MEMORANDUM

Date: April 29, 2022

To: The Honorable Chair and Members
Pima County Board of Supervisors

From: Jan Lecher
County Administrator

Re: Results of Domestic Violence Community Needs Assessment

Historically, Pima County Behavioral Health (PCBH) has been the primary payer for mandated, as well as some discretionary domestic violence services in our community. In this capacity, Behavioral Health is continuously engaged with partners to continue to build and support a victim centered support system. To that end, PCBH contracted with the University of Arizona Southwest Institute for Research on Women (SIROW) to conduct a Domestic Violence Community Needs Assessment. The goal was to better understand the opinions of victims of domestic violence who did and did not engage in services. The attached Memorandum from Director Paula Perrera summarizes the findings and recommendations and includes the report in its entirety.

Over a six-month period, SIROW conducted five focus group discussions and one-on-one interviews with domestic service providers to collect community data. Focus groups reflected a diverse range of survivors, and reflected diverse identities and experiences including ethnicity, LGBTQ status, socio-economic group, and history of service use. Forty-one women and six men participated; half of respondents had previously utilized Pima County based domestic violence services, while half had not. Key findings demonstrated that positive experiences during a crisis intervention event were an important factor in whether a survivor pursued further services, and that stigma, lack of economic or housing security, fear of escalation and reactive abuse, and concern about negative consequences of state actor involvement were key barriers to services. Stakeholder interviewees worked in a number of sectors focused on domestic violence issues, as well as other related areas such as women’s empowerment, child abuse, or sexual assault more generally.

The pandemic has highlighted the need to reassess how our safety-net systems for domestic violence survivors function and where they need to be reinforced. Stakeholder and focus group experiences support community perceptions that support services and referral systems remain fractured despite huge advances in stakeholder collaboration. It is clear that currently there is no singular, neutral entity providing overarching, cohesive guidance for domestic violence service providers.
The Pima County Board of Supervisors allocated $700,000 of American Rescue Plan Act funds to develop pilot initiatives responsive to the recommendations developed by the Domestic Violence Community Needs Assessment.

JKL/dym

Attachment

c: Francisco García, MD, MPH, Deputy County Administrator & Chief Medical Officer, Health and Community Services
   Paula Perrera, Director, Pima County Behavioral Health
MEMORANDUM

Date: April 22, 2022

To: Jan Lesher
   County Administrator

From: Paula Perrera
   Behavioral Health Director

SUBJECT: Results of Domestic Violence Community Needs Assessment

Background: Pima County Behavioral Health (PCBH) is the primary payer for mandated and discretionary domestic violence services in Pima County. On September 1, 2021, PCBH contracted with the Southwest Institute for Research on Women (SIROW) to conduct a Domestic Violence Community Needs Assessment. The purpose of this Needs Assessment was to explore community opinions related to existing domestic violence services and ascertain unmet needs, both for those who did attempt to engage in services but experienced barriers, as well as those who would or could not access services at all. SIROW employed a mixed-methods qualitative approach that utilized five focus group discussions with 47 domestic violence survivors and one-on-one interviews with domestic service providers to collect community data. SIROW conducted the Needs Assessment over a period of six-months, and demonstrated different key findings from focus groups and stakeholder interviews.

Focus groups reflected a diverse range of survivors, and designed around shared identities and experiences including ethnicity, LGBTQ status, socio-economic group, and history of service use. Forty-one women and six men participated; half of respondents had previously utilized Pima County based domestic violence services while half had not. Key findings demonstrated that positive experiences during a crisis intervention event were an important factor in whether a survivor pursued services further, and that stigma, lack of economic or housing security, fear of escalation and reactive abuse, and concern about negative consequences of state actor involvement were main reasons people did not try to access services. Stakeholder interviewees worked in a number of sectors focused on domestic violence issues, as well as other related areas such as women’s empowerment, child abuse, or sexual assault more generally.

Strengths: Key findings demonstrated that positive experiences during a crisis intervention event were an important factor in whether a survivor pursued services further. Legal advocates were a vital source of court support for survivors, according to focus group participants. Additionally, almost all stakeholder interviewees articulated a great appreciation for well-trained direct service staff members and attributed organizational success to them in large part, and perceived existing collaborations as having strong positive impact on successful service provision. Many participants shared that their successful efforts to seek crisis intervention as well as housing, financial and legal assistance and consistent counseling increased their overall feelings of safety, independence, and empowerment. In general, most survivors reported satisfaction with services they received.

Weaknesses: The needs assessment identified that the differing ideologies and approaches to serving survivors prevented coalition stakeholders from developing a clear, shared mission. While non-governmental service providers tended to see, their mission as entirely survivor-driven, law enforcement and other state agencies have a civic or legal duty that sometimes conflicts with survivor preferences or safety needs. Ultimately, while both focus and stakeholder groups agreed co-locating services could help achieve some goals, the Needs Assessment found that implementing a one-stop, family justice center model prior to addressing the current system challenges – particularly the disparate stakeholder views on how decision-making, planning, funding, and community input should occur - is “premature and will likely stretch limited funds even further.” The evaluator also noted that other Family Justice Center models are apt to be led by law enforcement or district attorneys, which conflicts with several stakeholders who felt strongly that services should be directed by neutral entities. Focus group participants also had mixed opinions about whether or not constituents like law
enforcement or DCS had a place in a community-friendly service model. Results from the Needs Assessment support perceptions that there is no systemic infrastructure formalizing collaboration between disparate stakeholders. Survivors and stakeholders alike are likely to benefit from a neutral, coordinated, collaborative domestic violence response system. Taking into account all feedback from focus group and stakeholder interviews, the Needs Assessment developed the below recommendations to improve delivery of community domestic violence services.

**Recommendations:**

1) Funding prioritization be geared towards increasing support services for domestic violence survivors. Needed services include free or low-cost legal representation, longer-term low-barrier housing, case-management and navigation services, longer-term domestic violence specific counseling and flexible financial assistance for survivors.

2) Increased community collaboration among providers to improve experiences of survivors in the system. Developing an effective, collaborative and coordinated domestic violence response system hinges on stakeholders developing shared values, building trust, and investing resources to advance such a structure. Financial resources dedicated specifically to building a coordinated community response.

3) Service providers, law enforcement, attorneys and the judicial system should advance their understanding (through training or organizational culture shifts) related to the complexities of domestic violence and intimate partner abuse and structural inequalities.

4) Prioritizing survivor safety is paramount in an overtaxed system. Developing and implementing a coordinated-community response, will allow service providers, law enforcement and judicial actors to be most effective in their respective roles.

5) Though the ease of accessibility of services in a Family Justice Center model is appealing and could improve access to services, the unique missions of each service provider may hinder appropriateness of a co-located model. Implementing a co-located service model with disparate stakeholders prior to addressing differences in mission and vision is premature and will likely stretch limited funds even further.

The pandemic has brought into clear focus the need to reassess how our safety-net systems for domestic violence survivors function and where they need to be reinforced. Stakeholder and focus group experiences support community perceptions that support services and referral systems remain fractured despite huge advances in stakeholder collaboration. It is clear that currently there is no singular, neutral entity providing overarching, cohesive guidance for domestic violence service providers. On August 10, 2021, the Pima County Board of Supervisors allocated $3,010,000.00 in American Rescue Plan Act (ARPA) and Coronavirus Local Fiscal Recovery Fund (CLFRF) monies to the Behavioral Health Department. Of the $3,010,000.00 allocated $700,000.00 of American Rescue Plan Act funds were set aside to respond to recommendations developed by the Domestic Violence Community Needs Assessment. Pima County Behavioral Health recommends that the County develop a program modeled after the Emergency Eviction Legal Services program to provide legal assistance, housing and navigation services to individuals fleeing domestic violence. Once the program is designed and more implementation details are known, PCBH will present the project to County Administration and the Board of Supervisors for review and approval.

**Concur:**

Francisco García, Deputy Administrator &
Chief Medical Officer

PJP/ag

25 Apr 2022
Pima County Domestic Violence Community Needs Assessment
ACKNOWLEDGMENT

With respect and appreciation, we would like to thank the and acknowledge the people who participated in this project. To those who have survived domestic violence, thank you for being willing to share your personal experiences with us to help create a better system for others who need help. To all of the stakeholders and Pima County Domestic Abuse Coalition, thank you for your tireless efforts to help people live safer, healthier and happier lives. To the Pima County Behavioral Health Department, thank you for demonstrating your commitment to domestic violence survivors and to creating healthier communities by funding this project.

This report was funded by the Pima County Behavioral Health Department (Award CT-BH-21469)

For additional information, contact Dr. Stephanie Murphy at sumurphy@email.arizona.edu

PIMA COUNTY DOMESTIC VIOLENCE COMMUNITY NEEDS ASSESSMENT

EXECUTIVE SUMMARY .............................................................................................................................................. 5
  Context ........................................................................................................................................................................ 5
  Key Findings ................................................................................................................................................................. 5
  Recommendations ......................................................................................................................................................... 7
INTRODUCTION ............................................................................................................................................................ 8
  Context and Scope ....................................................................................................................................................... 8
METHODS ...................................................................................................................................................................... 8
  Domestic Violence Survivor Focus Groups ................................................................................................................. 8
  Stakeholder Service Provider Interviews .................................................................................................................. 10
  Coding and Analysis .................................................................................................................................................... 10
  Focus Group Coding ................................................................................................................................................... 11
  Limitations .................................................................................................................................................................. 12
FINDINGS ........................................................................................................................................................................ 12
  Domestic Violence Survivor Perspectives .................................................................................................................... 12
  Stakeholder Service Provider Perspectives ............................................................................................................... 16
  Perspectives on Unmet Need ....................................................................................................................................... 18
  Family Justice Center Perspectives ............................................................................................................................ 23
RECOMMENDATIONS .................................................................................................................................................. 27
REFERENCES ................................................................................................................................................................. 32
APPENDICES ................................................................................................................................................................. 33
List of Tables and Figures

Figure 1. Focus Groups Participant Ethnicity
Figure 2. Special Interest Focus Group Participants
Figure 3. Interviewee Advocacy Area

Table 1. Focus Group Coding Schema
Table 2. Interview Coding Schema
EXECUTIVE SUMMARY

Context
The Pima County Domestic Abuse Coalition (PCDAC) is an ongoing collaboration between community service providers, government agencies, law enforcement stakeholders to improve the overall ecosystem of domestic violence advocacy in Pima County. PCDAC sought to gain insight on the community opinion of existing domestic violence services, unmet need among domestic violence survivors, and community sentiment about one possible co-located service provision model, a Family Justice Center.

