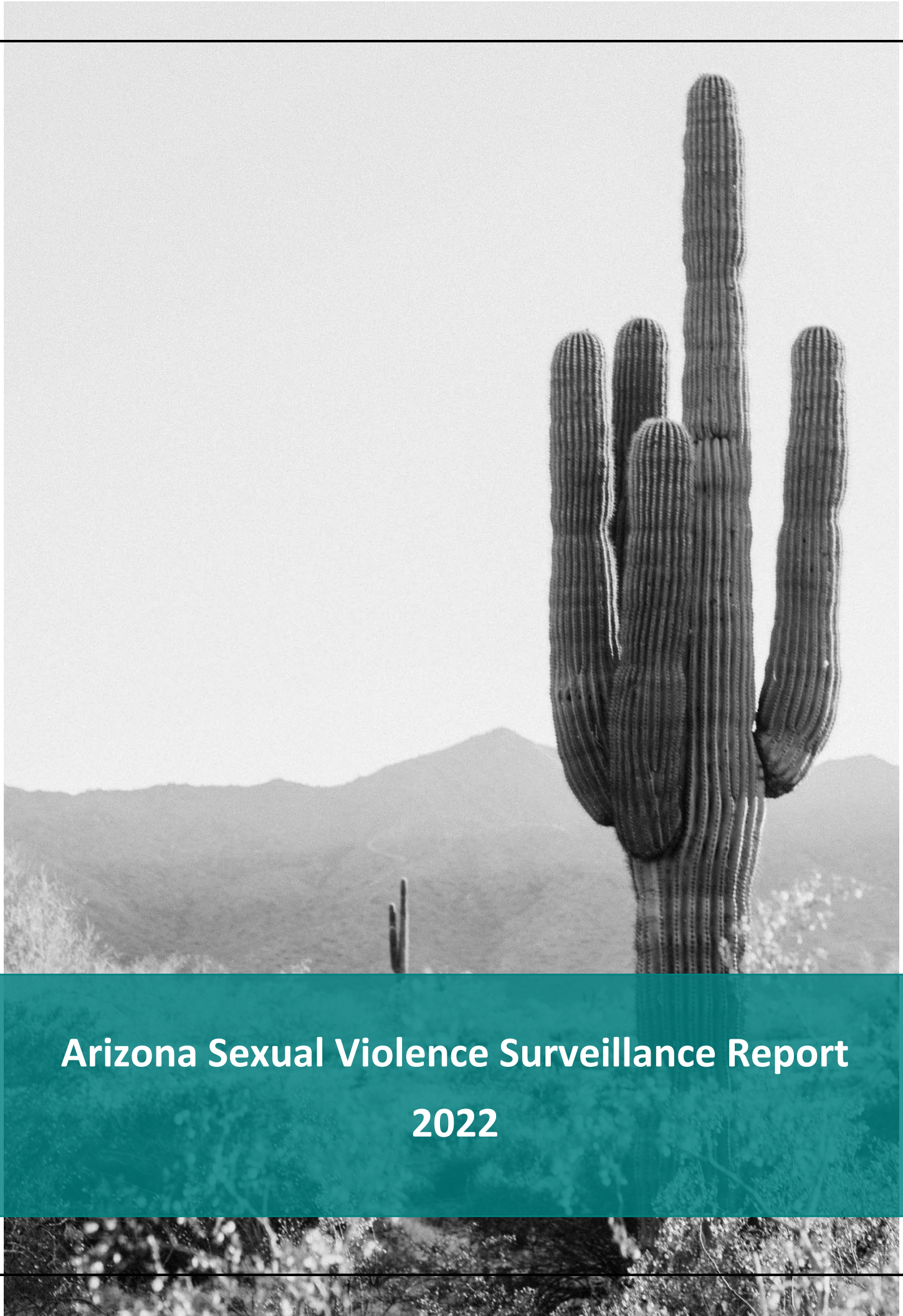

Arizona Sexual Violence Surveillance Report

2022

Dedication

This report is dedicated to all the victims and survivors of sexual violence. Sexual violence and assault are some of the most underreported crimes in our country. Our goal is to let victims know they are not alone, that the victimization is not their fault, and that help is available.

National Domestic Violence Hotline
1-800-299-SAFE (7233)
National Sexual Assault Hotline
1-800-656-HOPE (4673)

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Intended Audience
This is a technical report on the surveillance and incidence of sexual violence among Arizonans. This report is intended primarily for an audience including policymakers, implementers of sexual violence programs, healthcare providers, community service providers, researchers, and other stakeholders involved in preventing or providing services to those affected by sexual and domestic violence.

How to Use This Report
This report describes the mortality and incidence of sexual violence in Arizona. The key findings presented in this report should assist in the targeted outreach for those involved in the care and well-being of the population.

Disclaimer
Population and rates are based on population denominators as publicized on the Arizona Department of Health Services, Population Health and Vital Statistics website and can be found here. Rates based on non-zero counts of less than 6 have been suppressed as those rates tend to have poor reliability and to discourage misinterpretation or misuse of rates or counts that are unstable.

Table of Contents

Executive Summary

Sexual violence (SV) is described as an 'umbrella' term, encompassing the many different forms of violence that occur including, rape, sexual assault, intimate partner violence, child abuse, and more. In Arizona the number of hospitalizations and emergency department visits due to SV-related injuries has remained constant over the last four years. It is widely known that SV is one of the most under-reported crimes, and not all SV-related crimes result in physical injury requiring hospitalization.

In 2022, there were a total of 1,541 persons seen in the emergency room and hospitalized due to SV-related injuries, a majority of whom were female (88.8%, n=1,369). In the same year, there were 1,441 emergency department visits and 100 hospitalizations due to SV-related injuries. When stratifying those experiencing SV-related injuries by age groups and sex it was considerably different. The highest risk among females occurred in the 20-24 age group (99.0 per 100,000 population), whereas among males, the highest risk was found in those aged 1 to 4 years (15.4 per 100,000 population. When examining race and ethnicity among females, Black/African American (Black/AA) (80.8 per 100,000 population) and American Indian/Alaska Native (AI/AN) (57.3 per 100,000 population) females were disproportionately affected and experienced significantly higher rates of SV over the four-year time period when compared to Hispanic and White Arizonan females. When looking at where the majority of SV-related injuries occur, 55.0% occurred in Maricopa County (n=848), yet Pima County recorded the highest rate of SV-related hospitalizations and emergency room visits (37.30 per 100,000 population).

The 2021 Youth Risk Behavior Surveillance System highlighted the prevalence of sexual violence among high school students in Arizona: more females experienced sexual violence events (22.9%) as compared to males (5.0%).

In the 2020 Behavioral Risk Factor Surveillance System, the sexual violation questions of the Adverse Childhood Experiences (ACEs) module reported 5.2% (n=413) of respondents had ever been forced to have sex; 8.6% (n=690) reported that an adult or someone five years or more older than them tried to make them touch the adult sexually; and 12.3% (n=984) reported that they had been touched sexually. Analysis of the data showed a clear positive association between the number of ACEs and the likelihood of an individual encountering a sexual violation.

The last data source utilized in this report is perpetrator data from the Arizona Department of Public Safety (ADPS), which reported that rape offenses account for approximately 11% of all violent crimes in Arizona. A majority—over 90%--of all rape crimes were rape-by-force offenses. In 2020, there were 2,838 rapes reported, which was a decrease from 2019 (n=3,162). Factors related to the COVID-19 pandemic (an increase in persons staying at home, less reporting, and less access to safe spaces) could have contributed to the decrease in the number of rapes. There were 296 arrests made for rape in Arizona in 2022. A majority of the accused perpetrators identified as white (70%, n=208), 65% (n=188) identified as non-Hispanic, 98% identified as male (n=291), and the age group with the highest number of persons arrested for rape was 18-24 years old.

Overall, this report underscores the urgent need for a multifaceted approach to address SV, including enhanced support services, education, and community interventions. By understanding the prevalence, characteristics, and contributing factors of SV, stakeholders can better tailor prevention and intervention efforts to support survivors and families and prevent future incidents of sexual violence.

Methodology

Data Sources

Hospital Discharge Data

ADHS collects hospital discharge data[1] (HDD) records for emergency department visits and hospitalizations from all Arizona licensed hospitals. This collection is required by Arizona Revised Statutes (A.R.S.) § 36-125-05, and Arizona Administrative Code Title 9, Chapter 11, Articles 4 and 5. Submission of hospital discharge records for federal (e.g., military) and tribal facilities is voluntary. HDD represents 100% of reporting hospital and inpatient Arizona medical facility encounters based on ICD-10 billing codes. These data were used to calculate inpatient hospitalizations and emergency department visits among Arizona residents that were seen for SV-related injuries.

