some college with no degree or a bachelor's degree. Half had reported ($N = 11$) their assault to the CLS and half did not ($N = 10$). Describing their relationship to the person or people who sexually assaulted them, one was assaulted by a stranger, nine

were assaulted by someone they knew, three were assaulted by an intimate partner, seven had a mix of assailants due to multiple experiences, and one had an experience that they described as "other."

The focus group participants remained engaged for up to 90 min, which resulted in lengthy, dense and nuanced narratives that required many themes and subthemes to fully capture. Because we could not provide narrative to reflect each of the numerous needs that were disclosed, the full set was mapped onto a socioecological model that ranges from the individual to the societal levels of analysis and is widely used in many fields including victimology, criminology, and public health. The data analysis was completed by constructing a table to contrast how KIs, who represented the system of service planners versus SVs, who were the intended recipients differently expressed services that were needed, helpful, and available.

The results from SVs are presented first, followed by those from KI interviews. The tables linked to each section are titled by theme, quantify the number of times that each code was used summed across all raters, provide the definitions that raters used, and present representative narratives. This approach is used subsequently to present the results from the KI interviews. Tables 1–4 summarize the SV narratives, Tables 5 and 6 present the results of the KI interviews, and Table 7 compares KI and SV perceptions.

It is expressly important to note that none of the SVs who reported had a positive interaction with the CLS and those who did were often further harmed by participating in the process. Those who sought support from the CLS were often more in need of resources for recovery and wellness.

Table 1. Self-Care Needs.

Code	Frequency coded	Definition	Sample narratives
Individually directed wellness avenues	299	Anything SV did on an intrapersonal level that assisted their pursuit of wellness	*"…I also relied heavily on art as well as meditation. […] Just trying to remember to breathe, something that's simple and involuntary, and you forget to do. And so I just really just kinda get back to the root of who I was before I felt like I lost my identity in the abuse."—Justina*
Justice and closure	240	Self-reliance to promote acceptance and self-forgiveness	*"So to move forward, forgive yourself of … Because you tend to blame you a lot, so forgive yourself and give grace to yourself…"—Teresa*

Note. SV = survivor-victim.

Table 2. Peer Support Needs.

Code	Frequency coded	Definition	Sample narratives
Peer support	20	SV desired peer-to-peer, informal support services	*"For me, closure is being active in support groups […] and just listening to other abuse victims and offering help when I can give it and by sharing my own story."—Greg* *"I feel like there's not any good way for survivors to connect with each other. […] And there's all these different little Facebook groups with a few hundred people on it or something like that, but there's no central way that we can all get together and compare and fight back, fight for change because they silence you."—Shelly*
Efforts to shape justice to needs	240	Finding ways to stop future offenses, having voice, receiving validation from others as forms of justice, closure, or moving forward	*"…and the other thing is moving forward, so for me means to be able to speak up what happen to us and that will happen to us, it will be used to help others and to help others not to make the same mistakes that I did. So, for them it would be a better experience navigating through the system."—Teresa* *"…I don't know how to find the justice or the closure other than knowing that I'm doing everything I can to make sure that it never happens to my kid, that she talks to her friends and her friends know that they can tell her, and that she has a mom they can tell."—Brittani* *"Justice is closure. […] And I think for some, you'll never get it, no matter what kind of therapy or healing that a person can go through, you'll never get closure. Maybe you'll just, you know, Lauren knows clearly what it takes for her to have closure, but I think for so many of us, we don't."—Marie*

Note. SV = survivor-victim.

Voice of SVs

Self-Care. Table 1 illustrates that SVs revealed a range of self-care activities that supported their wellness needs. Among them, they described several components of justice that were valued and could aid in self-care, but these needs were presented within a context that contrasted needs versus availability. Healing and closure

Table 3. Community Support Needs.

Code	Frequency coded	Definition	Sample narratives
Outreach	70	SV to needed more avenues to learn about what was available	*"I think that there needs to be more awareness of what's available. Because I didn't have any idea that there was a victim compensation program. […] I can't even remember how I found out that, it was almost accidental."—Anne* *"From point of contact, advocacy, to change the court system, social workers somewhere, somebody telling you your rights immediately. […] and services for every single victim from the very beginning, to the very end, if there is an end. If there's a conviction or not."—Sarah*
Services	52	SV wanted or needed more services	*"… I feel like I've called every hotline out there and all these different groups and, nothing. You know? Nothing. No help. Nothing, from anybody."—Shelly* *"They still need the advocates and legal services, I feel like those are two big things, two support systems."—Justina*
Improvements	55	SV wanted system change including greater accountability, training for officers/judges, supplementing or replacing police responders with social workers, and better trained hotlines workers capable of providing immediate support	*"It's incredibly circular. You call one hotline and they give you three numbers, and then you call them and they give you three more, and it's just like it's … Yeah, it's just a circular phone call mess."—Shelly* *"I really didn't wanna call the suicide hotline 'cause I didn't wanna end up in the hospital or something, and … I just needed some help and a compassionate voice. And when I hung up the phone, I was more determined to kill myself than I had been before I called."—Anne*
Education	95	SV wanted schools to have processes in place to receive reports and respond to them	*"If there had been someone either at a school or readily available to me who I could have talked to about sexual abuse, without having to disclose who it was, or having that person say, 'Well, I have to disclose this to someday', would have*