The Southwest Institute for Research on Women conducted the Pima County Domestic Violence Community Needs Assessment focused on two Pima County groups: survivors of domestic violence and domestic violence advocacy service providers. We sought to explore their opinions and experiences with respect to existing domestic violence advocacy services, unmet need, and local sentiments about the Family Justice Center model. To do this, we employed a mixed-methods qualitative approach that utilized 5 focus group discussions with 47 domestic violence survivors and one-on-one interviews with domestic service providers to collect community data.

Family Justice Centers (FJC) have been developed as a co-located domestic violence service model in several US cities and counties to serve the needs of survivors of interpersonal violence. However, no Family Justice Centers currently operate in Arizona. Family Justice Centers primarily serve survivors of family violence including domestic violence elder abuse and child abuse and often stranger or acquaintance violence including stalking, harassment, and assault. They often provide co-located services for survivors with shared training and technical assistance, collaborative relationships, and coordinated funding assistance for service providers.

Key Findings

Focus Groups

- Most survivors were aware of some local services for survivors of domestic violence. Several participants accessed services, though almost all needed additional assistance or services that were unavailable to them due to capacity or eligibility issues.
- Stigma, lack of economic or housing security, fear of escalation and reactive abuse, and concern about negative consequences of state actor involvement were main reasons people did not try to access services.
- For participants who accessed services, additional challenges related to referral processes and case management were prevalent.
- A positive experience during a crisis intervention event was an important factor in whether a survivor pursued services further.
- When court interventions were successful, participants noted being empowered when judges and attorneys affirmed their experiences as abusive and helped them to understand proactive legal recourse they could take.
- Many participants articulated a desire for more awareness on the part of attorneys and service providers around the ways abusers use the courts and criminal justice systems to manipulate survivors and evade offender accountability.

Stakeholders

- Stakeholder interviewees provided perspectives on their organization’s services, scope, and impact, existing community partnerships, areas of survivor unmet need, and the Family Justice Center model.
- Almost all interviewees articulated a great appreciation for well-trained direct service staff members and attributed organizational success to them in large part.
• Existing collaborations were seen to have strong positive impact on successful service provision.
• Funding was named as the biggest challenge to building, sustaining, and/or expanding programs and services. Some Interviewees desired more flexible funding with “open qualifiers”
• Community coalition building is challenging due to differing ideologies and approaches while trying to work together to best support the community.

Unmet Need

| Crisis response and intervention was a prominent area of need, especially among participants who experienced more severe types of domestic violence. | The most frequent unmet need expressed in focus groups was the need for a safe place to live. |
| Access to affordable legal representation in the form of an attorney was the most prominent unmet legal need. | Counseling was integral to healing and participants frequently requested more affordable longer-term counseling for themselves and their families. |

Concurrent oppression and structural disparity, including wealth inequality, white supremacy, and homophobia create compounded vulnerability for some groups.

Family Justice Center Perspectives

Survivors

• Almost all focus group participants responded positively to the range of services a Family Justice Center could provide in one place.
• Many speculated the model might help people find better service synergy and reduce the number of times a survivor had to recount their experience to access services.
• Almost everyone noted housing assistance and legal assistance as the two most important services to provide. In addition to more comprehensive housing and legal support, participants felt trauma-informed counseling for the emotional and mental health of survivors and their children was also important.
• Implied in the focus group conversation was that the services provided in a FJC model would be accessible to all who need them.

Stakeholders

• Many agreed “having critical services into one space is really helpful.”
• Interviewees questioned how decision-making, planning, and community input should be involved
• Uncertainty existed as to how a Family Justice Center model could alleviate the existing capacity constraints they faced with respect to staffing and funding as well as long term sustainability.
• Some interviewees expressed hesitancy and the desire to have more transparent dialogue about ideological differences in perspective before taking further steps toward the realization of a potential center. Yet, other participants felt excited to start substantial planning.
Recommendations

1) Increased capacity and scope of services (particularly free or low-cost legal representation and housing) for domestic violence survivors was the most pronounced need expressed by both survivors and stakeholders. Funding prioritization should be geared towards increasing services for domestic violence survivors. Needed services include free or low-cost legal representation, longer-term housing, case-management or navigation services, longer-term domestic violence specific counseling and flexible financial assistance.

2) Service providers, law enforcement, attorneys and the judicial system must advance their understanding (through training or organizational culture shifts) related to the complexities of domestic violence and intimate partner abuse and structural inequalities. As a multi-disciplinary group, the current Domestic Abuse Coalition has an opportunity to improve the current local domestic violence response system by developing and facilitating a training program that standardizes a collective operating framework. When only certain agencies, law enforcement officers, or court officials operate from a survivor-centered approach, the entire system is negatively impacted. Education and training should be ongoing, easily accessible, critical, and comprehensive.

3) Increased community collaboration among providers will improve experiences of survivors in the system. Developing an effective, collaborative and coordinated domestic violence response system hinges on developing shared values, building trust, and investing resources in the advancement of such a structure. Investments in building organizational relationships is a critical component of a coordinated system, predicated by the development of a collective operating framework. Financial resources should be dedicated specifically to building a coordinated community response.

4) Prioritizing survivor safety is paramount in an overtaxed system. By developing and implementing a coordinated-community response, service providers, law enforcement and judicial actors will be most effective in their respective roles. By deploying an efficacious lethality assessment program, survivors may be triaged to the most appropriate level of service provision.

5) Though the ease of accessibility of services in a Family Justice Center model is appealing and could improve access to services, the unique missions and ideologies of each service provider may hinder appropriateness of co-location. There are significant benefits to developing a Family Justice Center in Pima County, however, doing so prior to addressing the current system challenges (e.g. capacity and accessibility of services, a well-trained work-force, organizational shifts, well-developed community coordinated-response) is premature and will likely stretch limited funds even further.
INTRODUCTION

Context and Scope

Domestic violence is a pervasive social problem with detrimental effects on the health, well-being, and resilience of our Pima County community. In the years 2020 and 2021 alone, Tucson Police Department logged 41,933 domestic violence responses, almost all of which originated from calls for service. Pima County has a robust network of community stakeholders who work to serve the needs of people experiencing domestic violence. The Pima County Domestic Abuse Coalition (PCDAC) is an ongoing collaboration between community service providers, government agencies, law enforcement stakeholders to improve the overall ecosystem of domestic violence advocacy in Pima County. To do this, PCDAC sought to gain insight on the community opinion of existing domestic violence services, unmet need among domestic violence survivors, and community sentiment about one possible co-located service provision model, a Family Justice Center.

Family Justice centers have been developed as a co-located model in several US cities and counties to serve the needs of survivors of interpersonal violence. However, no Family Justice Centers currently operate in Arizona. Family Justice Centers primarily serve survivors of family violence including domestic violence, elder abuse and child abuse and often stranger or acquaintance violence including stalking, harassment, and assault. They often provide co-located services for survivors with shared training and technical assistance, collaborative relationships, and coordinated funding assistance for service providers. Research suggests that Family Justice Centers can be an effective service delivery model (Gwinn et al., 2007; Simmons et al., 2016; Melton, 2018; Murray et al., 2020). However, some criticism of the model cites mixed evidence on survivor outcomes (Hoyle, 2014; Stoever, 2016; Piehowski 2020, Rizzo et al., 2021).

The Southwest Institute for Research on Women conducted the Pima County Domestic Violence Community Needs Assessment which focused on two Pima County groups: survivors of domestic violence and domestic violence advocacy service providers. We sought to explore their opinions and experiences with respect to existing domestic violence advocacy services, unmet need, and local sentiments about the Family Justice Center model. To do this, we employed a mixed-methods qualitative approach that utilized focus group discussions and one-on-one interviews to collect participant data.

METHODS

Domestic Violence Survivor Focus Groups

The survivor focus group approach was undertaken to gain an in-depth understanding of the issues from purposely selected groups and to allow for the emergence of shared opinions and experiences as well as areas of difference in perception and experience among groups of survivors. A Qualtrics survey (see Appendix A) was used to screen for interest, eligibility, and availability. To be determined eligible the respondent had to 1) answer “yes” to being at least 18 years old and 2) answer “yes” to having experienced “domestic violence or intimate partner abuse”. Respondents were not asked to qualify their experience with or definition of domestic violence or intimate partner abuse. We employed a mixed recruitment strategy through the Pima County Domestic Abuse Coalition’s (PCDAC) existing domestic violence advocacy networks, the Southwest Institute of Research in Women’s (SIROW) adjacent social service and community contacts, social media solicitation and targeted Facebook 5-day advertising campaign (women, 18-50, <40miles). A flyer (Appendix B) was circulated through these channels and directed people to the screening survey with a two-week window for completion. A $50 incentive was offered to compensate people for their time for participating in one 90-minute focus group.

https://qlikapps.tucsonaz.gov/sense/app/15f135c8-2c74-4171-be69-4882656f135b/sheet/1593557f-1dfe-4403-8851-0e9de67751c3/state/analysis
In total, 75 out of 76 individuals who completed the screener survey were eligible for participation. One third of respondents had experienced a domestic violence related situation in the last 6 months, about forty percent experienced the last situation 3+ years ago. Half of respondents had previously utilized Pima County based domestic violence services and half had not. In total we conducted seven focus group discussions with 47 individuals. 41 women and 6 men participated. While demographic data is limited, there was diversity in the representation of underserved communities including Black/African American, Native American, LGBTQ, undocumented, disabled, and low-income individuals (see Figures 1 and 2).