Youth Risk Behavior Surveillance System

The Youth Risk Behavior Surveillance System (YRBSS) is a national survey that monitors health risk behaviors that contribute to the leading causes of death and disability, including lifetime sexual violence victimization and 12 month physical and sexual dating violence victimization of high school students in the United States.[2]

Behavioral Risk Factor Surveillance System

The Behavioral Risk Factor Surveillance System (BRFSS) is a national health-related survey that collects state data about residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services.[3] This surveillance collects data from Arizonans adults aged 18 and over living at home. The data analyzed in this report is from the year 2020 and included questions regarding adverse childhood experiences (ACEs) and sexual violation. These questions were intentionally used in this report to investigate potentially traumatic events of respondents who may or may not have experienced events such as: experiencing violence, abuse, or neglect, witnessing violence in the home or community; growing up in a household with substance use problems, mental health problems; or instability due to a household member being in jail or prison.

National Incident-Based Reporting System

The State of Arizona Department of Public Safety[4] creates yearly reports detailing the nature and extent of crime throughout the state. These reports are a culmination of the state's law enforcement agencies to collect and organize crime data. Through incident-based reporting, the National Incident-Based Reporting System (NIBRS) captures specific details about crimes and criminals, including the date, time, location, and circumstance of the incident. Characteristics of the victim and offender, such as age, sex, race, and ethnicity, are collected along with information about their relationship.

Population Denominators

The 2018-2022 ADHS population denominators[5] were developed using the finalized population estimates of Arizona residents from the Arizona Office of Economic Opportunity. These denominators were used to calculate population-based prevalence rates.

ICD-10 Codes

Primary diagnosis codes for HDD are specified in accordance with the International Statistical Classification of Diseases and Related Health Problems, 10th Edition (ICD-10). ICD-10 codes were identified from primary diagnosis fields in HDD records, to calculate the total number of hospitalizations and emergency department visits (Table 1). Non-fatal sexual violence ED visits followed the methods of the Council of State and Territorial Epidemiologists, as found in the Sexual Violence Emergency Department (ED) visits[6] report.

Table A: ICD-10 Codes of the most common causes of SV- related death, inpatient hospitalizations, and emergency department visits-Arizona 2022

ICD-10 Codes	Description
T74.21	Adult sexual abuse, confirmed
T74.22	Child sexual abuse, confirmed
T76.21	Adult sexual abuse, suspected
T76.22	Child sexual abuse, suspected
O9A.4	Sexual abuse complicating pregnancy, childbirth, and the puerperium.

Rates

The rate of sexual violence incidents, hospitalizations, and emergency department visits were calculated as the number of sexual violence related incidents among Arizonans at specific age groups, race, and ses at a given point of time divided by the number of Arizonans in the respective age group. Rates are presented as the number of events per 100,000 people by specific group.

BRFSS Analysis

To ensure that the selected sample accurately represents the population, appropriate statistical methods, such as weighting, are used. Weighting serves as a blanket adjustment for noncoverage and nonresponse and forces the total number of calculations to equal the sum of the state population.[7] Weights used in this analysis are as followed:

```
weight _llcpwt;
strata _ststr;
cluster _psu;
```

In the 2020 BRFSS, there were eight ACE questions in the module in addition to three sexual violation ACE questions. All responses for the ACE module have five options: 'Never', 'Once', 'More than once', 'Don't know', and 'Refused'. For this analysis, the responses were dichotomized to indicate exposed and unexposed. Exposed responses included respondents who indicated 'Once' or 'More than once'. Unexposed responses included respondents who indicated 'Never'. The other two responses, 'Don't know,' and 'Refused', were coded as missing.

Definitions

Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur during childhood. ACEs can include violence, abuse, and growing up in a family with mental health or substance use problems[7]

Child Sexual Abuse is a form of child abuse that involves sexual activity with a minor. A child cannot consent to any form of sexual activity.[8]

Intimate Partner Violence (IPV) is abuse or aggression that occurs in a romantic relationship. IPV can vary in how often it occurs and the severity. IPV can include any of the following types of behavior: physical violence, sexual violence, stalking, and psychological aggression. There are many different terms to refer to sexual violence that occurs within intimate partnerships, including intimate partner sexual violence, domestic violence, intimate partner rape, marital rape, and spousal rape.[9,11]

Primary care areas (PCAs) are geographic regions designed to represent Arizona communities while maintaining population numbers sufficient for statistical analysis. These regions are defined by existing political and community boundaries, demographics, and common utilization of primary care services. Used in methodology for Table D.

Rape is a form of sexual assault. Not all sexual assault is rape. Rape is used as a legal definition to specifically describe sexual penetration without consent.[8]

Sexual Assault (SA) is sexual contact or behavior that occurs without explicit consent from the victim.[8]

INTRODUCTION

Sexual violence, intimate partner violence, and sexual assault are serious public health problems that have an enormous and long term physical and mental health impact on victims and their families. There are risk factors associated with greater likelihood of sexual violence, yet any form of violence is often a result of any combination of individual, relational, community, and societal factors. SV affects millions of people each year, yet researchers know these numbers are underestimated because many cases are never reported.[8]

Nationwide, 1 in 3 women and 1 in 4 men have experienced sexual violence, involving physical contact, in their lifetime. In Arizona, women were 10 times more likely to experience a SV-related injury compared to men in 2022.

The primary objectives of this report are to describe:

- Prevalence and characteristics of sexual violence victims who sought healthcare
- Contributing risk factors for sexual violence
- Prevalence of these forms of violence experienced among youth
- Characteristics of those who are persecuted for crimes of sexual violence
- Demographics of victims of sexual violence

This report uses hospital discharge data from 2018-2022 to obtain counts and rates for injury related emergency department (ED) and hospitalizations with sexual violence ICD-10-CM codes. Hospital discharge data cannot solely be an indicator of sexual violence prevalence of the population as not all who experience SV go to a healthcare setting. Additional data sources are included in this report to provide a broader interpretation of those victimized due to sexual violence as well as sexual violence perpetrators.

What is Sexual Violence?

Sexual violence (SV) is an 'umbrella' term that refers to crimes such as sexual assault, rape, and sexual abuse or when any sexual activity is performed when consent is not obtained or freely given. SV is most often perpetrated by someone a survivor knows, including romantic or intimate partners.[8]

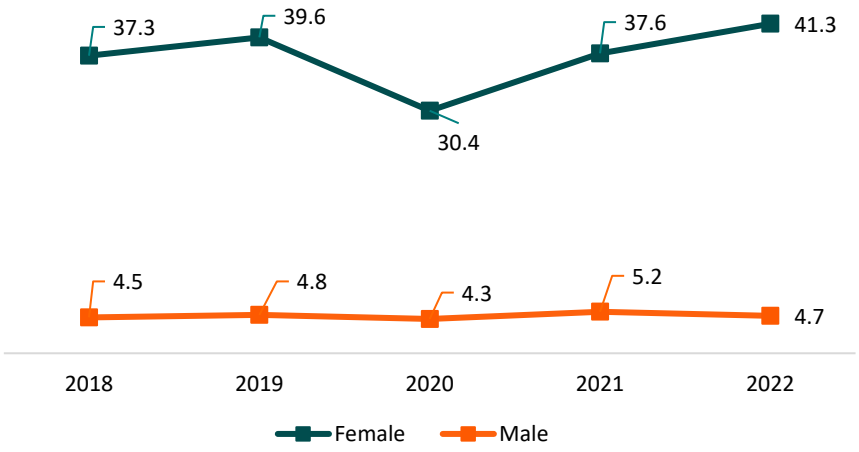
Results

Sex

From January 2018 to December 2022, there were 7,474 SV-related hospitalizations and emergency department visits. Females experienced significantly higher incidences of SV-related hospitalizations, accounting for 89% (n=6,633) of all visits over the entire time period. Rates of SV-related hospitalizations in females increased from 2018 (37.3 per 100,000) to 2019 (39.6 per 100,000), noticeably decreased in 2020 (30.4 per 100,000), sharply increased in 2021 (37.6 per 100,000), then increased again in 2022 (41.3 per 100,000).

During the same time period, males accounted for 11% (n=841) of SV-related hospitalizations. SV-related visits among males showed no significant changes from 2018-2022.