(continued)

Table 3. (continued)

Code	Frequency coded	Definition	Sample narratives
			been really helpful for me to be able to much more earlier begin processing what was happening."—Flecha
			"I would say having in the terms of like, having resources available and things to be talked about more openly, and it definitely I think is something that should happen in our education system, in high school and unfortunately middle school, that it should be much more talked about and resources almost thrown at children, at teenagers…"—Marie
Prevention	240	SV preference for programs provided early enough to be useful when the information was needed.	*"What I disliked about [the rape education/ prevention training] was the fact that it came too late. I was a first semester freshman when I was assaulted, and then the training happened like a month later, so I didn't know that I needed to go within 48 h to get a real rape kit done."—Arabella*
			"And so for me, I think that it's important that we focus on these sorts of programs before they're needed. So to me it would be education."—Deborah
			"…Prevention is often the best cure."—Katie

Note. SV = survivor-victim.

tended to be internally driven and often found in relative isolation or without much external support beyond traditional therapy. One SV spoke of meditation, music, art, and activism as helping to move forward. Other SV focused on educating their own community in whatever way they could, even if it meant within their own family. Several SVs were physically active and expressed that certain activities like running, hiking, being in nature, lifting weights, and practicing yoga were helpful to them. Faith and spirituality were common among SVs looking to recenter their lives and find meaning in their experiences. Some SVs mentioned personal long-term goals as motivation to keep going. Pursuing a higher education to be able to work with trauma survivors was a common goal. Several SVs cited advocacy for SVs as a form of self-care using a range of definitions for activism. Some SVs were part of national groups that work toward changing policy and law. To achieve justice and closure needs, most SVs turned inward toward self-forgiveness.

Table 4. Broader Societal Change.

Code	Number of times code used	Definition	In their words…
Awareness and attitude change	124	Societal shift in knowledge and perceptions of sexual assault particularly decreased stigma for victims	*"I think even in the 21st century, there's still a vast ignorance on statistics and the reality of the dynamics that occur in these situations, and the fact that so many of us … It's troubling when I hear questions like, 'Why did you wait so long to report?'"—Emma* *"If there's arson on your house, you don't feel shame about that, you feel anger and everybody comes around you and feels anger with you. But as soon as you mention rape, everybody gets quiet and goes away."—Anne* *"Moving forward, that it's not a 'Oh, hush hush about it because you're a victim or survivor', it's not, you know, there's the 'shame on them' instead of 'the shame shouldn't be here'. So, yeah, I guess just more outreaches, just more public talk about it, that it isn't a taboo, shameful thing that happens."—Marie* *"The shame is put so much on the victim. […] So I think there needs to be a lot more normalizing of the words, and talking about it more openly, whether it be news, radio, billboards, I don't care, something."—Anne* *"Our system doesn't work. People are just completely vulnerable. And I think that information, that awareness just isn't there."—Shelly* *"…If you're fighting just to be heard and just be believed, then you can't begin healing."—Anne* *"I have become more of a realist with time and with age and life experience. But when I think of justice now, in this very personal context, if I can just speak freely and identify freely without being treated differently, like stigmatized, and being believed."—Katie* *"All this kind of victim blaming or the disbelief, like, if that could go away, I think that would help so much more. […] It would be that kind of freedom just to be able to acknowledge to other people that this is my experience, this is my reality, and people accept it, and it's … I don't have to feel like a second-class citizen of sorts."—Katie* *"It's even outside the CJ system, just our whole society and rape culture needs to be addressed at the very foundation, because why are these crimes happening in the first place."—Emma*

Table 5. Key Informants' Perceptions of Available Services to Address SV Needs.