Five 90-minute focus groups were scheduled in the third week of November 2021 to accommodate the broadest availability from the eligible sample. Effort was made to schedule groups around shared identities and experiences, including sub-grouping by ethnicity, LGBTQ status, socio-economic group, and history of service use. Four focus groups were held via Zoom and one occurred in-person. In the first week of December 2021 two additional focus groups were scheduled and held over Zoom with members of a local adult domestic violence support group. The research team facilitated the discussion using a template questionnaire script (see Appendix C) until data saturation was reached for each question. This also ensured consistency across the group discussions. Five of the seven focus groups were recorded with consent of the group. Two groups did not consent to be recorded and instead, summary notes were taken. All recordings were transcribed.

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2 Demographic data is limited such that these proportions are a representation of the minimum number of persons from each special interest group who participated. More information is listed in the Limitations section.
The method of one-on-one interviewing was chosen for the stakeholder service provider group. This allowed candid and in-depth conversation with key stakeholders and illuminated the ecosystem of domestic violence advocacy and service provision in Pima County from distinct vantage points. An electronic interviewee nomination form was sent out to the Pima County Domestic Abuse Coalition asking coalition members to nominate or self-nominate individual interviewees and give reasoning as to why this person might provide an important perspective. Twenty-four nominations were submitted. Nominees included direct contact staff and leaders who came from a variety of sectors including crisis, legal, and housing advocacy, law enforcement, case management, and community programs (see Figure 3). Some nominees were nominated multiple times. From this pool, nine interviewees were selected and sent invitations to participate in a Zoom interview scheduled during the first two weeks of December 2021.

The research team followed an interview script (see Appendix D) to maintain consistency across interviews. The interviews averaged about an hour in length and were conducted until data saturation was reached for each question. Open time was left at the end of each session to allow the interviewee to raise any issues not already addressed in the interview and all interviewees were invited to follow up via email if they had any additional thoughts after the fact. All interviews were recorded and transcribed.

Coding and Analysis
The research team used ATLAS.ti to qualitatively code the semi-structured focus group and interview transcripts for data analysis. This three-part process included the systematic categorization of content to identify patterns and themes in each dataset. At the initial coding stage, data was reviewed for general, high-level patterns and themes. From here, focus group and interview codebooks (see Appendix E and F) were developed which included parent and child codes and corresponding code groups derived from the evident patterns and themes. The research team used these codebooks as reference to conduct thematic line-by-line coding of each focus group and interview transcript. After two rounds of review, 340 focus group quotations were coded across 7 documents and 284 interview quotations were coded across 9 interviews (see Figure 4). These thematic quotations were then analyzed for content and sentiment to gain greater insight into the most important facets of need in the community.
Focus Group Coding

For focus groups, individual codes covered key areas of need and experience such as counseling, housing, crisis intervention as well as the associated service providers such as law enforcement, legal advocates, and agency actors. In addition, codes such as negative/positive and successful/unsuccessful were applied to qualify sentiments about needs and experiences. Pathways and channels to service access were identified with the following codes: case management, referral channel, staff interaction. Key issues also emerged like reactive abuse, children’s needs, mandatory reporting, and trauma. Family Justice Center related codes included positive and negative sentiment, center dynamics and location. All the individual codes were assigned membership in one of nine groups: Barriers, Care, Safety, State and Advocacy, System, Positive, Negative, Unmet Need, and FJC (see table 1).

<table>
<thead>
<tr>
<th>Code Group</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barriers</td>
<td>Barriers; Stigma</td>
</tr>
<tr>
<td>Care</td>
<td>Children; Counseling; Health</td>
</tr>
<tr>
<td>FJC</td>
<td>FJC Dynamics; FJC Location; FJC Negative; FJC Positive</td>
</tr>
<tr>
<td>Safety</td>
<td>Financial; Housing; Reactive Abuse; Safety</td>
</tr>
<tr>
<td>State &amp; Advocacy</td>
<td>Advocate; DCS; Legal; Police</td>
</tr>
<tr>
<td>Negative</td>
<td>Negative Experience; Unsuccessful Experience</td>
</tr>
<tr>
<td>Positive</td>
<td>Positive Experience; Successful Experience</td>
</tr>
<tr>
<td>System</td>
<td>Capacity; Case Management; Internet; Mandatory Reporting; Organization; Protection Order; Referral Channel; Staff Interaction; Trauma Informed</td>
</tr>
<tr>
<td>Need</td>
<td>Black; Disability; Jail; LGBT; Native; Prevention and Education; Substance Use; Undocumented; Unmet Need/Want</td>
</tr>
</tbody>
</table>

Interview Coding

For interviews, individual codes covered key areas of service related to survivor needs, like safety, housing, counseling, crisis intervention and legal support as well as successes and challenges in providing these services. Organizational issues were also coded to include the themes of capacity, funding, staff, trauma-informed approach (ideology), scope, and internal dynamics. Relationship issues were coded as partnerships and those specific to law enforcement and/or DCS were also identified. More depth was explored with respect to Family Justice Center topics and included prior context, planning, process and implementation, service delivery, partnership dynamics, and location. All the individual codes
were thematized into the following four groups: Services and Needs, Organization and Partnership Dynamics, State, and FJC (see Table 2).

<table>
<thead>
<tr>
<th>Code Group</th>
<th>Codes</th>
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<tbody>
<tr>
<td>FJC</td>
<td>FJC Context; FJC Dynamics; FJC Location; FJC Planning; FJC Positive; FJC Process; FJC Services</td>
</tr>
<tr>
<td>Organization &amp; Partnership Dynamics</td>
<td>Capacity; Challenges; Funding; Ideology; Internal; Partnership; Positive; Scope; Staff; Training; Trauma Informed</td>
</tr>
<tr>
<td>Services &amp; Need</td>
<td>Counseling; Crisis; Financial; Health; Housing; Legal; Need; Safety</td>
</tr>
<tr>
<td>State</td>
<td>DCS; Mandatory Reporting; Police</td>
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**Limitations**

This needs assessment is limited by the charge of the project. The scope and data collection exclusively focused on the needs and experiences of adult survivors of domestic violence. While Family Justice Centers largely serve this group, they are also intended to intervene on other types of familial violence including elder abuse and child abuse as well as acts of stranger and acquaintance violence including stalking, harassment, and assault. Further assessment could be done with groups experiencing these issues to explore their specific needs and experiences.

Due to staff and time limitations, the research team conducted all focus groups and interviews in English without translation. While Spanish-speaking individuals still participated, this language barrier limited the recruitment catchment. Demographic data on focus group participants is somewhat limited. We did not ask people to report their age. Self-provided demographic data was only asked for in the screener survey. Therefore, demographic data is only available for individuals who fully completed the screener survey or verbally confirmed their membership in a demographic group during a focus group.

**FINDINGS**

**Domestic Violence Survivor Perspectives**

**Awareness of Services**

All focus groups were opened with the following question: “Are you aware of any local services that are available to survivors of domestic violence in Tucson?” If participants were aware and had used the service, we inquired further about their experience with it including asking specifically about what was most helpful. If participants were aware of a service but had not used it, we asked how they heard about it and why they decided not to use it. Participants shared a variety of perspectives. A handful were not aware of any services. Others were aware of services but had not used them. About two thirds tried to use services and had a positive but unsuccessful experience or had a negative, unsuccessful experience. Others had positive, successful experiences.

**Stigma and Risk**

Apparent across all groups was that social stigma about domestic violence compounded feelings of shame, embarrassment, hopelessness, and isolation and this inhibited people from seeking help. In addition, participants expressed very real fears that reactive abuse, escalation of risk, or criminal justice involvement would occur as a consequence of seeking help or trying to leave abusive situations. This was especially present for individuals who experienced housing or

“It’s just such a helpless hopeless feeling, and there's so much shame and blame around all of it.”
economic insecurity and those with children. Across all groups, it was clear that participants conducted their own informal risk and safety assessments weighing the pros and cons of seeking external help for their situations. For the group of participants who were not aware of any services, family, friends, and co-workers were named as main sources of support. One participant remembered, “it was just a such an isolating horrific situation, I felt so incredibly boxed in and so alone… and thankfully my father-in-law was the one who was instrumental in getting my husband out of the house.” For the group who were knowledgeable of services but hesitated to use them, the risk of safety was often the primary concern. This included the safety of oneself and children as well as basic needs like economic or housing security.

“When we leave, we are in more danger than we were.”

Some participants articulated the fear that seeking help could backfire and create greater risks than had already existed if that help was not accessible and/or adequate. This greater insecurity could look like escalation in the form of increased abuse or violence, being kicked out of shared living space, or loss of access to financial resources. One participant recounted, “that day was the first day he actually hit me because I told him that I was trying to go to counseling. After that I was just like you know what, I’ve been through this before. I’m not going, especially if I don’t have [housing]. I’m not going to look for that place because I just don’t want to deal with that right now.” In addition to fears of abuser escalation, skepticism about state intervention, such as law enforcement, criminal justice, or DCS agencies exacerbated participants’ hesitation to access services even if they thought the services were good. One participant shared, “I feel like even though the resources are great, one of my fears was like going to these places and losing my kids since we had gotten arrested for fighting in front of our kids and that’s why my DCS case is open. That’s one of the main reasons why I wouldn’t go, I was scared that they’re going to find out this guy is abusing me and they’re going to come take my kids or something.”

