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A supplemental data addendum document is available to view on our website here. This collection of data provides more detailed statistics about figures included in this “2020 Status of Women Report”. The addendum also provides 2020 statistical comparisons regarding metrics that were included in our 2016 Status of Women in Arizona report. Furthermore, it establishes new metrics of interest that will serve as benchmarks to be tracked in future AFW research reports.
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“It is an honor to be part of the efforts of Arizona Foundation for Women over the past 25 years to fight horrific forms of violence against women and children. While the founding group of AFW fought for the rights of women to be safe and seen, we are once again raising our collective voices. We began with the premise that women and children have the right to be safe, secure, and treasured and we continue as defenders of that right. Women and children plant the seeds we so badly need for a common humanity in a toxic society. Support for AFW gives us the decibel level we need to be heard, seen, and successful in fighting for the human rights of both children and those who, according to Mao Zedong, hold up Half the Sky! Our speaking out will allow other women to speak until laws are changed and lives are saved. Only silence is more frightening than speaking the truth. Support and shared dedication from the community turns cries of pain into cries of joy and inclusion. We are AFW strong...and SHE Counts!”

Marilyn R. Seymann
Founder of Arizona Foundation for Women
1995-1997
AFW BEGAN & 1ST GRANT AWARDED
Marilyn Seymann and other passionate leaders formed and incorporated Arizona Foundation for Women (AFW). Retired Supreme Court Justice Sandra Day O’Connor received the first AFW award, and American Red Cross received the first AFW grant.
$10,000+ in grants awarded

1998-2000
5 YEAR ANNIVERSARY
Men’s Anti-Violence Network (M.A.N.) was formed. A national model at the time, M.A. N. became instrumental in launching: the Governor’s first conference regarding domestic violence, the first statewide anti-bullying program in elementary schools and an award-winning public awareness campaign.
$112,000+ in grants awarded

2001-2003
1ST OFFICIAL ENDOWMENT LAUNCH
A group of community leaders came together to work on creating and implementing an invoking endowment campaign. Deborah G. Carsten’s $1 million fund was formed and became one of the leading gifts.
$366,000+ in grants awarded

2004-2005
10 YEAR ANNIVERSARY
AFW formed and funded Employers Against Domestic Violence (EADV). During this time, AFW awarded over three-quarter of a million dollars of grant funds to nonprofits.
$782,000+ in grants awarded

2006-2015
20 YEAR ANNIVERSARY
AFW began to lead the Walk to End Domestic Violence, the first Status of Women in Arizona report is published in 2007, the Angels on Patrol Donor Advised Fund is established and in 2011 AFW created Live & Learn which became a nonprofit of their own in 2015. In 2015, SHE Talks!™ begins as a series of free intimate community education and discussion events.

2016-2020
25 YEAR ANNIVERSARY
In 2016, AFW became a supporting organization of Arizona Community Foundation and the AFW Board of Directors hires its first black female CEO. In 2019, the first male was appointed chair of AFW’s Board of Directors and the AFW Membership campaign was launched. In 2020, SHE Leads!™ leadership development program, which was designed by women for women, was created and in 2020, AFW celebrated its 25th anniversary.
$2,500,500+ in grants awarded over 25 years

WHERE WE WERE
WHERE WE'RE HEADED

IMPACT REPORT
1995-2020

$2,500,500+ in grants awarded over 25 years

$112,000+ in grants awarded

$782,000+ in grants awarded

$366,000+ in grants awarded

$10,000+ in grants awarded
When a woman’s power and potential are respected, children and families are healthier, economies are stronger, and communities prosper. At Arizona Foundation for Women, we amplify every woman’s safety, health, and financial needs so she can break free from the challenges, fear, and bias that confine her. Our hope is that the 2020 Status of Women in Arizona Research Report serves as a primary resource for legislators, nonprofits, and local community leaders to guide decisions that concern pressing issues affecting women in our state and to keep them both at the forefront.

Sincerely,

Mesha Davis,
Chief Executive Officer

Jon Eliason,
Chairman of the Board
"We must broaden our definition of public safety. More women and children will live safely when they have access to livable wages, affordable housing, and quality childcare. Let's envision this for the women and families of Arizona."

January Contreras
CEO and Managing Attorney
Arizona Legal Women and Youth Services
WHO IS SHE?

In 2010, Arizona Foundation for Women published Arizona Women: A Status Update, offering a data-based snapshot of Arizona women and where they stand in terms of Safety, Health and Economic Empowerment (SHE). While much progress has been made, challenges remain. With this 2020 report, we seek to drive awareness and catalyze social change by providing a platform upon which all Arizona residents can pursue public discussions and policy-making that will improve the lives of women. We believe that when women are empowered, they drastically improve the lives of their children, families, and communities. The issues we spotlight, the innovative programs we fund, and the policies we influence continue to trigger long-term positive changes. We appreciate the support of our fellow community leaders, and we hope that this report provides the inspiration for even more to join us.
SAFETY
RAPE MYTHS AND CASE ATTRITION

BY: DR. CASSIA SPOHN

In 1975, Susan Brownmiller wrote a detailed and sobering account of rape—its origins, the myths surrounding it, and the ways in which laws and practices made it likely that only a few of those who committed this crime of violence would be held accountable and that those who were held accountable would not be representative of the many who engaged in this type of criminal behavior (Brownmiller, 1975). Twelve years later, Susan Estrich (1987), a law professor and the author of Real Rape, reached a similar conclusion. She, like Brownmiller and others, argued that all rapes were not treated equally and that the response of the criminal justice system was predicated on stereotypes and myths about rape and rape victims, with the most serious dispositions reserved for aggravated stranger rapes. Brownmiller and Estrich, and many other feminist critics, argued that under traditional rape law it was often the victim who was placed on trial. It was often the victim, rather than the accused, who was punished.