Code	Frequency coded	Definition	Sample narratives
Advocates	40	Resources provided SV by advocates	*"Some other services for survivors, when we're talking about victim services, is through universities, so some universities or higher education has advocates embedded potentially in their police department. […] And then we also have community health centers that … Some community health centers have advocates embedded in their program as well. Last thing I'd like to mention this in terms of system-based, there are also advocates at, or can be advocates at the county attorney's offices around the state."—Amanda, Community-based provider.*
Forensic exams	18	Forensic examinations to support SV	*"We have contractual trauma counseling services on site, we have medical services where we could do forensic sexual assault exams and forensic strangulation exams." Services on site*
Crisis and therapy	26	Crisis services including safety needs, therapy. trauma-informed therapists, and group therapy/ support groups	*"So as an advocacy center, with us being really that short-term crisis intervention piece, I feel like we are in a constant state of trying to know what services are available to victims of sexual assault […] Support groups have not been something that was offered or prioritized."—Ashley, system-based provider*
Family advocacy centers	16	Family advocacy centers to address SV needs	*"So for family advocacy centers, they are essentially a wrap-around, that the purpose is to be a wrap-around one-stop shop for survivors of crime, including sexual assault, so that is where survivors can go to receive medical forensic exams, some have counselors or therapists embedded in their program, all should have advocates. They often house law enforcement."—Amanda, community-based provider*

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Table 5. (continued)

Code	Frequency coded	Definition	Sample narratives
Dual DV/SV programs or multiservice agencies	22	Programs, services or multiservice agencies that integrate or colocate resources for both DV/SV	*"Nonprofit organizations in the Valley that were more specifically domestic violence focused have worked really hard to become a dual agency, and those nonprofit organizations, I think have done a really great job in navigating that. And so they've been able to achieve providing shelter and case management services to victims of sexual assault as well."—Ashley, system-based provider*
Culturally specific resources/programs	18	Resources, programs, and/or services available for any marginalized population	*"The majority of our clients are monolingual Spanish speakers. So most of them speak … Like 95% of them only speak Spanish, and because we are a culturally specific program, all of our case managers are bilingual, and so they do things in Spanish, like support groups and everything, so everything's in their language."—Anya, community-based provider*

Note. SV = survivor-victim; DV = domestic violence.

Table 6. Key Informant Perceptions of Barriers to Meeting SV Needs.

Code	Number of times code used	Definition	In their words…
Advocates	22	The word advocate refers to support personnel, which were seen as too few and lacking adequate training	*"There are some programs that also do that medical and medical accompaniment, so they can accompany survivors to get a medical forensic exam if they want. But again, those services are very sporadic throughout the state."—Leah, community-based provider* *"I feel like one of the big gaps is that I feel like advocates as well aren't aware of those legal options unless they're really focused on sexual violence, and if the survivors they're working with, if they are asking for those options, because I feel like a lot of people aren't gonna know that you can terminate your lease if you were sexually assaulted in your apartment. But there's all these kinds of restrictions too, like you have to report, it has to be like within 30 days of the assault occurring, so it's pretty narrow."—Sophia, community-based provider*
Therapy and support groups	24	Insufficient capacity	*"I would tell you the third thing that I think we still need is more specialized trauma counseling resources that we can get to survivors quicker, so that they're not on a wait list for a week or 2 weeks. They need to be able to get in within 24 or 48 hr, because we know there's the critical crisis needs that have to happen immediately after victimization, so that first 72 hr can sometimes be critical."—Susan, system-based provider* *"In my personal experience, it's really difficult to find a trauma-informed therapist that works with survivors, sexual assault survivors. And then I think when looking at therapists or counselors who can provide a specific specialty or that is culturally resonant to somebody or culturally specific, that's even tougher to find."—Amanda* *"Access to quality, trauma-informed therapy services is also a barrier, that's been a barrier for a very long time, that's been a barrier again for survivors of both domestic and sexual violence."—Ashley, system-based provider*
Crisis response	18	Insufficient or poor-quality crisis services	*"…especially in rural areas, [it is difficult] to be able to get the forensic exams because some will need to travel hours because there might be only one facility in the entire county that provides that. Some other difficulties is, for those along the border areas, if there's no facility, many times they have to cross a border checkpoint to get to a facility, so that can be a big gap for undocumented survivors."—Sophia, community-based provider*

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Table 6. (continued)