These tandem issues of social stigma and structural inequalities related to basic needs presented the greatest challenges for participants as they navigated decision-making around whether or not to seek out available services. The normalization of domestic violence and social stigma of identifying as a survivor of it created a heavy emotional burden for the large majority of participants. Even if some were willing to undertake this emotional burden, without stable housing, employment, or legal protection, they often could not afford to take on additional risk in already volatile situations.

Barriers

We asked focus group members, “Were there any services that you tried to utilize but could not successfully do so? What challenges did you face when you tried? What made you give up? Who or what was most helpful to you?” Similar general issues impacted decision-making among the group of participants who had sought out services. Stigma, lack of economic or housing security, fear of escalation and reactive abuse, and concern about negative consequences of state actor involvement were all apparent. For participants who accessed services, additional challenges related to referral processes and case management were prevalent.

Referrals

A few participants reported feeling confused or wanting more information or support in executing referrals. One participant called [hot lines and law enforcement] many times. She said people would always refer her to a prominent community service provider, but she didn’t feel like she had enough knowledge from the referral to feel safe seeking them out. Another person reported their situation to law enforcement who then conducted a safety assessment and referred her to a large community service provider. However, she was too scared to follow through the referral. She noted that more upfront education about the organization would have helped assuage some of her fear at the time. Similarly, another participant told the group that after years she finally called 911 and law enforcement came. They detained her abuser and told her about protection orders. She went to file the order and was referred to a community service provider. She remembered that she felt scared and guilty about her abuser being detained and how it would affect her children. She noted that reassurance about how the services work and offering support following through with referrals because “with an abundance of emotions it’s challenging to stick to the decision you made… when I think
about it, those two times I drew back because they continue asking you these questions as if you’re lying and you kind of feel helpless like nobody can do anything for you.”

Often participants found the overall referral process hard to navigate and resulting in dead-ends. Many expressed the sentiment that more logistical assistance would have helped. One person shared:

Maybe I called on the wrong day and got the wrong person at the wrong time, but I felt it was just like, sorry we can't do anything. You can look around and I'm like where else? If you can point me to the right direction, I'll start walking but y'all would know better than I would where to start or who may have had openings at the time. But, as I understand, [with] references you have to do half the work to find what's out there.

In other instances, the individual was referred to a service by law enforcement or another service provider and they sought out the referral but experienced a structural limitation such as eligibility, in person accessibility of the service, or capacity/staffing limits within the providing organization. One participant explained, “[the advocate] goes, you know there's a place over here that can help if you ever need any help. We passed it and I was like where? Soon after... I went over there, I do the intake, but I didn't qualify for their emergency housing.” She further explained that her Indian Health Service insurance was not eligible. Another participant failed to qualify for housing due to a prior criminal record and found the cumulative process of those unsuccessful intakes emotionally daunting.

“"I do the intake, but I didn't qualify for their emergency housing.”

Case Management
Participants who were linked to services through referrals had mixed experiences with short-term case management. Many had difficulty obtaining or maintaining adequate longer-term support through transitions, especially after free services ended. Even with knowledge of systems and providers, people still found it difficult to get adequate help particularly as they transitioned out of shorter-term housing and counseling programs. One participant shared, “People need to know DV is different. People need to understand the boundaries and lines...I work [as] an advocate for adult daycare and yet I can’t get anything for myself...it’s hard to accept that.” Many who had a negative or unsuccessful experience articulated a desire for more trauma-informed approaches to domestic violence survivors across various services they received.

A number of participants attributed their mixed positive or negative case management experiences to individual staff interactions. One person remarked, “at [the community service provider] my case coordinator never made any dates, I didn’t even know her name. But the [case manager] that helped my daughter, she now calls me every Tuesday to see how I’m doing and I think that’s what keeps me sane still...” Some who had a positive experience in part accredited their own persistence and self-advocacy to achieving their goals. One person explained, “Putting myself in these services and bugging them and making sure that I was a good self-advocate has helped a lot, but the fact that I went to [a community counseling service provider] and I expected them to do a lot more the footwork and it wasn't until I bugged them on the phone and showing up there that it truly got the ball rolling.” For others, existing challenges and structural barriers were too great to overcome.
Successful Experiences

Many participants shared that their successful efforts to seek crisis intervention as well as housing, financial and legal assistance and consistent counseling increased their overall feelings of safety, independence, and empowerment. We asked participants who had utilized services to successfully navigate out of abusive situations to talk about their experience doing this and what had been most helpful to them.

A positive experience during a crisis intervention event was an important factor in whether a survivor pursued services further. In cases where crisis response went well, participants felt empowered to take further steps. Most participants had called hotlines, 911, or law enforcement as a first point of contact in crisis. Immediate handoffs from crisis responders to direct services and early follow up were viewed as helpful. Another person’s positive experience with a hospital advocate after experiencing stranger sexual assault helped her “open her eyes” and take steps to also leave the abusive relationship she was in at the time.

Many participants struggled with secure housing, but a portion did successfully find transitional or short-term housing support. For example, one person was able to get an emergency housing voucher from [a community service provider] as well as some personal items, laundry, and grocery store gift cards. Another woman was able to find multiple forms of housing assistance that proved instrumental in her healing journey. She described:

I was in a shelter for abused women and children two years ago for like a month. [A community service provider] placed me in there. And I wasn't sure which program it was but they were able to offer transitional housing and also a longer term outside program, they help you get a job, place your kids in school, and everything. Then they try to place you in their longer term [housing]. [When I was there] I felt extremely safe, because nobody could go in. There was a buzzer to check up. It was very helpful.

When court interventions were successful, participants noted it was empowering when judges and attorneys affirmed their experiences as abuse and helped them to understand proactive legal recourse they could take. One participant remembered:

But what was really, really helpful to me was [legal support]. I didn’t know much about restraining orders, it was not offered to me and unfortunately my attacker knew about them because she's had them before. And so, she immediately went to file one against me and I was showing up the court still with my bruises on my neck, and the judge... said to me, you are not the problem, I can tell that. I'm dismissing her case and he told me right there and then. He said, you need to protect yourself and get a restraining order against her. And that day he was the one who, for the first time, believed me and so he clarified it was domestic violence. I needed to start doing that and if it wasn’t for that judge, I honestly would have taken the advice of other people and probably just quit and left.

Legal advocates were the most commonly noted form of legal assistance. They were a vital source of court support who helped them to gain “insight on their own legal standpoint.” Another person noted, “it was so important to me to have this advocate because I was literally by myself in those courts [and] self-represented for a long time.”

“You call like a hotline. She takes your information and I felt like it was it was really easy and really helpful, and they got me in contact with an advocate that called me and was able to get me into like an emergency shelter. Someone who was my case manager reached out to me [very soon afterwards]. She was able to ask me all the information, anything that I needed, and she was able to assist me.”
Stakeholder Service Provider Perspectives

Scope and Impact

Stakeholder interviewees provided perspectives on their organization’s services, scope, and impact, existing community partnerships, areas of survivor unmet need, and the Family Justice Center model. Interviewees worked in a number of sectors focused on domestic violence issues, as well as other related areas such as women’s empowerment, child abuse, or sexual assault more generally.

The research team asked interviewees to describe their professional role and tell us how their organization interfaces with members of the community who have experienced domestic violence. After gaining a sense of the organization’s approach and goals, we asked interviewees to reflect on the strengths and challenges they faced in trying to implement or expand their domestic violence service and advocacy programs. Some community organizations endeavored to offer a “comprehensive continuum” or “integrated spectrum” of services where “the primary focus...is the healing for the client and their family.” These included a range of housing, legal, medical, counseling, employment and education services specifically made available for survivors of violence. Other community organizations offered education or counseling programs where domestic violence issues were prominent, but the organization’s scope and mission were broader.

Strengths

We asked all interviewees what was going well in their work. With respect to the organizational strengths, almost all interviewees articulated a great appreciation for well-trained direct service staff members and attributed organizational success to them in large part. With respect to the existing partnerships, interviewees often correlated successful cross-sector interventions as a longer-term consequence of deeper collaboration across networked organizations and saw this coalitional work as integral to structural change in Pima County.

Staffing

Staff who were personally and professionally committed to domestic violence advocacy often went above and beyond job descriptions to improve accessibility and efficacy. As the initial or longer-term points of contact, these staff members were often the face of their organization for the survivors they serve. For example, one interviewee shared, “our staff is amazing. I’m sure everyone is saying things like this... they’re so dedicated, they make personal sacrifices so they can be on call. We don’t have a separate hotline and instead it’s our staff that takes turns holding the phone, answering the calls, and helping people that need it...so our response time is within an hour of getting the phone call. And that’s a really high standard and our staff is not satisfied with that, they want to [respond more quickly] now every time so they're really, really amazing.” In many interviewees’ perspective, more staff training on domestic violence issues like crisis intervention, survivor advocacy, and risk assessment had helped to strengthen the organization’s capacity to respond to violence. Another person noted, “we have a lot of people that actually are really passionate about helping those survivors and they have a lot of training geared towards that and the people that are currently in that domestic violence unit or people that want to be there...I think organizationally we have come so far in regards to certain aspects of domestic violence and [understanding] the strangulation component [as a violent felony].” In addition to training, interviewees noted that their organizational integrity benefitted from long-term staff who had developed personal relationships with providers in other sectors over years of working in parallel.