Figure 1: Hospital Discharge Rates of SV-Related Injuries by Sex per 100,000 in Arizona, 2018-2022



Data Source: ADHS Hospital Discharge Data, 2018-2022

Table A: Number, Percent, and Rate of SV-Related Hospitalizations and ED Visits by Sex in Arizona, 2018-2022

	Females			Males		
	n	**%**	**Rate**	**n**	**%**	**Rate**
2018	1,326	89.4%	37.3	158	10.6%	4.5
2019	1,432	89.3%	39.6	172	10.7%	4.8
2020	1,096	87.8%	30.4	152	12.2%	4.3
2021	1,410	88.3%	37.6	187	11.7%	5.2
2022	1,369	88.8%	41.3	172	11.2%	4.7

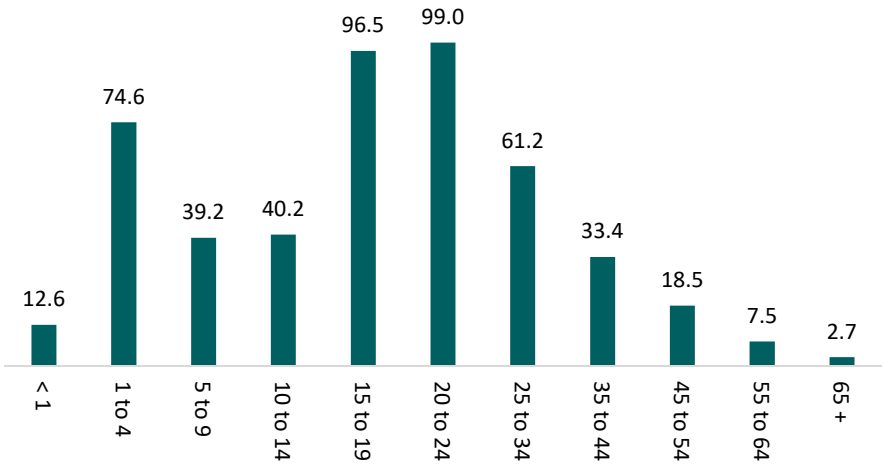
Data Source: ADHS Hospital Discharge Data, 2018-2022

Age Groups and Sex

Female

When stratified by age group, there were significant increases in SV-related hospitalizations for certain groups for the overall time period. Females experienced higher rates of sexual violence compared to males. The age groups most affected by sexual violence in 2022 were a) ages 20-24 (99.0 per 100,000), b) ages 15-19 (96.5 per 100,000), and c) ages 1-4 (74.6 per 100,000). Compared to 2021, 2022 saw a relatively lower rate of SV-related hospitalizations, but overall the trend among which age groups were affected remained the same. Rates for years 2018-2022 are listed in the table below.

Figure 2: Cumulative Average of SV-Related Hospital Discharge Rates per 100,000 Among Females by Age Group, 2022



Data Source: ADHS Hospital Discharge Data, 2021-2022

Table B: SV-Related Hospital Discharge Rate Among Females by Age Group, 2018 -2022

Age Groups	2018	2019	2020	2021	2022
< 1	9.5	12.2	12.5	15.3	12.6
1 to 4	69.8	80.5	57.2	93.4	74.6
5 to 9	36.7	42.3	32.0	46.7	39.2
10 to 14	31.7	38.0	33.8	46.5	40.2
15 to 19	102.9	96.9	82.1	111.5	96.5
20 to 24	97.5	114.5	77.1	98.6	99.0
25 to 34	62.9	62.1	42.9	55.4	61.2
35 to 44	38.8	36.8	32.6	36.9	33.4
45 to 54	19.0	21.9	16.3	8.9	18.5
55 to 64	5.6	9.7	8.4	5.5	7.5
65 +	2.4	2.3	3.7	2.6	2.7

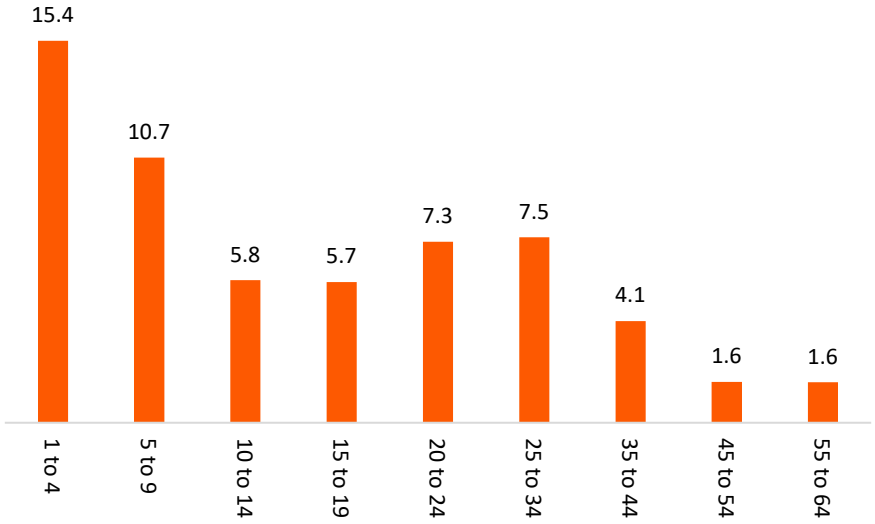
Data Source: ADHS Hospital Discharge Data, 2018-2022

Male

Among males, the most affected age groups in 2022 were children aged 1-4 years old (15.4 per 100,000) and 5-9 years old (10.7 per 100,000). There were relatively lower rates of hospitalizations and

emergency department visits in 2022 when compared to 2021. Additional rates for years 2018-2022 are listed in Table C below.

Figure 3: Cumulative Average of SV-Related Hospital Discharge Rates per 100,000 Among Males by Age Group, 2022



Data Source: ADHS Hospital Discharge Data, 2021-2022

Table C: SV-Related Hospital Discharge Rate Among Males by Age Group, 2018 -2022

Age Groups	2018	2019	2020	2021	2022
< 1	*	*	*	*	*
1 to 4	16.0	17.7	14.3	19.8	15.4
5 to 9	14.7	12.6	10.1	13.1	10.7
10 to 14	4.6	4.5	2.5	7.5	5.8
15 to 19	6.2	7.4	7.0	3.7	5.7
20 to 24	7.1	7.8	5.1	11.0	7.3
25 to 34	4.8	5.7	5.4	5.7	7.5
35 to 44	3.0	2.9	4.0	4.0	4.1
45 to 54	2.4	3.1	3.6	3.1	1.6
55 to 64	*	*	*	*	1.6
65+	*	*	*	*	*

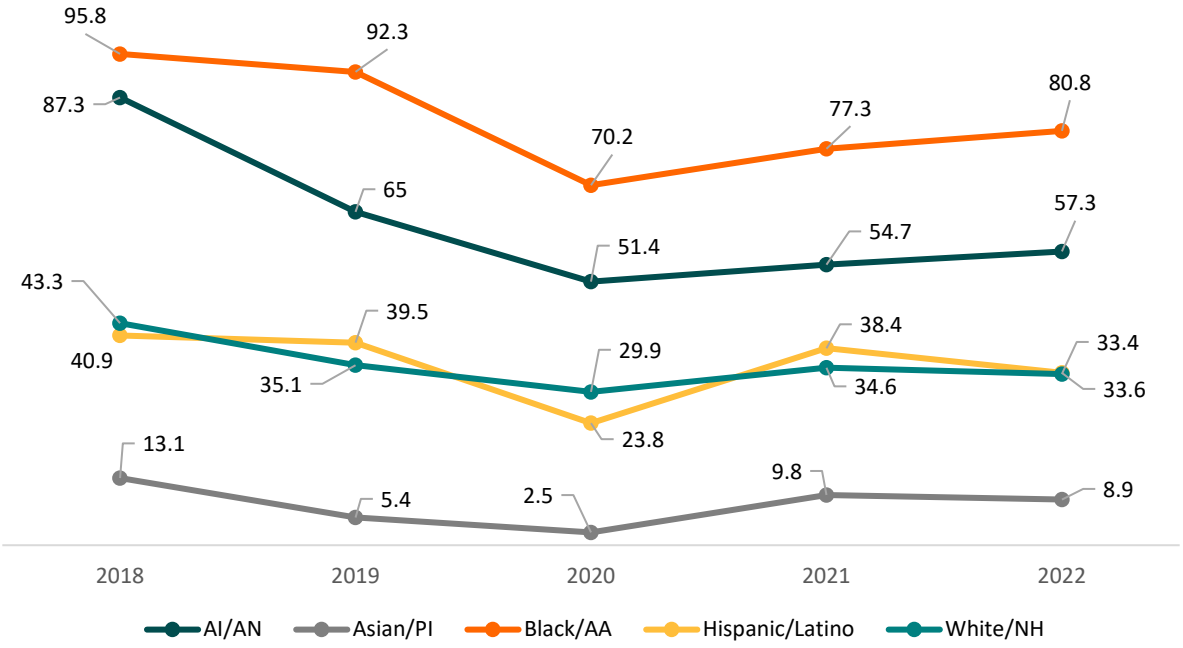
Data Source: ADHS Hospital Discharge Data, 2018-2022

* Indicates a count less than 6

By Race and Ethnicity Among Females

Since females are most often the victims of sexual violence, data was stratified SV-related hospital discharge rate by race and ethnicity among females. Most notably, in 2022 Black/African American (80.8 per 100,000) and American Indian/Alaska Native (57.3 per 100,000) females were disproportionately affected and experienced significantly higher rates of SV over the four-year time period when compared to other groups.