Code	Number of times code used	Definition	In their words…
Long-term care	16	Inadequate capacity to move beyond limited healing needs	*"When it comes to support groups, those are also few and far between, so we have, I think right now, we have two running support groups in the Phoenix area specifically, and those are for in-person, and those are sexual violence specifically. Two support groups for upwards of seven million people, so obviously there's some gaps there."—Leah, community-based provider* *"Our programs, we can get people covered for 16 weeks, which is four months, but sometimes people have layer upon layer upon layer and so they need more financial resources to get to the more complex counseling issues, and I think those are still lacking."—Susan, system-based provider* *"So I think the biggest gap is more that long-term advocacy and support, and support for people who are coming forward maybe years after the assault, and so they're not looking for those more immediate crisis services that someone might be looking for immediately after an assault, but maybe they're looking for that emotional support, how to process the trauma, how to learn, like, learning about the trauma, and seeking more of those healing services."—Sophia, community-based provider*
Outreach	33	Insufficient community awareness of sexual violence as an issue, and of SV services or options	*"We need to cultivate the conversation in the community better locally, state-wide to help survivors of sexual assault understand that there is support for them, that there are services for them, and that they're not alone. I think we do a good job with that around domestic violence, but I think we have a lot of work to do around sexual violence."—Ashley, system-based provider*
Special populations	51	Lack of specific services for any marginalized population	*"Really anyone who experiences high levels of oppression are viewed as less credible, more vulnerable, or more accessible are usually targets for sexual violence."—Leah, community-based provider*
Funding	37	Lack of funding or barriers to funding from city, state, or federal	*"We don't have funding at the state level* [now rectified] *for sexual violence like you have for domestic violence, which puts us at a disadvantage."—Leah, community-based provider* *"So I mentioned that in Arizona, we do not have a line item in specifically for sexual assault services, so I think that's a huge barrier when we're looking at systematically how is Arizona and communities supporting survivors."—Amanda, community-based provider*

(continued)

Table 6. (continued)

Code	Number of times code used	Definition	In their words…
		governments and private donors	
Collaboration	22	Challenges to cross-agency and cross-provider collaboration	*"I have to show my program's more valuable than somebody else's program, so we're all having to do jockey for importance. Because if I'm saying, 'My services are the front-end, we're there within 24 hr, and that's why I need money', whereas a therapist in the community, they're saying, 'Yeah, but I'm here for the long haul, so I need the money'. So I think it creates this kind of competitive nature that we're all fighting for limited resources, and I think it creates some division."—Susan, system-based provider*
Policy and legislation	15	Government and political interference with SV services priorities	*"I think there's a misconception that sexual violence and domestic violence services are the same, and that's just not true. That's just not accurate. And so I think that's a really big misconception that politicians hold, that the general public holds, that advocates hold."—Sophia, community-based provider*
			"If the community is able to rally around a certain cause much more easily, that's where the attention goes, that's where local politicians can get behind and use their platform for that."—Ashley, system-based provider
Accessibility	120	Some recognition that services fail to meet SV needs	*"And so I think having access, real access, to different types of healing modalities is what I hear that survivors want. And again, I think the healing modalities could be counseling, it could also be maybe one way that survivors feel empowered is through exercise, but they don't have the funds to pay for a gym membership, and so how do we support that survivor, how do we support a survivor loves power lifting?"—Sophia, community-based provider*

Note. SV = survivor-victim.

Table 7. KI Perceptions of Available Services Compared to SV Identified Needs.

Socioecological model level	SV stated needs	KI stated perception of needs
Intrapersonal	Art, music, nature, hiking, exercise, writing, acceptance, self-forgiveness, faith and spirituality, meditation, voice, validation, vindication, activism, education, planning for long-term goals	Expanded healing modalities
Interpersonal	Longer-term therapy, longer-term support advocates, knowledgeable legal advocates, professional support groups, facilitation of peer supportive relationships, opportunities to support other SV, places for SV to engage with each other for change	Legal advocacy forensic exams psychotherapy groups for individual SV to feel connected and supported
Community	Community outreach to SV, legal information and funds to consult attorneys, financial support for basic needs, means to be informed of available services, community engagement, prevention in communities, education in schools at all levels, community validation, improved immediate responses compared to present hotlines, clear and consistent assistance navigating community services, community-based rape healing center, more options for services	Expanded SV outreach, more forensic exam sites culturally specific services trauma-informed therapists legally knowledgeable advocates
Policy	Hold personnel within the CLS accountable for their performance, eliminate statute of limitations, change burden of proof, use equivalent standards for evidence for civil and criminal process, provide for the rights victims' are legally entitled to, and enforce existing laws and guidelines	Funding

(continued)

Table 7. (continued)

Socioecological model level	SV stated needs	KI stated perception of needs
Society	Consequences for wrongdoers instead of illusions SV are protected, cultural change toward SV, dismantling rape myths, validation of SV experiences, acceptance of SV experiences, improved awareness and compassion toward SV, greater awareness of the prevalence of sexual assault	Accountability for those who cause harm SV needs to be heard, believed, and supported

Note. SV = survivor-victim; KI = key informant; CLS = criminal legal system.