Partnerships

Existing collaborations were seen to have strong positive impact on successful service provision. One interviewee shared, “it’s like I never even knew what collaboration looked like until I got here. We’re so fully integrated with our partners and [we’re] able to just hand things back and forth for the good of the client.” Partnerships increased shared understanding of the ecosystem of domestic violence service provision in Pima County and structural barriers different organizations face. In one interviewee’s estimation, “I think partnerships are really important. I think as a domestic violence organization, we have our blind spots because we are so embedded in our world - we’re just focused on the survivor, we may not know the struggles that law enforcement might be facing with all the things that that come up for
them, or the county attorney's office or DCS, or behavioral health organizations.” These partnerships helped build solidarity across organizations, identify areas where improvement could be made, and build the pathways to communicate feedback. One interviewee reported:

We’ve had really great relationships with sergeants and detectives. And I find that they often see the value in our partnership and utilize the partnership in ways that help them to better serve survivors...I find that detectives and sergeants often see clearly what's happening in the system and the ways that people are not being served...We often offer them support and validation for their experiences in the system as sergeants and detectives. I feel like in that way it's pretty good, but if you read the notes coming in off of our hotline every day there are multiple experiences of people describing really horrific experiences with [first responders].

Challenges
We asked all interviewees what challenges they experienced in their work. The biggest challenges by far were related to capacity. Interviewees felt exasperated at the funding limitations and resource constraints they observed in the face of domestic violence prevalence. One of the largest community organizations provided domestic violence related services to at least 6000 people, but the interviewee still felt “this is just the tip of the iceberg.” Interviewees were also acutely aware they worked in the larger shadow of Pima County’s exacerbated economic and housing crises. While they named many programs and services of which they were proud, interviewees felt their organizations did not have resources to meet need especially given the increasing incidence and violence severity they had more recently observed. One person described, “we're always in this little hamster cage just doing our best to meet the needs and it's constant. The survivors are constantly seeking services [beyond organizational capacity].”

Capacity
Funding was often named as the biggest challenge to building, sustaining, and/or expanding programs and services. One person explained it as simply, “having enough humans to do the job.” One law enforcement based interviewee put it into stark perspective, “we have a total of anywhere from 10 to 11 detectives typically assigned to the domestic violence unit for the city of Tucson and we review 9,000 to 10,000 cases of domestic violence a year.” In this context, only the most severe cases can be prioritized and some interviewees perceived that survivors were underserved due to system constraints. This disparity between high need and capacity constraints were common within law enforcement, courts, and community service providers alike.

Many community programs or services were grant funded with provisions that excluded some potential participants or restricted monies for certain activities. Interviewees often sought more flexible funding with “open qualifiers”, but these funding opportunities were limited. One interviewee explained:

We need flexible funding because everyone's needs are different. When you're asking participants what they need, sometimes you're surprised at what they're prioritizing...It's really hard to balance all the major needs because each system draws that line where this isn't what we do.

Coalition
While collaborative partnerships were strong, coalition building was made challenging in part due to differing ideologies and approaches. Interviewees were able to name their own guiding missions as well as their perception of other stakeholders’ agency missions. Coalitional collaboration often meant working together across sometimes core differences in mandate. For example, community service providers were more focused and directed by individual survivor safety. One service provider described their mission, “it's really about support and where's the safest place for you to be right now, where you feel comfortable. We just try to support them in their decision making by giving them as many options as possible.” Similarly, another service provider described decision-making logic based on the needs of marginalized communities:

In the last five or six years we've really been thinking critically about ourselves, and whether we have been accessible to everyone in this community, particularly communities that have been marginalized that are often invisible and that have the least amount of access. So that is the lens that we are using now to evaluate what's
right, what's wrong, where should we be or not be, and what conversation we should be having in the community.

In some contrast, law enforcement and other state agencies had a civic or legal duty to community or child safety as well as offender accountability which sometimes conflicted with survivor preferences or safety needs. One law enforcement based interviewee highlighted the difference, “[Coming] at it from different angles...for the criminal justice side, we need to make sure that obviously our survivor is healthy and is able to get whatever resources they need, but also we are responsible for making sure that we have whatever sort of criminal justice responsibilities, so arrest or you know doing things like that, because... that’s our basic function is to protect people and to make sure we’re holding people accountable for certain things.” One interviewee noted that while coalitional tools (like shared risk assessment screenings for survivors) have been adopted and utilized, she felt that different agencies were not necessarily aligned as to the goal or core purpose of these tools.

Sometimes these differences in mission strained the process of working together. Multiple providers felt exasperated by DCS in this respect. One interviewee described, “I think it’s a thin line because they get frustrated with us because of our confidentiality mandates and regularly will say, we want to know if someone’s always making progress. They'll send survivors to us for counseling or case management and then expect us to report back... And we say we’re not going to tell you, that's not what this is about.

One stakeholder put it succinctly, “the best way to be in partnership in a community where we’re serving survivors is to be trustworthy, honest, and to the point” about differences across sectors. However, for another interviewee reported that honest coalitional dialogue is, at times, challenging. “When I think about what's not going well it's that we can’t really have honest transparent conversations about how it’s [the system] not working, because people take it personally [but] It’s a commentary on the failure of the system. And, if we just keep operating it in the way it’s constructed, it will continue to do harm. But if we try to have different conversations then maybe we can address things differently and identify cases differently or help people differently, so I don't know, I have a lot of frustration about it.”

Perspectives on Unmet Need

We asked all focus group participants about the challenges they experienced while seeking or using services. We further asked them if there was anything that they really needed that did not exist or was unavailable.

Crisis Intervention

*Crisis response and intervention was a prominent area of need, especially among participants who experienced more severe types of domestic violence.*

Sometimes crisis intervention intended to increase safety had negative effects on domestic violence survivors. For example, one participant identified feeling judged when initially seeking emergency assistance and later experiencing challenges in completing referrals, and support in longer term case management or legal navigation. She said, “when I dialed 911, I got the feeling again, like oh you’re being dramatic.”

Many participants were reluctant to try again after having a negative or unsuccessful experience seeking help with crisis intervention. One woman called law enforcement for intervention with her abuser on a previous occasion but was herself arrested as a result and faced legal consequences. Later, her abuser used this circumstance to deter her from seeking help again. She said, “because of that one situation he often threw that in my face... so there was the deterrent from getting help because I wasn’t believed by the police have initially. He threw that in my face...nobody wants to help you when you're the one who went to jail last time, you know.” Other times, abusers called law enforcement claiming
the survivor had been abusive. For one woman, her abuser called DCS on her claiming she was a “bad mom”. Law enforcement came but didn’t do anything to help her at that time. However, the second time law enforcement was called she interacted with an officer who “seemed to have experience and he spoke to her privately and referred her to [a community shelter], the shelter was full, so [she] ended up at Gospel Rescue Mission.” While participants described both positive and negative experiences with law enforcement, the general sentiment across focus groups was a skepticism about law enforcement that ranged from fear of state violence to anger at perceived police negligence. This was unsurprising given the broader landscape of current events and public dialogue around police-community relations. Stakeholder interviewees also felt crisis intervention continued to be an area of high need. With all systems (legal, law enforcement, community service provider) seemingly working at capacity, people, sometimes people in highest risk situations often could not find adequate crisis intervention. One stakeholder interviewee explained, “no one has the capacity to do the work with the intentionality that we all desire, ...and so what happens is people come in, we’re not able to fully assess danger or risk, and we do our best it’s like how bad was that particular situation not looking at the whole constellation of things, taking place and then we’ll decide, we are cherry picking, in a sense, which participants are going to be assigned cases and just because of lack of capacity.” Multiple interviewees held the perception that the courts were strained to the point that violent offenses could not be sufficiently cased and this had left survivors more in danger.

Even when risk assessments in crisis situations were utilized, they were not always perceived as effective at protecting survivors. One community service provider stakeholder that more training around how best to use risk assessments could help make crisis intervention more effective. She articulated that an effort could be made to, “train the detectives and officers to understand this [risk assessment] in a way that allows them to engage with the survivor differently, that may then invite them to answer the question, but then ultimately if they don’t want to answer the questions because it’s not safe....then, what are you going to do, like that’s your problem, then so don’t force them into that, that breeds mistrust. They don’t have to answer it for you to get them help.”

Housing and Economic Support

The most frequent unmet need expressed in focus groups was the need for a safe place to live.

Several participants mentioned needing emergency relocation, temporary shelter, transitional housing, housing vouchers, and longer-term housing assistance. Many people articulated wanting a safe place to go in their time of crisis to just think and process emotions. One person left her relationship and was then stalked and assaulted by her abuser. She remembered fearing for her life and wishing there was some “type of emergency relocation service” that she could call. One person explained, “I wish I had another way, somewhere else to go instead of back into the abuser’s house which was my house as well, but you know, sometimes you don’t want to go right back into that.” Without knowing they had a safe place to stay, many focus group participants felt they could not take steps in other areas such as legal recourse, mental healthcare, or employment.

People also reported needing short- and long-term housing assistance. Focus group participants who sought out housing assistance, often found that alternative housing or shelter options had no vacancy, did not feel safe, or were only available for a limited term. This sentiment was correlated by stakeholder providers. One stakeholder interviewee who noted, “the things that are most in demand are shelter, confidential safe shelter. We’re regularly turning away 25-30 households, a month. And in cases of people were like there is significant and severe violence and we don’t have the space.” Another stakeholder confirmed the lack of reliable safe shelter availability, “I can’t remember the last time we have successfully gotten any of our survivors of domestic and sexual violence, into a shelter immediately, so that is one of the biggest challenges we face...And that is one of the hardest situations for our advocates to be in to just have no
options to safely house somebody who just experienced something so traumatic and knowing that a lot of them are going back into the same one safe environment that they just came from.”

Unmet need for short- and long-term economic assistance in the group was pervasive. One stakeholder interviewee simply called it, “the means to survive.” Some participants experienced unemployment, underemployment, or otherwise being on a very limited income and even those who did not still experienced financial stress which made their transitions out of abusive situations more difficult. One participant said, “for me, I wasn’t I wasn’t a bread winner and I wasn’t working so I felt like I was at my abuser’s mercy for like you know, a simple place to stay to the food that I had, cigarettes that I would smoke, amongst other things, the emotional attachment and everything, so it was really difficult.” People who could navigate domestic violence services, courts, and the criminal justice system usually had economic security and financial independence. However, for people who were already low-income or financially dependent on abusers, the need for economic assistance was dire. For parents, the related needs of safe housing and economic security were even more pronounced. Stay at home parents and working parents alike shared these needs. For one stay-at-home mother, a housing program was available to her but required employment which she did not have. She was unable to find another program but was placed on a Section 8 wait list. She noted that securing housing would have given her relief at that extremely chaotic time.