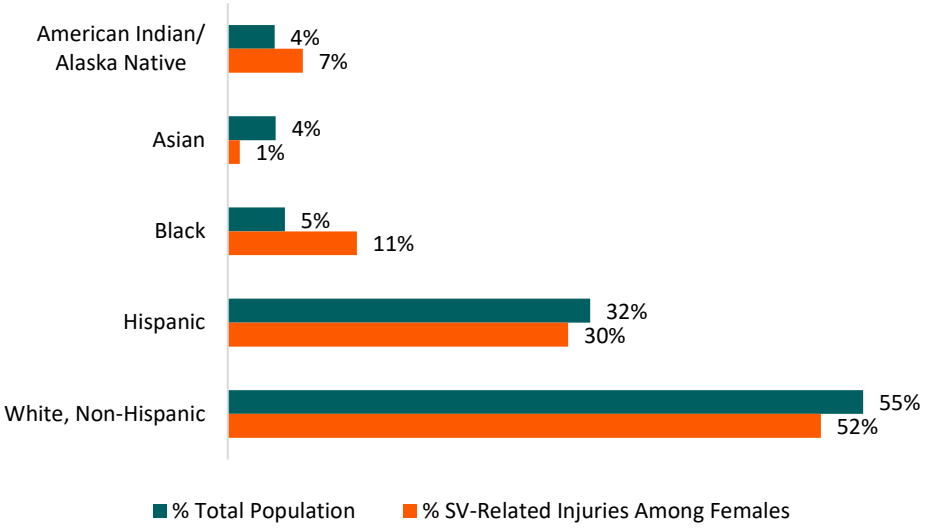
Figure 4: SV-Related Hospital Discharge Rates per 100,000 Among Females by Race and Ethnicity, 2018-2022



Data Source: ADHS Hospital Discharge Data, 2018-2022

American Indian/Alaska Native females and Black/African American also experienced SV-related injuries at disproportionate rates when compared to population size (Figure 5). Black females made up 5% of the population in Arizona but 11% of the SV-related injuries in the state. Native American females made up 4% of the population in Arizona but 7% of the SV-related injuries.

Figure 5: Female Population Percentages vs. SV-Related Injures Among Females in Arizona, 2022

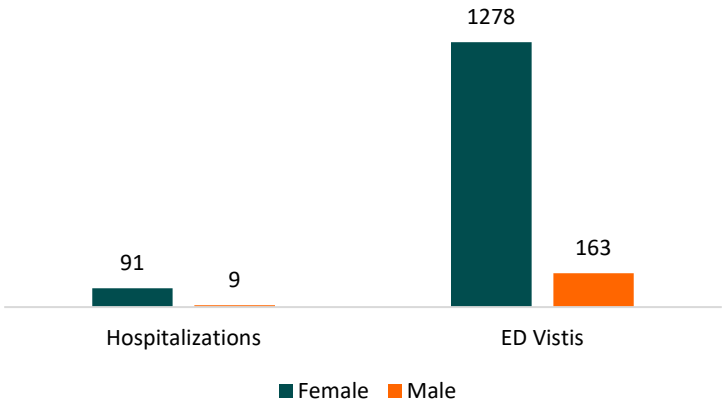


Data Source: ADHS Population Denominators, 2022 & ADHS Hospital Discharge Data, 2022

Hospitalizations vs. Emergency Department Visits

In 2022, there were 1,441 emergency department visits and 100 hospitalizations due to sexual violence-related injuries. The majority of SV-related visits (88%) were among females (n=1,369). The average length of stay for an individual hospitalized due to an SV-related injury was 7.7 days. The maximum length of stay was 64 days.

Figure 6: Hospitalizations and ED Visits for SV-Related Injuries by Sex, 2022

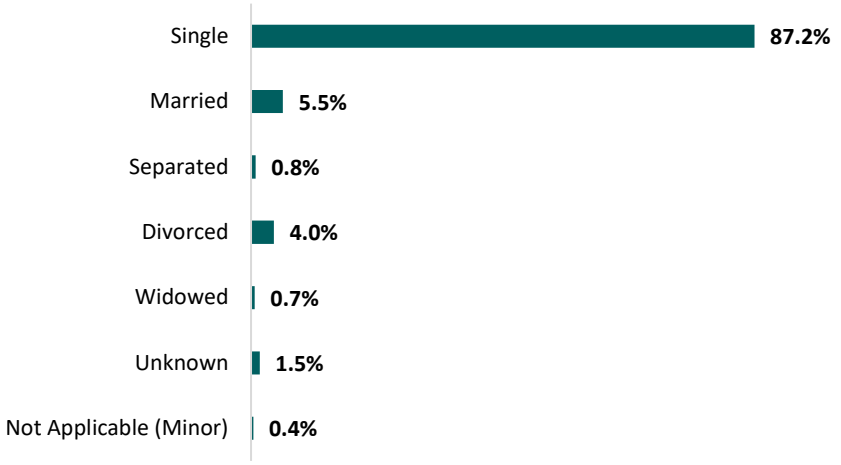


Data Source: ADHS Hospital Discharge Data, 2022

Marital Status

Among males and females, a majority of victims of SV who sought medical treatment identified 'Single' as their marital status (87.2%).

Figure 7: Marital Status of Individuals Who Experienced SV-Related Injuries, 2022

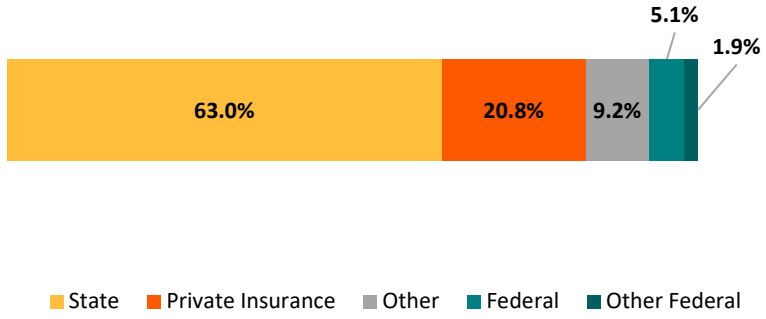


Data Source: ADHS Hospital Discharge Data, 2022

Payer Type

To gain further insight of those who were treated for SV-related injuries in Arizona, insurance payer type is a respectable indicator to evaluate socio-economic status. In 2022, 63.0% of males and females injured as a result of SV were on State-Medicare health insurance, followed by Private insurance payers (20.8%), which includes commercial, HMO, and PPO payers.