Peer Support. SVs turned outwards to support their personally defined needs as well. Table 2 describes the peer support that SVs hoped to find. They found meaningful connections in support groups and found satisfaction in their own needs in being able to assist others in situations similar to their own. One SV spoke of helping friends navigate the CLS. Another SV benefited from being a resource for their friends and family if needed in the future. Although considered valuable to SV, most did not find many peer groups available. Many SVs especially felt that the availability of long-term peer support groups was insufficient. Additionally, most SVs pursued traditional therapy, where available, and many also turned to community support to focus on mental wellness. Contrary to typical interpretations of peer support, SVs often spoke in altruistic terms, discussing what they could do for others rather than what they needed for themselves. Peer support and individual relationships were central to meeting SV defined wellness and justice goals.

Community Support. Table 3 describes the community-level needs that SVs identified including supportive organizational outreach and awareness of services available after being assaulted. SVs often felt unsupported by systems from moments after their assault onward. Many SVs said that they did not receive any outreach and had to find support themselves, which was often described as difficult or impossible. Victim service provision was confusing to most SVs. Many SVs shared that they did not know what, if any, resources were available to them for needs ranging from counseling to financial assistance. SVs felt they would have been helped by outreach from a trained social worker or similar advisor beginning shortly after the sexual assault.

Even when connected with services, most SVs said what was available did not map onto what they needed. Legal support and education on victims' rights were found to be lacking. Many SVs also noted that many services were limited in capacity and often ran short-term only, most notably failing to provide flexible structural support that

responded to their primary needs such as financial assistance. Many hoped future victim services would provide more options and approaches to fit with the complexity of their experiences. SVs spoke of needing improvements to existing resources like hotlines, and school-based resources including response, education, and prevention. SVs generally found hotlines unhelpful because they often led to dead ends after spending extensive time trying to connect with the right person or group. Some SVs noted that their experiences with crisis hotlines were not only unhelpful but were harmful.

School-based services were important to SVs. Anonymous reporting or resources were identified as a potential area of support within schools. Prevention and education were a major goal that many SVs had for the public and the greater good. They emphasized early education and prevention and related the inadequacy of the instruction they had received. Other SV felt that they were taught about postassault resources too late. One SV was assaulted in college months before receiving training on what her options were, such as receiving a forensic examination. That SV lamented not learning until close to the end of her college education that she had resources available on campus and options such as removing the offender from a future class that she had to take with him in order to graduate. Sexual education awareness in schools was also brought up by multiple SVs as an important part of preventing sexual violence and helping youth understand consent. SVs believed that teaching children at very young ages about their bodies and appropriate and inappropriate touch was important. SVs felt prevention was the best solution to avoid the traumatizing experiences they had with criminal justice involvement. One SV stated that she felt unsupported in making decisions about how to respond to her assault and instead spent time and energy to find personal justice and closure on her own.

Broader Societal Change. Although community-level support was important to SV, they perceived that increasing responsiveness to these needs depended on broader societal change as summarized in Table 4. Cultural awareness included knowing the pervasiveness of sexual assault, the reality of who perpetrates sexual assault, and the lack of consequences for the offender. Many SVs spoke about the need for the public to be aware of how often sexual wrongdoers escape without consequences in the CLS. One SV stated that she believes most people assume that if someone commits rape, they will certainly be given the consequence of jail, and she would like to see that illusion debunked. Cultural change around victim-blaming and the perpetuation of rape myths were seen as underpinning social responses that were unsupportive or disbelieving.

KI Perceptions

KIs from CLS-based advocacy centers and community-located provider agencies and training centers shared their perspectives on available services for SVs, gaps in services, and barriers to filling those gaps. These are the people who make priorities, plan programs, and deliver them. Thus, their viewpoints are informative when

looked at side-by-side with the SV results. KIs believe that many services or programs were available for SVs, although they recognized problems with their efficacy and availability. Tables 5 and 6 summarize these subthemes.

Current Services and Programs for SVs. Table 5 summarizes KI perceptions of available services they believed addressed SV needs including advocacy, crisis response, short-term therapy, forensic examinations, family advocacy centers, dual programs (domestic and sexual violence), and some culturally specific services for certain populations. By advocates, KIs meant persons to provide immediate rape support and information. They were described as typical employees of the CLS who were embedded in universities, community centers, and county attorney's (i.e., prosecutors) offices throughout the state. One community-based provider mentioned that her organization also had a mobile advocate who can travel to visit SVs at their homes. Many KIs mentioned that they focus primarily on the SV immediate needs for safety after an assault. Forensic examinations were noted to be available to SVs in many areas of Arizona, particularly in urban settings, as well as follow-up medical care, if needed. KIs noted that crisis response and short-term services were also available. Many KIs described short-term therapy as available in a mix of community-based centers, family advocacy centers, and individual providers. The availability of these services was primarily mentioned in the context of larger, urban areas.