Even after leaving abusive situations, others struggled with related mental and physical health issues that prevented them from working but could not find financial assistance during their transition out of abusive situations. For example, one participant remembered, “I was struggling like with access to medical help, paying my medical bills, and just getting healthy. There was really no way for me to balance doing anything else besides physically healing myself the time.” Some participants identified financial abuse and manipulation had created situations where they had no legal assets. Two participants noted that financial literacy education would have also been helpful.

Legal Support and Trauma Informed Services

*Access to affordable legal representation in the form of an attorney was the most prominent unmet legal need.*

Participants conveyed the sentiment that survivors continue to be victimized by the courts after they are victimized by their abusers. Orders of Protection were one of the most frequently mentioned legal supports participants sought. In addition to legal aspects related to domestic violence, participants often cited legal issues related to child custody and divorce in the context of a domestic violence situation. Often services available in these areas were cost prohibitive or lacking a domestic violence trauma-informed approach.

While participants benefitted from court advocacy, the need for affordable attorney representation was great. Some participants recounted receiving discounted legal assistance, but extensive fees and long waitlists were challenging. One participant explained:

> I was referred to domestic violence advocates and part of that was that going through the hurdles of applying for the you know [ORG] Southern Arizona Legal Aid and [another one] applying there again. Even though I felt like I have provided the same set of information, but the first time I was actually had a referral with a lawyer and was able to speak with one, but the second one was self-help appointment I just disconnect on the information in the help and I felt like I really couldn’t do this by myself. Just wish there was [more advocacy]..for legal services and court services.

Another person had a pro bono attorney who was a recent graduate that had not accrued knowledge of common forms of reactive manipulation in the courts. Others found attorneys that would only consult. Some people had initially free services but longer and more complicated family cases that were not covered. In one situation, a woman’s abuser had a
free lawyer, but she had to pay as the petitioner in the case. Another participant couldn’t find affordable legal representation and “ended up putting it on credit, there was no other alternative.”

Many participants articulated a desire for more awareness on the part of attorneys and service providers around the ways abusers use the courts and criminal justice systems to manipulate survivors and evade offender accountability. People identified the “reactive trauma” and the “myth of mutual abuse” this creates for survivors. With respect to broader community services and agency points of interaction, participants articulated the need from more trauma-informed approaches that were specifically attentive to the domestic violence issues they faced. One person felt that DCS was antagonistic, “I’m currently going through a DCS case due to being a domestic violence survivor, due to the severity of face was fractured. DCS came out like a month later, and they removed my child because they said that I wasn’t able to protect myself, so how was that going to be able to protect my son.” She expressed wishing they were more informed on domestic violence trauma.

One large service provider stakeholder interviewee explained, “We are drowning in requests for people who need support with that again various court process processes. They don’t have lawyers; they don’t have information about what’s happening or what to do and they’re looking for guidance.” Another interviewee ideated, “In an ideal world if you’re a survivor you have an attorney…that’s going to help you as things progress, and particularly in cases with kids that’s going to be the case, but also there’s cases where there are not kids and the abuser just keeps showing up, just won’t let go… I think, like a long term attorney would be ideal.”

Counseling and Children’s Services

*Participants saw counseling as integral to healing and frequently requested more affordable longer-term counseling for themselves and their families.*

Affordable long-term counseling had a transformative impact on participant healing. Participants frequently requested more affordable counseling for themselves as well as children’s counseling and childcare. Many participants wished there was more accessible domestic violence trauma-informed counseling available to them and especially their children. However, affordable long-term therapy was hard to find. One participant noted that “the free services dwindle unless you can demonstrate harm” which created an impasse in the process of longer-term healing.

Children’s therapy during open and shared custody cases was often seen as beneficial and appreciated. While it was not widely available, participants also appreciated when childcare was provided to them as they navigated services. One person explained, “I learned that I could be at [the community service provider] when I was making those calls to the police and my kid could play while I called and had already identified as a community for us that was huge.” Some people expressed the desire for more child advocates or escorts to witness custody exchanges. Stakeholders also perceived counseling as vital to healing but limited in the community. One stakeholder shared, “there’s also a lot of folks who need that longer term support and request individual and group therapy.” Another stakeholder explained, “not all therapists understand domestic violence and the resulting trauma from it, and so I think that that is really hard...[without] having access to make those really deep internal connections and healing, it’s hard to move forward with putting the pieces of your life back together.”
Compounded Vulnerability

Concurrent oppression and structural disparity, including wealth inequality, white supremacy, and homophobia create compounded vulnerability for some groups.

Polyvictimization, or the experience of multiple types of abuse, often made one more vulnerable and in greater need of holistic support. In addition, some participants experienced multiple, concurrent forms of oppression and structural disparity, including wealth inequality, white supremacy, and homophobia. These forces created compounded vulnerability for individuals seeking interventions against domestic violence in the form of additional complex barriers to receiving assistance. Individuals from these groups had special areas of intersectional need.

Focus Group Perspectives

More generally participants from communities with intergenerational histories of targeted state violence expressed both a greater need for structural support and skepticism about the probability of receiving humane treatment. One participant shared exasperatedly, “The cops were no help, they see my Black skin and my past and they judge, and they sent me through pure hell...I can tell you the truth with cops here, if it’s not a Black person or Black woman at that, I get treated like a problem.”

Many LGBTQ participants were aware that they did not fit the stereotypical heterosexual model of a domestic violence survivor and some struggled to find legal or counseling resources that adequately addressed their experience. One lesbian woman who struggled with mental health issues sought counseling after she left her relationship but felt “the counselors didn’t really fully understand. They were supportive, but you get the feeling they don’t fully get it.” Another shared, “it definitely limits your options, I think, being able to feel comfortable with someone that can understand that aspect of life.”

Native American participants were attuned to the nuances of tribal membership and differential eligibility for services. One person shared that it was hard to “navigate through the laws understanding the paperwork and the processes, it’s the basics; the way that you would request when you’re fighting yourself in these situations: resources, understandings of rights, counseling, housing opportunities, even privacy rights.”

The same was true for immigrant members of the community who were undocumented or had refugee status. Multiple people noted how this large part of our community is desperately underserved in large part due to fears of deportation. One mentioned, “In my case I have documents, but I can see every day, a lot of women have that situation, and are thinking I don’t have my rights in that country...A lot of women who don’t have documents, they are scared.” In addition to these groups, legal status posed additional challenges to participants with substance use histories, criminal records, or DCS cases with respect to seeking state-based or state-adjacent intervention. Participants who lived outside Tucson had a hard time finding any truly accessible services. One person shared, “I’m in a rural area, and I have no idea what whatever be available out here for myself...I wouldn't know where to refer to them in the rural parts of Pima County.”

Stakeholder Interviewee Perspectives

Stakeholder interviewees also named many of the same groups as focus group participants with respect to intersections of unmet need and the compounding vulnerability this creates in the community. A handful of stakeholder interviewees noted that histories of racialized state violence created additional challenges for their clients. One offered, “I think a lot about the African American Community and all like when I think about the Black women that we’re serving, law enforcement is rarely an option for them. And they often end up getting arrested and then are treated horribly in the system, just rapid institutionalized racism.”
Stakeholders also noted the dearth of programming specific to LBGTQ people experiencing domestic violence in a predominantly heteronormative society. One stakeholder explained that transgender survivors are underserved in the current infrastructure, “for example, when we get a phone call from like a trans woman, for example we’re not just thinking about the abuse that they are describing but how does their identity [matter], if we turn them away, what is that going to mean for them, because we all know that there are very few safe spaces.”

Another stakeholder mentioned that tribal relationships could be made stronger to improve coordination for Native American community members. She noted, “I know there’s support and services that are happening under tribal laws and insurance and things like that, but I think our agency’s working understanding and connection to it could definitely be improved to make sure they’re getting all the care they deserve.”

Lastly, stakeholder interviewees were keenly aware of the added fears of deportation or removal from family expressed by undocumented people who are seeking help related to domestic violence. One stakeholder summarized, “in [some] communities, we have a significant immigrant population… and there's that fear of deportation and that's sometimes used against folks.” More generally, stakeholders expressed the need for more Spanish-speaking services given Pima County’s large Latinx community.

Family Justice Center Perspectives
The research team shared a general description of the range of services offered at other Family Justice Centers with participants (see Appendix C and D). We then asked focus group participants, “do you think offering services in this way is a good idea?” and we asked interviewees, “given what you know about the landscape of domestic violence advocacy here in Tucson, what do you think about this model?” Generally, participants felt positively about this model, in theory, and relayed positive association with the assumed added accessibility and synergy.

Sentiment
Almost all focus group participants responded positively to the range of services a Family Justice Center could provide in one place. Many speculated the model might help people find better service synergy and reduce the number of times a survivor had to recount their experience to access services. One summarized, “I think it would be beneficial. It’s hard to want to go to multiple places and keep reliving and retelling the story. If there was more coordination, it might make it easier initially.” Another person noted that a center like that would need to have a “capable” and “trustworthy” reputation.

“In theory, yes, the less agencies you have to chase down is great, especially as someone who went through DCS system, I had to find places that could really help me, I went through [four different large service providers]. I have taken every parent class you can take I had to in order to get my son back, a place or somewhere where it could be all connected, it’s an exhausting process and you’re already victimized and then being re-victimized by other programs too”

Stakeholder interviewees also generally had positive associations with the idea of a centralized model, even if took a more critical opinion on its feasibility in the community. Many agreed “having critical services into one space is really helpful.” One summarized:
I like the idea of a one stop shop...we're not a one stop shop, but we can certainly provide multiple things at one time...I know how much that matters because sometimes participants aren't able to do more than go to more than one place in one day because of just the exhaustion or fear and anxiety of moving around the community, especially those who are you know, especially if you're walking or catching the bus so in theory that is that's a beautiful thing.