Figure 8: Payer Type of Individuals Who Experienced SV-Related Injuries, 2022

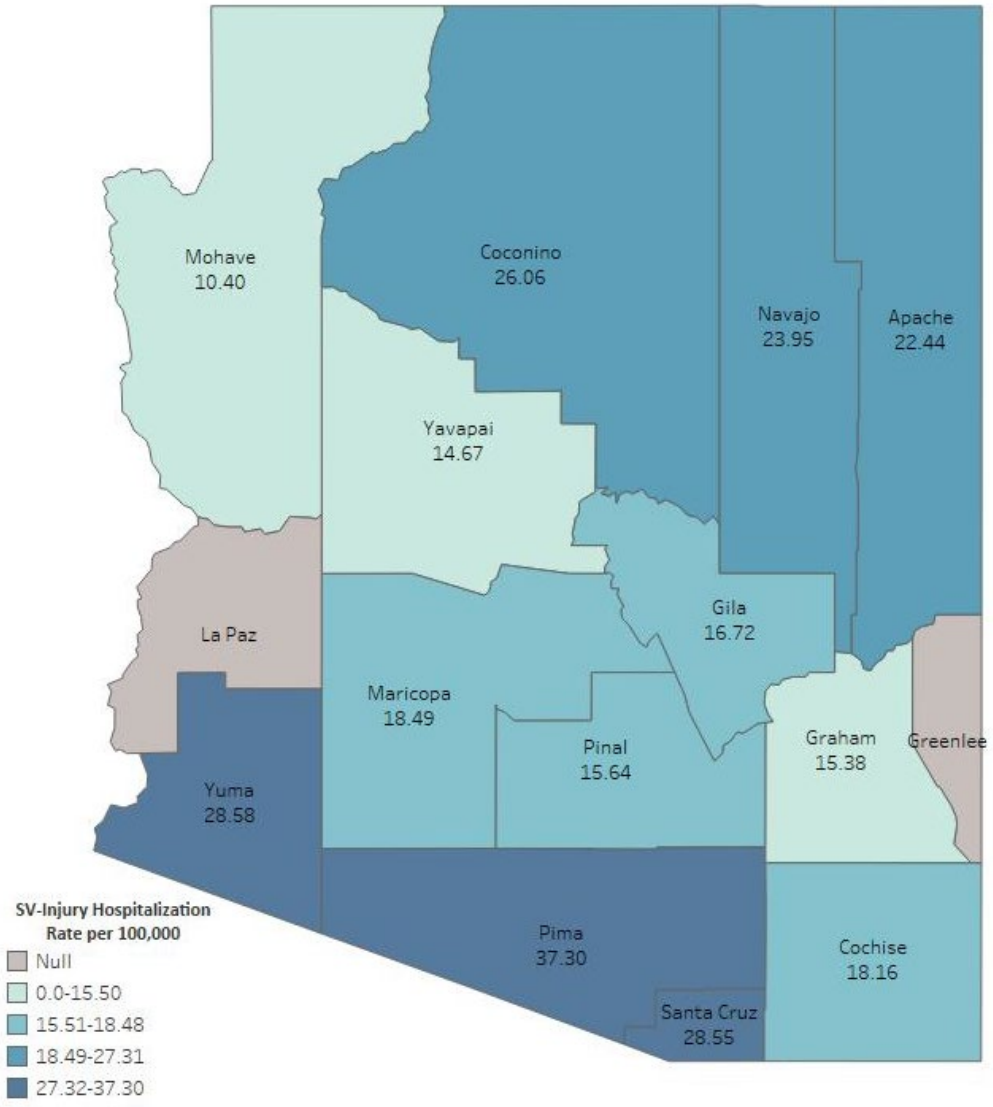


Data Source: ADHS Hospital Discharge Data, 2022

County of Residence

In 2022, 55.0% of all SV-related injuries occurred among residents of Maricopa County (n=848), yet Pima County recorded the highest rate of SV-related hospitalizations and emergency room visits (37.30 per 100,000). Greenlee and La Paz counties were excluded due to counts less than six.

Figure 9: SV-Related Hospital Discharge Rates per 100,000 by County of Residence, 2022



Data Source: ADHS Hospital Discharge Data, 2022

Primary Care Areas (PCAs)

In 2022, the rate of non-fatal SV-related injuries was highest in Page (81.42 per 100,000), followed by Central City Village (76.67 per 100,000), and Tucson Central (63.45 per 100,000). The table below only includes crude rate of SV-injures in PCAs that had six or more incidences, excluding PCAs with zero incidences. Additionally, tribal nations were excluded from this to protect data sovereignty. It is important to note there were a total of 45 SV-related injury incidences reported among tribal nations, accounting for less than 3% of all cases in 2022.

Table D: Highest Rate of SV-Related Injuries Among Primary Care Areas in Arizona, 2022

Primary Care Area	Rate per 100,000	Count	City, County
Page	81.42	7	Rural, Coconino
Central City Village	76.67	50	Phoenix, Maricopa
Tucson Central	63.45	78	Tucson, Pima
Drexel Heights	63.29	17	Tucson, Pima
Tucson Foothills	62.56	58	Tucson, Pima
Nogales	61.16	12	Rural, Santa Cruz
Valencia West	58.59	12	Tucson, Pima
Tucson East	54.51	50	Tucson, Pima
Tucson South	46.23	79	Tucson, Pima
Tucson Estates	45.18	7	Tucson, Pima

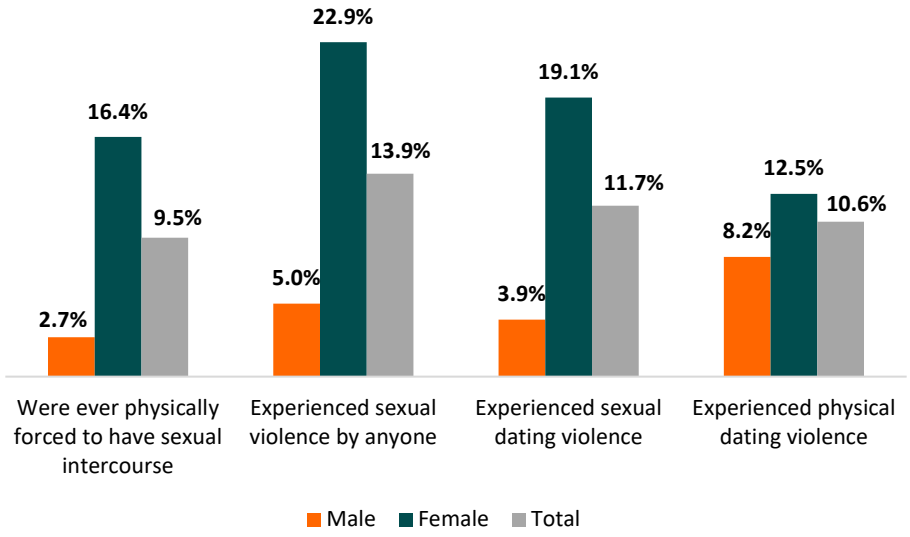
Data Source: ADHS Hospital Discharge Data, 2022

Sexual Violence Among High School Students

Youth Risk Behavior Surveillance System Report for Arizona

In 2021, high school students responded to the YRBSS, which indicated females experience more sexual violence events when compared to males. When asked if they had ever experienced sexual violence, 22.9% of females responded yes, compared to 5.0% of males. Reference Appendix A for further detail on the SV questions asked in the YRBSS.

Figure 10: YRBSS Sexual Violence Experiences Among High School Students by Sex, 2021



Data Source: CDC YRBSS Data, 2021

Table E: Percent, Confidence Interval, and Number of Sexual Violence Experiences Among High School Students by Sex, 2021

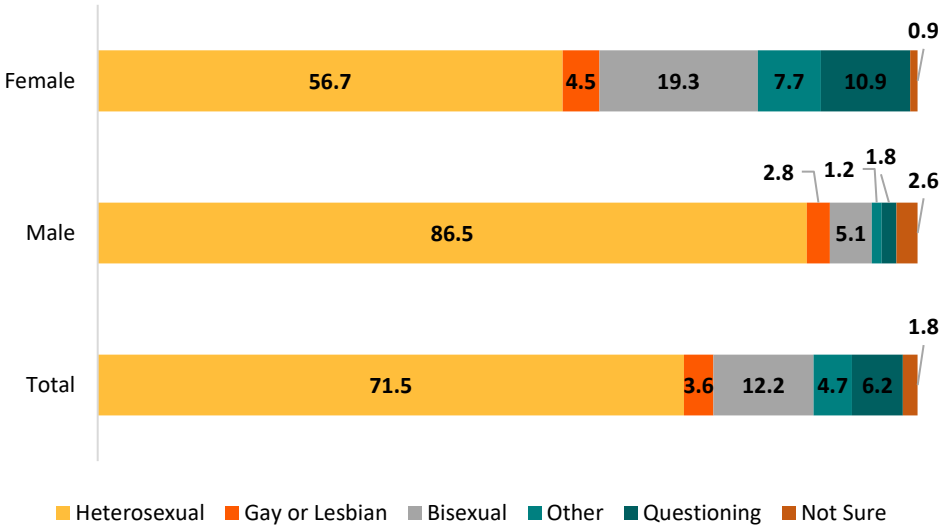
	Female			Male			Total		
	n	%	95% CI	n	%	95% CI	n	%	95% CI
Were ever physically forced to have sexual intercourse	542	16.4	12.6-21.0	620	2.7	1.5-4.7	1,169	9.5	7.4-12.1
Experienced sexual violence by anyone	526	22.9	17.8-28.9	616	5	3.5-7.0	1,149	13.9	11.2-17.1
Experienced sexual dating violence	326	19.1	13.9-25.7	342	3.9	2.3-6.4	672	11.7	8.6-15.7
Experienced physical dating violence	346	12.5	8.2-18.7	346	8.2	5.3-12.5	696	10.6	8.2-13.5

Data Source: CDC YRBSS Data, 2021

Sexual Identity Among AZ Youth

Understanding the sexual identity of our youth is important when discussing sexual violence and understanding vulnerabilities and tailoring prevention efforts. In 2021, when high school students were asked "Which of the following best describes you" in relation to their sexual identity, a majority of males (86.5%) and females (56.7%) identified as heterosexual. A larger percentage of females identified as gay or lesbian (19.3%) compared to males (5.1%). The disparity underscores the importance of recognizing diverse sexual identities in discussions about sexual violence, as these identities can influence experiences of sexual victimization.