Family Advocacy Centers in the U.S. context require clarification. They are described by their staff as a "one-stop shop" of services for SVs, including forensic examinations, a place to meet with detectives and make police reports, interact with prosecutors, and to access individual therapy. Several FACs are available throughout the area and are operated by the CLS. Access to legal advocates often requires interaction with the CLS. From among the approximately 20% of SVs that report to police, the centers are intended for those cases where criminal prosecution is being encouraged. Cases at Family Advocacy Centers predominately involve child SVs. Therapy through one of these canters is provided by an outside agency and can be accessed only when detectives give a referral to SVs. The SVs must take their own initiative to access it. Dual domestic and sexual violence programs were also noted to be available due to a recent push for domestic violence-only programs to begin to serve sexual assault SVs as well. KIs noted that many dual agencies were still adjusting to providing services and were still in the learning phase about the basics of sexual violence. Several KIs stated that certain culturally specific organizations, services, and programs exist for SVs. One agency that largely served the Latinx population hosted a Spanish-speaking support group among other services. Another agency mentioned having a Native American advocacy group. Other services available were aimed at reaching the LGBTQ+ population, refugees, and SVs who do not speak English.

Gaps and Barriers to Services and Programs for SVs. Table 6 summarizes KI perceptions of barriers. The services KI described as comprehensive and appropriate were in fact limited to traditional and narrow offerings that have existed since the advent of rape crisis centers. Responses to virtually all SV needs and wants were described as

lacking in quality or quantity or missing entirely. For example, advocacy and advocates of almost every kind were described as insufficient both in quantity and knowledge level. KIs envisioned mobile advocates, culturally specific advocates and advocates with a higher level of legal knowledge. Some KIs identified a need for additional support providers during medical forensic examinations. While forensic examinations are available in many urban areas, KIs noted that forensic examinations are more difficult to receive in rural areas, the border region, and on tribal land. Long travel times and long wait times for forensic examinations were also noted by KIs, with many sexual assault nurse examiners being on-call and often having to travel to conduct an exam.

KIs also thought about support providers for SVs who do not report along with adequate outreach in hopes of reaching more SVs who need services but have not found them. Mobile support providers were identified as helpful to SVs to allow them to not need to leave their homes, but KIs only knew of one such person in the state. Regarding the legal knowledge gap of support providers, one KI mentioned that many seem to be aware of this legal information for domestic violence, but they are not as aware of options for SVs of sexual assault. SVs who do not report to CLS but receive forensic examinations in many cases do not have access to any support or advice. Some organizations have applied for grants to hire their own support providers, while many others have not.

Crisis services were more widespread than long-term healing options. KIs did not know of any peer support groups for SVs of sexual violence although some exist for domestic violence. Multiple KIs mentioned there is only one peer support group dedicated to Spanish-speaking individuals in a metropolitan area where 30.5% of the population are native Spanish speakers. Long-term healing modalities and services were also identified as lacking for SVs. Largely, psychotherapy was regarded as the primary resource to support SVs long term. KIs observed a lack of crisis therapy or support, a lack of trauma-informed therapists, long waiting times to get into therapy programs or in to see a therapist, a lack of accessibility to therapist offices within close proximity, a lack of long-term therapy generally, and a lack of financial support to assist SVs in receiving counseling services. KIs acknowledged that the counseling services that they could provide were often not long enough for someone coping with sexual assault. Outside of counseling services, healing services and modalities, as well as long-term support in general, were noted to be lacking throughout the state. KIs often felt this was the largest gap in SV response but that they did not know how to support SVs or what would be the best services or programs to provide. Many KIs contrasted SVs of sexual assault and those of domestic assault. KIs often stated that domestic violence services and outreach were more robust than those for sexual assault and felt that those efforts should be matched. They envisioned not only more services but also more outreach to create awareness of their availability. Almost all KIs mentioned culturally specific and special populations as needing more options due to their vulnerability being targeted for sexual violence. Many community-based providers expressed a need for more services and programs for all groups more at risk for sexual violence. This included Black, Indigenous, and other people of color,

LGBTQ+ individuals, immigrants, foster children, and people with intellectual and physical disabilities.

Lack of funding was seen as a primary barrier. State funding for SV services (since it has been recently very minimally improved) was mentioned by almost all KIs. They often compared the funding for sexual violence in the state budget to the domestic violence budget. KIs believed that the allocations should be equal. Most KIs felt that sexual assault-specific services were underfunded, creating a barrier to assisting SVs, an atmosphere of competition among agencies, and a disincentive for cross-organization collaboration. Funding on the state level was continually referred to and insufficient federal funding was also commonly observed. In general, KIs felt that government, politics, and societal norms that assign low priority sexual assault functioned as an additional barrier for SVs to receive services. One KI stated that she felt it was difficult to pass bills that would benefit SVs due to politicians not understanding sexual violence as an issue separate from domestic violence. Other KIs echoed this sentiment, describing that she felt politicians felt were more comfortable addressing domestic violence than sexual violence. KIs felt that increasing awareness around sexual assault could reduce political barriers to change. KIs from community-based organizations often mentioned individualized healing modalities that would promote wellness and empower SVs and wanted to be more responsive.