Another interviewee held a similar sentiment with respect to greater accessibility:

“There are a lot of different programs and resources available and people just don't really know about it because the only way to know about it as you’re going through it. And at the time, like there's so much coming at you... And you know we're giving them these pamphlets on the scene there and we're saying call this number do that, do this. If you want this, you have to go to that address. If you want this, then you got to go over there and they're like, I don't have a car like there's all this stuff going on...To all of a sudden expect them to traverse Tucson and this criminal justice system on their own, without people helping them, I think, is really a disservice so that's something that I think a co-located type model would really help with, and I think it would really it would just be amazing to be able to bring someone to a place and say, we will help you, you don't need to go figure out how to get to all these different points across town.”

Other interviewees felt uncertain as to how a Family Justice Center model could alleviate the existing capacity constraints they faced with respect to staffing and funding as well as long term sustainability. One plainly stated, “if there’s still a six to eight week wait [for therapy services] it's not different from where we’re at now, except that they're all in the same building...I could go down a list of things that are happening right now that we need money to address that would again be put on the back burner, and would not be addressed by being co-located in a building.” Another stakeholder further explained, “I love that [idea] but the reality is you could create the space, you could create a physical space and they still wouldn't get all their needs met are because we have all these other structural issues. We have like funding issues, we have capacity issues, we have systemic issues...like they could come and they still might not get the help they need because there's only one immigration attorney.”

**Services**

The research team asked focus group participants and interviewees what services they thought were most important to offer at a potential Family Justice Center. Almost everyone noted housing assistance and legal assistance as the two most important services to provide. In addition to more comprehensive housing and legal support, participants felt trauma-informed counseling for the emotional and mental health of survivors and their children was also important. In addition to these ideas, peer groups, wellness, life skills, education, and prevention programs, could be important therapeutic components.

Focus group participants had mixed opinions about whether or not constituents like law enforcement or DCS should be housed in a community friendly Family Justice Center. Some felt law enforcement would help people to feel safer but others felt more skeptical and thought that might deter already marginalized people. One stakeholder mentioned:

We do have plenty of folks who are going to be very uncomfortable walking into a building knowing that law enforcement is present and I know that there's lots of ways to kind of mitigate that with having law enforcement on a completely separate floor where they can go get therapy and not be anywhere near law enforcement. But there's sometimes it's just that presence that can be a deterrent and we would hate for somebody to feel deterred because of that...[as long as] we're finding ways to make sure that those who are not comfortable presenting to this building or unable to geographically speaking can be served in other ways.

Another similarly echoed, “there should be in that process, we should develop protocols that are comfortable for all of us and have [an understanding] I’m going to call law enforcement on a B and C, but not XYZ.” One law enforcement based interviewee understood the potentially prohibitive aspects to their presence but also admitted, “I would be willing to try being co-located with these team teammates, at least on a rotational basis, because I will say we have
learned a lot, by working directly with victim advocates. We're not housed in the same space so I guess it could be satisfied if you kind of were like a visiting entity there and I guess the advantage of having somebody from law enforcement there is that quick access.”

**Dynamics and Process**

With respect to the logistics of Family Justice Centers, stakeholder interviewees had opinions about how decision-making, planning, and community input should be involved. One person who had experience in the planning and implementation of another Family Justice Center explained that there were pros and cons with respect to three different models of oversight and leadership. They explained:

> So there’s [another] county Family Justice Center [led by] the district attorney over there, so because of that the good thing is that the funding already comes from the county... I mean the bad side is that all of the staff, then have the baggage of being part of the county attorney's office and in essence, people think of them as law enforcement. Or there is a model where [the lead is] current organization and they are forming this Family Justice Center as a program...the benefit of that there's already organizational capacity and operational capacity there a downside, sometimes could be as if there if this organization has baggage it comes with that, and it's seen as that organization's [center]. And then the third model is creating a new organization which is what we did. We didn't want it to be part of any anyone's turf and to be like as neutral as possible that's a great thing. The bad thing is, you have to create operational procedures, you have to do fundraising, you have to do a lot more partnership right.

Another stakeholder felt that “family advocacy centers in Arizona are almost exclusively law enforcement based, meaning they're owned by the county attorney or a police department or a sheriff's office. And to me that gives it a really different color than a Family Justice Center which I think should be very neutral...not focused on the suspect over the needs of the client or to be focused on prosecution over healing and it really needs to be able to stay neutral enough that both of those are held up equally.” In general, stakeholders saw the idea of a Family Justice Center along this same spectrum but took different perspectives on how community-oriented or crimes-centered a center should be in Pima County. Some interviewees expressed hesitancy and the desire to have more transparent dialogue about these differences in perspective before taking further steps toward the realization of a potential center. Yet, other participants felt excited to start substantial planning. This demonstrated some disharmony with respect to opinions on what stage of planning the project was currently in. Many stakeholders felt that survivors should continue to be included in advisory and planning processes.

**Location**

The research team asked focus group participants and interviewees about their thoughts on the ideal location for a Family Justice Center. Opinions on general accessibility, geographic location, as well as building and environment were offered, and many felt there wasn’t one obvious ideal place and more investigation could be done on areas of high prevalence, and proximity to transportation and other public services. One person summarized, “geographically speaking, how do you pick one location that’s going to serve all of our community, Pima County is way bigger than people give it credit for. A lot of the time traveling around here is not very easy.”

Many people felt Tucson was sprawling and not a particularly friendly city for bus riders, a main form of transportation for low-income people. Because of this, some participants thought it was important to locate any center close to a bus route. While downtown had population density and was accessible for some public transportation users, people thought parking was often too cumbersome or costly. Focus group participants provided insight into the types of spaces that made them feel safe. Most preferred that buildings were discrete or had security personnel, so visitors felt they were
safe and had privacy. However, a few thought a center should be a publicly identifiable place to help with awareness. Furthermore, aesthetics were seen as integral to creating a welcoming and peaceful environment. One person described, “I’d say private, incognito place that also has a good environment, trees, flowers...You know the environment also matters, changes the mood yeah, maybe you can even talk to the [staff] outside.” A number of parents shared that on-site childcare would be ideal.
RECOMMENDATIONS

1. **Funding prioritization should be geared towards increasing services for domestic violence survivors. Needed services include free or low-cost legal representation, longer-term housing, case-management or navigation services, longer-term domestic violence specific counseling and flexible financial assistance.**

   **Increased capacity and scope of services (particularly free or low-cost legal representation and housing) for domestic violence survivors was the most pronounced need expressed by both survivors and stakeholders.**

   Both survivors who accessed services and those who did not, similarly expressed that the capacity of services in Pima County was inadequate to meet the needs of survivors and their families. Service providers echoed this sentiment. Survivors who were able to access services were primarily able to access crisis response, emergency shelter, case management, court advocacy and received referrals to other services. Even after being referred, most survivors had difficulty accessing services such as longer-term housing, longer-term counseling, legal services and financial assistance. In general, most survivors reported satisfaction with services they received.

   Stakeholders agreed with these structural barriers recognizing that local agencies and programs do not have the capacity nor the funding to provide all of the services to the people who need them. Stakeholders mentioned that numerous dedicated and compassionate staff were an asset, but limited capacity and resources constrains an overworked and under resourced workforce, impacting the quality of service. Limited capacity was not limited to service providers. Systemic capacity constraints were common within law enforcement, courts, and community service providers alike.
2. **Increased community collaboration among providers will improve experiences of survivors in the system.**

Developing an effective, collaborative and coordinated domestic violence response system hinders on developing shared values, building trust, and investing resources in the advancement of such a structure. Investments in building organizational relationships is a critical component of a coordinated system, predicated by the development of a collective operating framework of operation. Financial resources should be dedicated specifically to building a coordinated community response.

Survivors report having a difficult time navigating structural limitation of various services (for both themselves and their children,) program eligibility requirements and the numerous local community-based agencies that are often siloed from each other. At times, survivors are referred to an agency or a program to meet a need and they either do not qualify for the service or the service has a waitlist or is full. Often receiving this service is the difference between a survivor moving forward or having to return to their abuser. Successful efforts to seek crisis intervention, as well as housing, financial and legal assistance and consistent counseling increased survivors’ overall feelings of safety, independence, and empowerment.

Some stakeholders regard Pima County as a model of collaboration and others see room for improvement. When collaboration is working well, organizations are able to move survivors easily between programs and systems to meet various needs. Agency collaboration is quite prevalent on an individual level and is built on longstanding relationships, shared values, and trust. When those factors are absent collaboration is non-existent or strained. Currently, there is no systemic infrastructure that formalizes collaboration. Survivors and stakeholders alike are likely to benefit from a coordinated, collaborative domestic violence response system.
3. **Service providers, law enforcement, attorneys and the judicial system should advance their understanding (through training or organizational culture shifts) related to the complexities of domestic violence and intimate partner abuse and structural inequalities.**

For many survivors, their initial experience when seeking help dictated their course of action. A positive experience during a crisis intervention event was an important factor in whether a survivor pursued services further. In cases where crisis response went well, participants felt empowered to take further steps. However, in many cases, survivors were not believed by first responders, were themselves arrested, and/or were subjected to DCS complaints against them, increasing their risk for reactive harm and causing further emotional harm.

When court interventions were successful, participants noted it was empowering when judges and attorneys affirmed their experiences as abuse and helped them to understand proactive legal recourse they could take. Organizations must be educated and have buy-in around the ways abusers use the courts and criminal justice systems to manipulate survivors and evade offender accountability.