Figure 11: Sexual Identity of High School Students in Arizona, Percent, 2021



Data Source: ADHS YRBSS Survey, 2021

Table F: Number, Percent, and Confidence Intervals for Sexual Identity Among High School Students in Arizona, 2021

	Female			Male			Total		
	n	%	95% CI	n	%	95% CI	n	%	95% CI
Heterosexual	533	56.7	48.8-64.2	614	86.5	83.7-88.8	1,154	71.5	68.2-74.7
Gay or Lesbian		4.5	2.5-7.8		2.8	1.5-5.3		3.6	2.4-5.4
Bisexual		19.3	14.5-25.3		5.1	3.6-7.2		12.2	10.1-14.6
Other		7.7	5.2-11.2		1.2	0.6-2.4		4.7	3.4-6.5
Questioning		10.9	9.3-12.7		1.8	1.3-2.5		6.2	5.5-7.0
Not Sure		0.9	0.4-2.3		2.6	1.5-4.4		1.8	1.1-2.9

Data Source: ADHS YRBSS Survey, 2021

Adverse Childhood Experiences and Sexual Violence

Prevalence of Sexual Violation

In the 2020 BRFSS survey, three sexual violation questions were asked in the Adverse Childhood Experiences (ACEs) module. Reference Appendix B for further detail on the questions asked in the BRFSS.

To ensure that the selected sample accurately represents the population, appropriate statistical methods, such as weighting, are used. Weighting serves as a blanket adjustment for noncoverage and nonresponse and forces the total number of calculations to equal the sum of the state population.[7] Of the 10,291 respondents (weighted N=5,753,714) to the 2020 BRFSS, 5.2% (n=413) reported they had been ever forced to have sex; 8.6% (n=690) reported that an adult or someone at least five years older than them tried to make them touch the adult sexually; and 12.3%(n=984)reported they had been touched sexually.

Table G: Percent and Count of BRFSS Participants That Responded to Sexual Violation Question, 2020

How often did anyone at least 5 years older than you or an adult:	Yes		No		Missing
	n	%	n	%	n
Ever touch you sexually?	984	12.3%	7022	87.7%	2285
Try to make you touch them sexually?	690	8.6%	7310	91.4%	2291
Force you to have sex?	413	5.2%	7597	94.8%	2281

Data Source: ADHS BRFSS, 2020

ACEs Score and Sexual Violation

ACEs are categorized by the count of traumatic experiences an individual has faced during their childhood. This data presents the prevalence of self-reported 1) forced sexual experience, 2) touched sexually, and 3) made you touch them sexually compared to number of ACEs. Overall, Tables H, I, and J suggest a relationship between individuals with three or more ACEs and experiencing a form of sexual violation.

As shown in Table H, the weighted number of respondents who reported forced sexual experiences increases with the number of ACEs. The percentage of individuals who reported a forced sexual experience increases from 2.2% with zero ACEs to 83.1% for those with three or more ACEs. For individuals who reported no forced sexual experiences, the weighted number of respondents decreases as the number of ACEs increases.

Table H: Cross Tabulation of the Number of ACEs and Forced Sexual Experiences

	Self-Reported Forced Sex			No Self-Reported Forced Sex		
Number of ACEs	Weighted N	%	95% CI	Weighted N	%	95% CI
0	4,718	2.2	0.02-0.19	1,428,687	34.6	31.39-34.45
1	10,979	5.2	0.09-0.42	965,517	23.4	20.93-23.57
2	20,245	9.5	0.24-0.70	612,375	14.8	12.96-15.26
3+	176,846	83.1	3.47-4.68	1,119,931	27.2	24.39-27.23

Data Source: ADHS BRFSS, 2020

Table I illustrates the prevalence of self-reported experiences of being sexually touched as a child compared to the number of ACEs. Individuals with three or more ACEs show a higher prevalence (73.8%) of unwanted sexual touch compared to those with two or less ACEs.

Table I: Cross Tabulation of the Number of ACEs and Unwanted Sexual Touch

	Self-Reported Sexually Touched			No Self-Reported Sexually Touched		
Number of ACEs	**Weighted N**	**%**	**95% CI**	**Weighted N**	**%**	**95% CI**
0	30,391	6.0	0.47-0.93	1,422,427	37.3	31.38-34.44
1	49,499	9.8	0.84-1.44	939,231	24.6	20.42-23.05
2	52,003	10.3	0.86-1.55	564,726	14.8	11.94-14.19
3+	371,665	73.8	7.71-9.49	891,900	23.3	19.32-21.96

Data Source: ADHS BRFSS, 2020

Table J illustrates the prevalence of self-reported childhood experience of being forced to touch an adult sexually compared to the number of ACEs. Individuals with three or more ACEs show a higher prevalence of being forced to touch an adult sexually (83.0%) than those with two or less ACEs.

Table J: Cross Tabulation of the Number of ACEs and Child Forced to Touch an Adult Sexually

	Self-Reported Touch Them Sexually			No Self-Reported Touch Them Sexually		
Number of ACEs	**Weighted N**	**%**	**95% CI**	**Weighted N**	**%**	**95% CI**
0	12,187	3.5	0.11-0.45	1,425,194	35.8	31.39-34.45
1	20,847	6.0	0.30-0.66	959,301	24.1	20.84-23.48
2	25,825	7.5	0.39-0.80	599,426	15.0	12.69-15.00
3+	287,877	83.0	5.86-7.44	998,973	25.1	21.70-24.45

Data Source: ADHS BRFSS, 2020

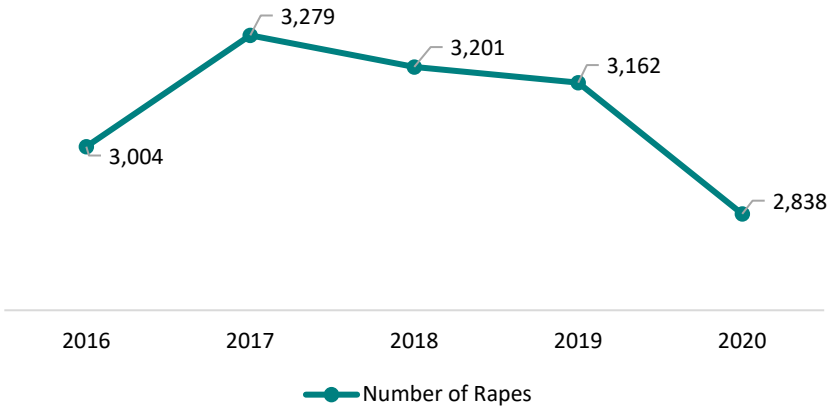
Overall, the findings suggest a positive association between the number of ACEs and self-reported forced sex, unwanted sexual touch, and forced to touch an adult sexually. As the number of ACEs increases, the likelihood of an individual encountering an unwanted sexual violation also increases. Additionally, the table provides 95% confidence intervals for each percentage estimate, indicating the precision of the estimates. Confidence intervals help assess the reliability of the percentage estimates and determine whether differences are statistically significant.

Sexual Violence and Sexual Assault Crime in Arizona

Reported Rapes in Arizona

The total number of rape-by-force offenses and attempts to commit rape for 2016 – 2020 are summarized below. These offenses and attempts account for approximately 11% of all violent crimes in Arizona. Additionally, the data from the Crime in Arizona Report indicates that over 90% of total reported rapes were rape-by-force offenses. While we notice a downward trend in the number of reported rapes from 2019 to 2020, it is important to note that because the Covid-19 pandemic in 2020 heavily impacted day-to-day life, these numbers may not reflect the true extent of the issue, in addition to potential underreporting of rape.