Desired Services, Available Services, and Overlap in Vision. Table 7 arrays the perceived available services discussed by KI as well as the SV perceptions of their needs and the response they searched for or wish had existed. The information is arrayed across the levels of the social-ecological model.

It is immediately apparent that SVs provided substantially more and more specific themes than KIs. In addition, KI input was often general and underelaborated, whereas SV were often specific in identifying their needs and wants and they could envision avenues to meet them. The purpose is to demonstrate the knowledge that could be gained from those who seek services by those who plan and provide them. SV voice is expressly important in consideration of service provision.

Discussion

The present study involved focus groups with SV of sexual assault and revealed high levels of enthusiasm for having input into what would be helpful to their recovery and reempowerment moving forward (McGlynn & Westmarland, 2019). The identified needs could be arrayed in correspondence to the levels of the social-ecological model including those that were individually focused, involved close friends and family, depended on community provision, were subject to the direction of public policy and influenced by societal attitudes. KIs were professionals who provide technical or direct services to SVs in either community-based centers or through CLS-based organizations. They described their perceptions of available services, gaps in services and their understanding of the SV needs. Soliciting both KI and SV

input allowed a comparison of the perceptions of those who seek services compared to those who plan and provide them.

SVs identified a range of activities that culminated in helping them or they feel could have helped them move forward in life following victimization. However, they perceived that many of their needs went unmet because services did not exist or if they did, SVs did not know about them or how they were accessed. Those services they found were often seen as lacking in quality and quantity. SVs placed extensive focus, whether by desire or necessity, on self-identifying wellness-promoting activities, finding personal pathways to justice, and relying on themselves to move forward toward closure. SVs often became agents of change, formally and informally after being assaulted. They sought involvement in raising awareness of the prevalence of sexual assault, dismantling rape myths, and ending victim blame. From their perspective, avenues for mobilizing and connecting SVs with this common goal should be prioritized. One recent study found that SV's "activism helped participants find their voice and regain their power" (Strauss Swanson & Szymanski, 2020). In that study, by participating in antiviolence activism, SVs found what previous studies have identified as sexual assault justice needs including voice, validation, and community support (Strauss Swanson & Szymanski, 2020). Additionally, the present results showed that SVs believed that activism helped them gain confidence in themselves, and in their relationships and provided an effective method to cope and heal. From it, they better understood and processed their experience. Most SVs found no structure in place to support such activism.

KIs' perceptions were narrower and less detailed. Many narratives blamed limited funding for deficiencies. However, what KI envisioned that more money would allow them to offer was not notably different from what is already on the service menu. More money would mainly allow doing more of the same, hopefully with better quality. A number of these services were not a good match to SVs' needs or among those services they identified as helpful. KI tended to focus on crisis response, forensic exams, and safety in the immediate after-rape period. SVs were more concerned about services over the longer period of time that they feel is needed to move forward in recovery. Areas of need abounded in SV narratives but innovative approaches to expanding the menu were notably absent among KIs. The findings illustrate the difficulty SVs face in meeting high-priority needs including assistance in obtaining immediate, correct and comprehensive information, meeting immediate basic needs, and affordable means to access healthy activities and longer-term psychotherapy. Their suggestions for needed services to respond to their needs included opportunities to connect with other SVs, become active in advocacy, and engage in health-promoting activities in the pursuit of reempowerment.

The monetary constraints KIs identified reflect the U.S. government policy approach to funding sexual violence response, although this model may have influenced other countries. Dating to 1994, the Violence Against Women Act has been administered by the U.S. Department of Justice because it was passed as part of an omnibus crime control bill (Koss et al., 2017). Thus, the funding agenda and guidelines favored a conceptual model that centered justice services as the core of rape response

and dispensed more money to CLS components (law enforcement, prosecution, judges) than to victim services (Koss et al., 2017). Within victim services, domestic violence was must better supported than sexual violence. Victim services came to be viewed as spokes that feed SVs into a hub consisting solely of the CLS. KI beliefs about needed services such as forensic exams and advocacy centers reflect how their views have been shaped by the mandated focus of the funds available (Koss et al., 2017). SV narratives reinforce that funding allocations need to be rethought to best respond to the expressed needs of those the systems are intended to serve (McGlynn & Westmarland, 2019). Funding the same system design and the same CLS services that the majority of SVs have not accessed or ranked as priorities has gone on too long. It is inappropriate to continue to center the goals of the CLS in contrast with the goals of SVs who should be receiving these services. VAWA legislation has a framework within which meaningful transformation could occur (Koss et al., 2017).