While additional training is a critical component for organizations who encounter domestic violence more peripherally, training alone will not shift organizational culture. In order to shift the response strategy for domestic violence survivors, organizational leadership must commit to utilizing a trauma-informed domestic violence specific approach in these cases and hold itself accountable to this approach.

Survivors who experienced multiple, concurrent forms of oppression and structural disparity, including wealth inequality, white supremacy, and homophobia face additional challenges related to crisis intervention and the domestic violence response system. Training focused on the impact of historical structural disparity in the criminal justice system and the ways that historical trauma may present for individuals in those groups, will reduce potential escalation during crisis response interactions.

As a multi-disciplinary group, the current Domestic Violence Coalition has an opportunity to improve the current local domestic violence response system by developing and facilitating a training program that standardizes a collective operating framework. When only certain agencies, law enforcement officers, or court officials operate from a survivor-centered approach, the entire system is negatively impacted. Education and training should be ongoing, easily accessible, critical, and comprehensive.
4. **Prioritizing survivor safety is paramount in an overtaxed system.**

By developing and implementing a coordinated-community response, service providers, law enforcement and judicial actors will be most effective in their respective roles. By deploying an efficacious lethality assessment program, survivors may be triaged to the most appropriate level of service provision.

In several instances survivors mentioned that a systemic barrier increased their risk of harm by their abuser or caused additional emotional harm. Survivors clearly grasped that service providers did not have the capacity to serve all of the people who need help. Not only was this the case in social service provision but was also the case in the crisis response system and the criminal justice system. Among survivor accounts, it was common for the abuser to call law enforcement on the survivor. At times the responder recognized what was happening, but other times, responders focused on the survivor. As a result, survivors were often relegated to staying with their abuser due to impending criminal cases or DCS complaints made by their abuser. Survivors shared that at times delayed law enforcement responses, inaccessible services and an inefficient judicial system all placed them at increased risk.

Stakeholders realize the stark reality of under resourced response system. There are too few law enforcement agents assigned to far too many cases per year. In this context, only the most severe cases can be prioritized and some interviewees perceived that survivors were made unsafe in part due to system constraints. This disparity between high need and systemic capacity constraints were common within law enforcement, courts, and community service providers alike.
5. **Though the ease of accessibility of services in a Family Justice Center model is appealing and could improve access to services, the unique missions of each service provider may hinder appropriateness of co-location.**

In conversations specifically related to the Family Justice Center model, many survivors were enthusiastic about services being co-located and easily accessible. Survivors cited transportation issues as a prominent barrier to service accessibility. The notion of a “one stop shop” where a person could receive legal assistance, counseling, housing, job training, etc. was quite appealing. Some participants thought a center that housed all of their needs might reduce the emotional burden of recounting traumatic experiences numerous times with service providers. Survivors critically discussed the challenges with a law enforcement and/or DCS presence at the space understanding that many groups of people are not comfortable being in a space with law enforcement and have tumultuous relationships with DCS. Survivors also recognized the inherent challenge of striving to keep people in the space safe, especially when abusers are often initially misconstrued as “survivors” in the criminal justice system, thus may be able to access various services at the space.

Stakeholders discussed the benefits and challenges of a Family Justice Center model. Co-locating services provides an avenue for greater collaboration, knowledge of existing programs and efficiency. Co-located services also ease the transportation burden for survivors who often have their children with them. Across the county, each community-based agency has their own unique mission and goals. While all of the agencies are working toward the betterment of our community, at times the agencies’ missions may be in conflict. For example, if one agency has a specific mission of offender accountability and another agency has strict value of client choice, the agencies’ missions may conflict, thus making co-location challenging.

Stakeholders acknowledged that co-locating services would not increase the capacity of service providers, rather it might dilute existing services. Though, survivors were optimistic about co-located services, it was inherently implied that the services would have capacity for all who need the service and be easily accessible.

There are significant benefits to developing a Family Justice Center in Pima County, however, doing so prior to addressing the current system challenges (e.g. capacity and accessibility of services, a well-trained work-force, organizational shifts, well-developed community coordinated-response) is premature and will likely stretch limited funds even further.
REFERENCES


# Appendix A. Focus Group Screener Survey

1. **Full Name:**

2. **Email:**

3. **Phone:**

4. **Zip code:**

5. **Gender:**

6. **Race/Ethnicity:**

7. Do you identify as any of the following? (Select all that apply: LGBTQ, disabled, low income, homeless or at risk of homelessness, Spanish speaking, formerly incarcerated)

8. Are you at least 18 years old?

9. Have you experienced intimate partner abuse or domestic violence before?

10. When was the last time you experienced intimate partner abuse or domestic violence?

11. Did you seek out any Tucson-based resources or services for help with this experience or situation?

12. Check ALL of the dates/times that you are available to meet: - Monday, Nov 15

13. Check ALL of the dates/times that you are available to meet: - Tuesday, Nov 16

14. Check ALL of the dates/times that you are available to meet: - Wednesday, Nov 17

15. Check ALL of the dates/times that you are available to meet: - Thursday, Nov 18

16. Check ALL of the dates/times that you are available to meet: - Friday, Nov 19

17. Check ALL of the dates/times that you are available to meet: - Saturday, Nov 20

18. Check ALL of the dates/times that you are available to meet: - Sunday, Nov 21

19. Do you prefer to meet in person or online?

20. Would you be willing to participate in an online focus group instead of an in-person focus group?
Have you experienced intimate partner abuse or domestic violence?

The Southwest Institute for Research on Women invites people who have experienced domestic violence or intimate partner abuse to attend a focus group and share their feedback on how to improve resources and services for survivors in Tucson.

You must be 18 yrs. old to participate. Participants will be compensated for attending a 90 min. focus group.

To sign up, please complete the short online form by November 7th, 2021 (Instructions below).

Open your phone camera on the QR code:

Or visit the link below:

tinyurl.com/survivorfocusgroup
Appendix C. Focus Group Script

Are you aware of any local services that are available to survivors of intimate partner/domestic violence in Tucson? If you are aware of services, which ones are you aware of and what kind of services do they provide?

Have you ever personally utilized any of these support services? If yes, which one(s) have you used and what did you think? Who or what was most helpful to you? / If you have never personally used any of these sources of support but are aware of them, how did you hear about them? What is their reputation? Why did you decide not to use these services?

Were there any services that you tried to utilize but could not successfully do so? What challenges did you face when you tried? What made you give up? / When you were experiencing your situation, who or what was most helpful to you?

Did you have any specific language/cultural needs when seeking services? If so, how did that go? Were these services available to meet your need? Were they useful to you?

Are there any services that you need or would use that are just not available or are too hard to access?

If you were to create services that really met the needs of the people who needed them, what would those services look like?

(Some cities have developed Family Justice Centers, where a variety of social, legal, financial, education, and child services are offered in one building. One place for survivors to go to: talk to an advocate to plan for safety, get a protective order, interview with a police officer, meet with a prosecutor, receive medical assistance, utilize forensic evidence collection capabilities, access social services, receive employment and career counseling, receive wellness services, gain information on shelter and other safety services, receive pro bono or immigration attorney services. Some of these services include a greater likelihood of mandated reporting, and criminal justice and/or child protective services involvement. These centers aim to be an all-in-one stop for several services.)

Do you think offering services in this way is a good idea? Who or why not?

If Tucson had something like this, what services would you like to see as part of it?

If Tucson had something like this, where do you think it should be located for the people most in need to be able to access?
Appendix D. Stakeholder Interview Script

In your area of advocacy, how do you interface with survivors?

In your area of advocacy, what’s working/supporting survivors who are seeking help?

In your area of advocacy, what are the biggest challenges survivors face when seeking help?

In your area of advocacy, what challenges do you face when trying to provide support to survivors?

In your area of advocacy, what do survivors need/want that they aren’t yet getting? What sub-groups are left most in need?

In your area of advocacy, what is the reputation of law enforcement among providers/advocates? Among survivors/clients?

What opportunities do you see to improve survivor access to services?

(Some cities have developed Family Justice Centers, where a variety of social, legal, financial, education, and child services are offered in one building. One place for survivors to go to: talk to an advocate to plan for safety, get a protective order, interview with a police officer, meet with a prosecutor, receive medical assistance, utilize forensic evidence collection capabilities, access social services, receive employment and career counseling, receive wellness services, gain information on shelter and other safety services, receive pro bono or immigration attorney services. Some of these services include a greater likelihood of mandated reporting, and criminal justice and/or child protective services involvement. Often these centers aim to be an all-in-one stop shop for family violence related services.

Given what you know about the landscape of intimate partner violence advocacy here in Tucson, what do you think about this type of centralized model?

What are the benefits, the limitations? Do other models make sense to you?

If there was a center, what are the 3 most important things to offer? What should/shouldn’t be included?

How should community input be involved?
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<tr>
<td>need</td>
<td>specific populations in need or specific areas of unmet need</td>
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<tr>
<td>partnership</td>
<td>partnerships, coalition, coordination, handoffs, referrals, inter-organizational collaboration</td>
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<tr>
<td>police</td>
<td>police, law enforcement, interaction, experience, reputation, opinion, attitude</td>
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<tr>
<td>positive</td>
<td>successes, working well, existing positives, pride</td>
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<td>quote</td>
<td>representative quote</td>
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<tr>
<td>safety</td>
<td>safety, safety plan, self-determination, crisis</td>
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<tr>
<td>scope</td>
<td>scope of existing org, offerings, role, identity, clientele</td>
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<tr>
<td>staff</td>
<td>staff, staffing, human capital, reputation, attitude, employees, workers, volunteers</td>
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<tr>
<td>training</td>
<td>trainings, professional development, education, evidence based, awareness, prevention</td>
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<tr>
<td>trauma informed</td>
<td>domestic violence related trauma or trauma informed programming</td>
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