Figure 12: Number of Committed and Attempted Rapes Reported in Arizona, 2016-2020

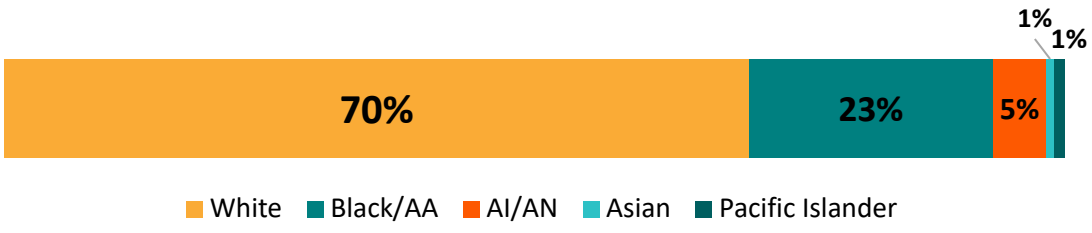


Data Source: Arizona Department of Public Safety, 2016-2020

Persons Arrested for Rape by Race and Ethnicity

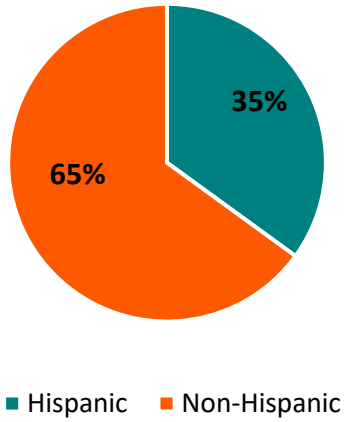
In 2020, a total of 296 arrests were made for rape in Arizona. The majority of the accused perpetrators identified as White (70%, n=208) (Figure 13). Sixty-five percent of persons arrested for rape identified as non-Hispanic (n=188) (Figure 14).

Figure 13: Percent of Persons Arrested for Rape by Race, 2020



Data Source: Arizona Department of Public Safety, 2020

Figure 14: Percent of Persons Arrested for Rape by Ethnicity, 2020

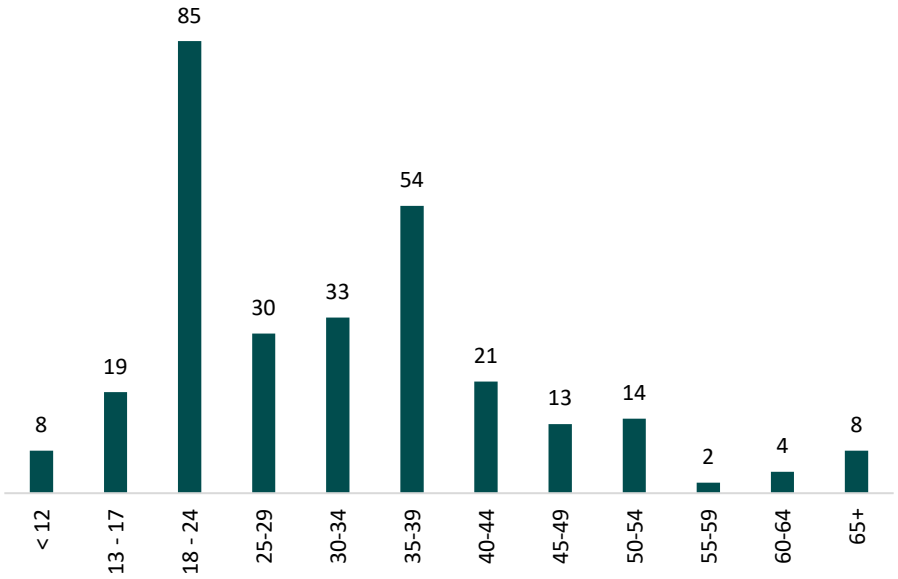


Data Source: Arizona Department of Public Safety, 2020

Persons Arrested for Rape by Age Group and Sex

Of the 296 persons arrested for rape in 2020, 98% identified as male (n=291). The age groups with the highest number of persons arrested for rape were ages 18-24 (n=85), ages 35-39 (n=54), and ages 30-34 (n=33). Female perpetrator data was suppressed from the Figure 15, as there were less than six arrests across all age groups.

Figure 15: Number of Males Arrested for Rape by Age Group, 2020



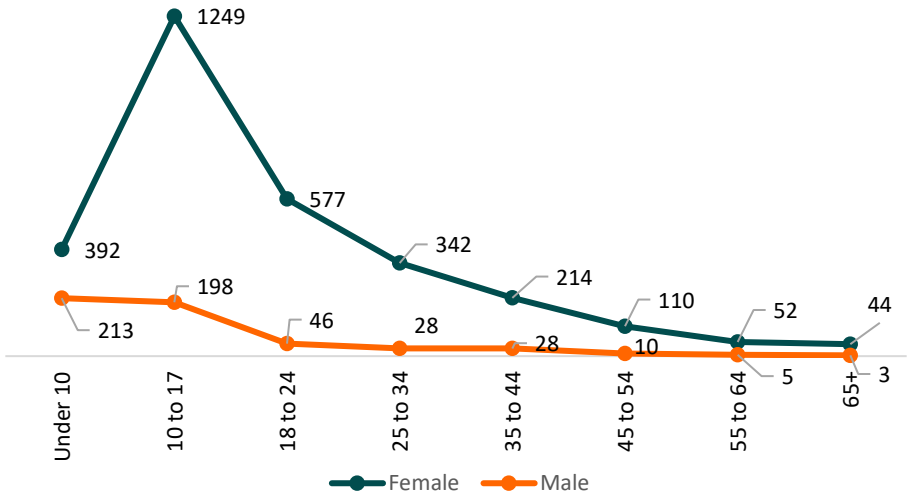
Data Source: Arizona Department of Public Safety, 2020

Sexual Assault Victim Demographics

Age

In 2022, there were a total of 3,555 victims of sexual assault documented by the Arizona Department of Public Safety. Of those victims, a majority were female (85%) and between 10-17 years old (35%).

Figure 16: Total Number of Sexual Assault Victims by Age Group and Sex in Arizona, 2022

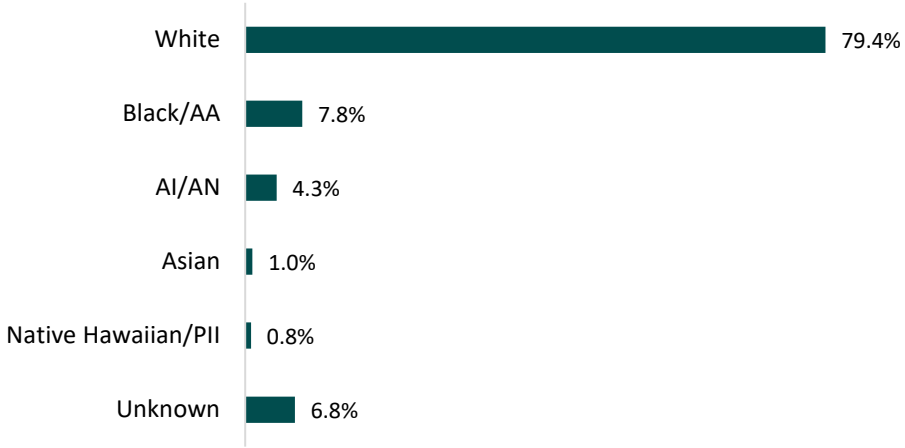


Data Source: Arizona Department of Public Safety, 2022

Race

A majority of victims of SA identified as White (79.4%), followed by Black/AA individuals (7.8%). The data provided by Arizona Crime Statistics and Arizona Department of Public Safety follows different race, ethnicity, and age group categorizations, therefore crude rates of these populations were unable to be calculated.