Examples of innovation that could be implemented to meet SV needs include: new modes of delivery that are appropriate to the age groups served; imaginative uses of social media as a cost-effective method of spreading services geographically and publicizing available services; online platforms that permit secure, professionally moderated peer support groups that are safe and connective; individual outreach responders available by phone; and text-based replacements enhancement of hotlines that could provide more specific information and minimize harmful responses. Software such as WhatsApp can be utilized to set up security-protected, moderated, groups where participants can control the amount of information they want to reveal about themselves. The moderators could manage the balance of those who turn to peer support for themselves and those who seek their own recovery through helping others. This approach can span urban and rural areas and has the flexibility to offer services for intersectional groups who are traditionally underserved. When psychotherapy or counseling is needed, telehealth methods have become familiar to people from the COVID pandemic and are cost-effective ways to connect qualified practitioners equitably to SVs across a geographically large area. Some therapy components can be taught to less formally educated but respected and empathic people, which is the fastest avenue to diversifying the workforce and addressing the high need groups for whom specialized providers are unavailable such as ethnic minorities, LGBTQ+, non-English speakers, disabled persons and older SVs.

Often SVs desired to be activists but found it hard to figure out how to accomplish that aim. The United States maintains a National Sexual Assault Resource Centre that is described in Wikipedia as offering, "Activities include … participating in systems advocacy … coordinating Sexual Assault Awareness Month…" (NSVRC, 2022). It is unknown whether these are the types of activism to which SVs refer. If so, enhanced efforts are needed to outreach and engage them.

Limitations

There are limitations to this study that should be noted. This study had a small convenient sample of SVs and KIs limited primarily to the greater Phoenix area. The focus

groups and interviews were all conducted in English, although there is a large, Spanish-speaking population in the state. Despite being considered a "hard-to-reach" group, SVs were willing to participate in this study with very little incentive, suggesting that SVs are willing to participate in research when provided safety and confidentiality (McGlynn & Westmarland, 2019). The study shares with all qualitative research the issue of generalizability as it differs in aims from quantitative studies. Qualitative work is best suited to achieving a depth of knowledge from a smaller group of people as opposed to narrower input from a large sample. Qualitative findings are highly valued for program planning and agenda setting. They can also be informative of further quantitative work by providing insight on what questions should be asked and SVs' own language on how they should be phrased. This work needs replication throughout other states, nations, in urban and rural locations and with participants of intersectional identities.

Implications

SVs focused many of their comments on needs that fall under the general umbrella of wellness and activities that promote self-forgiveness and moving forward. The results raise the possibility that SV input might stimulate reconsideration of how professionals think of their needs and package them. Current responses are more deficit-focused, using labels such as PTSD and prioritizing professional intervention over peer support and community involvement. Wellness-focused victimization response can exist as a resource for SVs who do not report as well as those who do and wish additional services to augment participation in the CLS. This wellness space would ideally be a haven for SVs to find comfort and peer support, as well as to access varied long-term healing modalities, both traditional and alternative. Activism is clearly empowerment oriented and a misfit in a deficit model. Places to seek help do not necessarily need to be physical locations. In fact, other methods of service delivery have more acceptability to the highest age-based risk groups and the potential to reduce inequity and underservice (Kazdin, 2017).

Conclusion

While changes have been made in policy and society over the past decades, outcomes for SVs have largely remained the same. Despite #MeToo, despite the Women's Marches, despite third wave feminism and all the other awareness that society has gained, as well as policies and laws that have changed around sexual violence, SVs are still asking for the basics. They want information. SVs want to be believed. They want to connect. SVs seek active outlets for change. They want society to stop victim-blaming. They want to dispel ongoing rape myths and dismantle rape culture. They need to be heard, believed, and able to speak their truth. They want society to be aware of the pervasiveness of sexual assault and the reality that the perpetrators are our neighbors and trusted friends, not often the stranger in the bushes. They want society to recognize the harmful and ongoing impacts of sexual violence.

Recognizing the gaps in available services is critical. Above all else, diverse victim voices should be included in important decisions made about resources, programing and services intended to benefit SVs. This means SVs speaking for themselves, not professionals relaying their own impressions of what victims are saying. Regardless of how based in on-the-ground experience providers are, direct victim voice is central for communities to make meaningful, ongoing strides that respond to their needs and surpass the limited offerings of the current systems.

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