Figure 17: Percent of Sexual Assault Victims by Race in Arizona, 2022

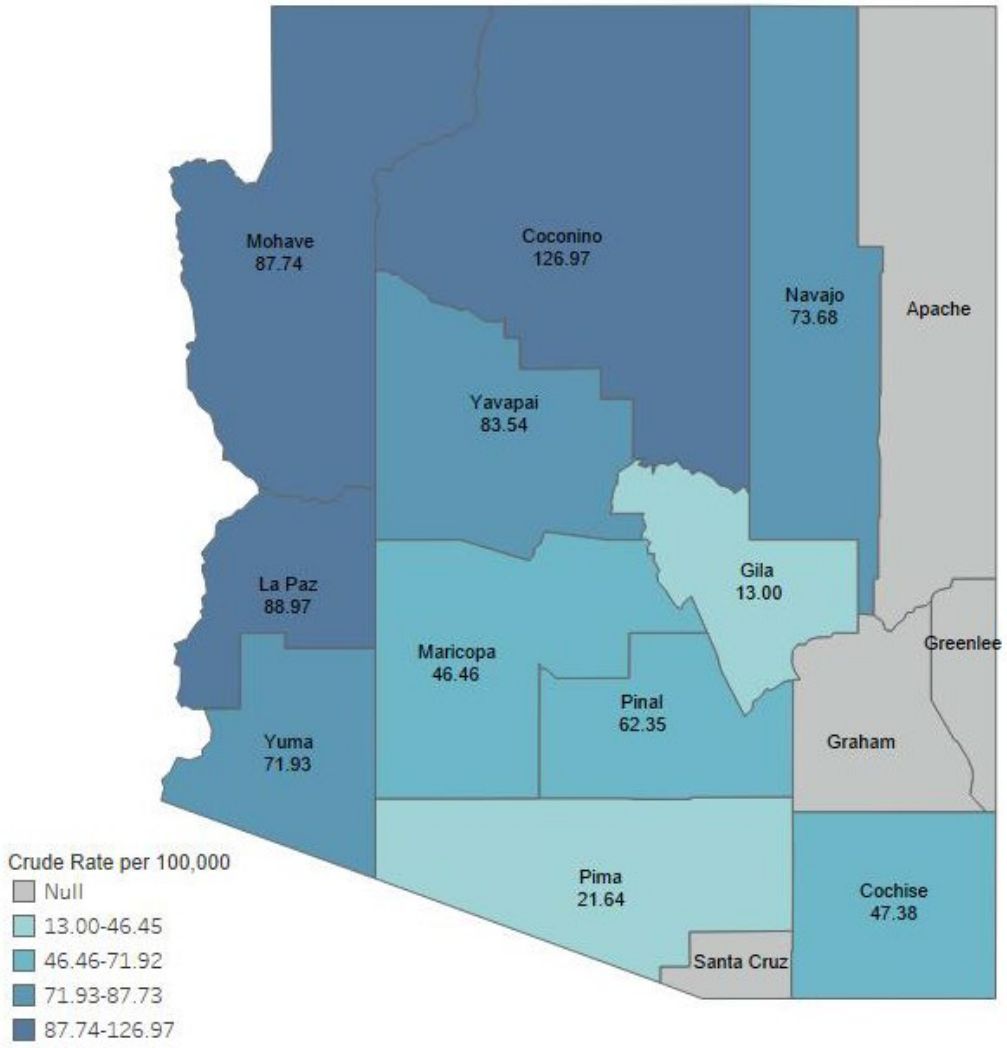


Data Source: Arizona Department of Public Safety, 2022

County

In 2022, 60% of all SA victims were in Maricopa County (n=2131), yet Coconino County recorded the highest rate of SA victims (126.97 per 100,000 population). Apache, Graham, Greenlee, and Santa Cruz counties were excluded due to counts less than six.

Figure 18: Crude Rate of SA Victims by County per 100,000 in Arizona, 2022



Data Source: Arizona Department of Public Safety, 2022

Limitations

There are several limitations that should be noted for this report. As stated previously, not all sexual violence assaults and crimes are reported. Historically, it is one of the most underreported crimes in the nation. Second, not all sexual violence results in physical trauma that requires medical treatment and many do not seek treatment in fear. Therefore, it is essential to acknowledge that this report does not represent the extent of sexual violence as a public health issue in Arizona. It only identifies populations that seek medical treatment due to sexual violence-related injuries. Furthermore, there are other data sources that are not represented in this report, such as encounters at Indian Health Services medical facilities, Federal medical facilities, and other locations such as rape crisis centers. The data provided by ADHS Hospital Discharge and Arizona Department of Public Safety does not include data on sexual orientation, which unintentionally excludes the LGBTQ+ community; therefore, we do not have data to represent those communities, but hope to in the future. Additionally, it is important to note that the data provided in this report does not provide any context on the circumstances leading up to the SV injury or event.

Lastly, the BRFSS and YRBS are surveys that rely on self-reported data, which may not always be accurate. It is conducted via telephone, which may lead to underrepresentation of certain groups, such as those without access to a phone or those who are not fluent in English. When asking specific ACE questions regarding their childhood, there is potential for recall bias if the participant does not remember previous experiences.

Summary

Overall, in 2022, there were a total of 1,541 persons seen in the emergency room and hospitalized due to SV-related injuries and the majority were female (88%, n=1,369). Females aged 20-24 and those identifying as Black/African American or American Indian/Alaska Native were disproportionately affected by SV-related injuries. The majority of SV-related injuries occurred in Maricopa County (55%, n=848), yet Pima County recorded the highest rate of SV-related hospitalizations and emergency room visits (37.30 per 100,000).

The YRBSS survey highlighted the prevalence of sexual violence among high school students in Arizona. The data indicated females experience more sexual violence events when compared to males. When asked if they had ever experienced sexual violence, 22.9% of females responded yes, compared to 5.0% of males. The data indicating high rates of SV-related injuries among females aged 15-19 aligns with the data from the YRBSS survey indicating one in five female students have experienced a form of sexual violence. The overall prevalence of SV among females supports the observation that certain age groups, particularly adolescents, are at an increased risk.

In the 2020 BRFSS, the sexual violation module reported 5.2% (n=413) individuals who had been ever forced to have sex; 8.6% (n=690) reported being forced to touch an adult sexually; and 12.3% (n=984) reported they had ever been touched sexually. Additionally, the analysis suggested an association between individuals with three or more ACEs and experiencing a form of sexual violation. Recognizing this association allows for better informed preventative measures, targeted interventions, and support services.

Data on persons arrested for rape was provided by the Arizona Department of Public Safety, which reported that offenses of rape account for approximately 11% of all violent crimes in Arizona. In 2020, there were 2,838 rapes reported, which was a decrease from 2019 (3,162 total rapes reported). The majority of rape crimes, over 90% of total reported rapes, were rape-by-force offenses. There were 296 arrests made for rape in Arizona in 2022, and the majority of those accused identified as white (70%, n=208). Sixty-five percent of persons arrested for rape identified as non-Hispanic. Of those arrested, 98% identified as male (n=291), and the age group with the highest number of persons arrested for rape was 18-24 years old.

It is important to note the disparity in hospital discharge rates by county (pg. 17) compared to sexual assault victim rates reported by DPS (pg. 26). Potential factors that could impact this difference could be attributed to varying access to healthcare, differences in reporting practices, or the impact of local community resources and support systems. For example, a county with high hospital discharge rates but low SA rates might indicate underreporting or lack of victim services. Conversely, a county with both high discharge rates and high victim reports might suggest a more robust system for addressing and documenting incidences of sexual violence. Other factors that could be considered include demographic and socioeconomic factors that influence both healthcare access and the likelihood of reporting SA. Ultimately, these discrepancies could reveal underlying issues that warrant further investigation to improve support for victims and enhance prevention efforts.

In conclusion, the report sheds light on the pervasive and enduring issue of SV in Arizona, encompassing various forms of violence with significant impacts on individuals and communities. Despite being one of the most underreported crimes, SV has remained a consistent concern over the past years, as evidenced

by the consistent number of hospitalization and ED visits due to SV-related injuries. Disparities in SV experiences across different demographic groups highlight the need for targeted interventions to address the root causes and support survivors. By understanding the prevalence, characteristics, and contributing risk and protective factors of sexual violence, stakeholders can work collaboratively to implement evidence-based strategies aimed at prevention, intervention, and support for survivors, ultimately striving towards a future free from sexual violence in Arizona.

Appendices

Appendix A: Youth Risk Behavioral Surveillance System Sexual Violence Questions

1. Were ever physically forced to have sexual intercourse? (When they did not want to)
2. Experienced sexual violence by anyone? (Counting such things as kissing, touching, or being forced to have sexual intercourse that they did not want to do, one or more times during the 12 months before the survey
3. Experience sexual dating violence? (Being forced to do sexual things (counting such things as kissing, touching, or being physically forced to have sexual intercourse) they did not want to do by someone they were dating or going out with, one or more times during the 12 months before the survey, among students who dated or went out with someone during the 12 months before the survey)
4. Experienced physical dating violence? (Being physically hurt on purpose (counting such things as being hit, slammed into something, or injured with an object or weapon) by someone they were dating or going out with, one or more times during the 12 months before the survey, among students who dated or went out with someone during the 12 months before the survey)

Appendix B: Behavior Risk Factor Surveillance Survey ACE Questions

ACE Questions
Did you live with anyone who was depressed, mentally ill, or suicidal?
Did you live with anyone who was a problem drinker or alcoholic?
Did you live with anyone who used illegal street drugs or who abused prescription medications?
Did you live with anyone who served time or was sentenced to serve time in prison, jail, or other correctional facility?
Were your parents separated or divorced?
How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?
Not including spanking, (before age 18), how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?
How often did a parent or adult in your home ever wear at you, insult you, or put you down?
ACE Sexual Abuse/Violation Questions
How often did anyone at least 5 years older than you or an adult, ever touch you sexually?
How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?
How often did anyone at least 5 years older than you or an adult, force you to have sex?

*It is important to note that responses for these questions were dichotomized to reflect binary, yes/no answers in this report. Reference the Methods section for more details.

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