Criticisms such as these led to a rape reform movement that emerged in the 1970s and quickly became a key item on the feminist agenda, both in the United States and elsewhere. In the United States, the effort was led by women’s groups, including the National Organization of Women’s Task Force on Rape.
These groups lobbied state legislatures to revise antiquated rape laws that too often placed the blame for the crime on the victims. They were joined in their efforts by crime control advocates, notably police and prosecutors, who were alarmed by dramatic increases in reports of rape during the late 1960s and early 1970s and who urged rape law reform as a method of encouraging more victims to report rapes and to cooperate with criminal justice officials. Together, these groups formed a powerful, although perhaps ill-matched, coalition for change. By the late 1980s, nearly all states had enacted some type of rape reform legislation.

The most common changes adopted were (1) redefining rape and replacing the single crime of rape with a series of gender-neutral graded offenses defined by the presence or absence of aggravating circumstances; (2) changing the consent standard by eliminating the requirement that the victim physically resist her attacker; (3) eliminating the requirement that the victim’s testimony be corroborated; (4) eliminating the marital rape exemption; and (5) the enactment of rape shield laws that precluded the defense from introducing evidence of the victim’s prior sexual conduct at trial.

These statutory changes were designed to encourage more sexual assault victims to report their crimes to the police and to enhance the likelihood of arrest and successful prosecution. Research conducted over the past several decades reveals that these goals have not been attained.

In fact, the response of the criminal justice system to the crime of sexual assault remains highly problematic. Victims are reluctant to report the crime to the police and, when they do, are often met with skepticism and suspicion on the part of police and prosecutors. This results in a substantial number of cases being considered unfounded. There remains a low arrest rate and shockingly low rates of prosecution and conviction.

Those who criticize the criminal justice system’s response to crimes of sexual assault argue that criminal justice decision makers—police, prosecutors, defense attorneys, judges, and jurors—are influenced by rape myths, which Martha Burt (1980: 217) defined as “prejudicial, false, and stereotyped beliefs about rape, rape victims, and rapists.” Acceptance of these myths, some of which are shown below, colors decision makers’ views of what constitutes the crime of rape, and leads them to question the credibility of rape victims and their allegations.

41% of women in Arizona have been a victim of sexual violence. Almost half of the perpetrators are a current or former intimate partner.
### EXAMPLES OF **MYTHS** ABOUT RAPE/SEXUAL ASSAULT

<table>
<thead>
<tr>
<th></th>
<th>Myth Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td>A woman who goes to the home or apartment of a man on their first date implies that she is willing to have sex.</td>
</tr>
<tr>
<td><strong>2</strong></td>
<td>Most rapes are committed by strangers.</td>
</tr>
<tr>
<td><strong>3</strong></td>
<td>Any healthy woman can successfully resist a rapist if she really wants to.</td>
</tr>
<tr>
<td><strong>4</strong></td>
<td>Women who get raped while hitchhiking get what they deserve.</td>
</tr>
<tr>
<td><strong>5</strong></td>
<td>When women go around braless or wearing short skirts and tight tops, they are just asking for trouble.</td>
</tr>
<tr>
<td><strong>6</strong></td>
<td>In the majority of rapes, the victim is promiscuous or has a bad reputation.</td>
</tr>
<tr>
<td><strong>7</strong></td>
<td>If a woman gets drunk at a party and has intercourse with a man she just met, she is considered “fair game” to other males at the party who want to have sex with her, whether she wants to or not.</td>
</tr>
<tr>
<td><strong>8</strong></td>
<td>Many women have an unconscious wish to be raped and may then unconsciously set up a situation in which they are likely to be attacked.</td>
</tr>
</tbody>
</table>
Rape myths work to deny or justify rape. For example, the “real rape” myth defines rape narrowly to include only aggravated incidents involving strangers, a weapon, severe injury to the victim, and a prompt report. Incidents involving people who know each other, no injury or weapons, and delayed reports are perceived as false, or less legitimate than “real rapes.” The problem with this is that the majority of rapes do not have these aggravating characteristics. For example, the research that Katharine Tellis and I did in Los Angeles revealed that 59 percent of the cases reported to the Los Angeles Police Department and 79 percent of the cases reported to the Los Angeles County Sheriff’s Department were cases in which the victim and suspect were non-strangers and intimate partners (Spohn & Tellis, 2014). We also found that very few cases involved weapons of any kind, that most victims did not suffer serious collateral injury, and that only about one out of every five victims made a prompt report.

Another prevalent myth about rape is that “real rapes” involve “genuine victims” who behave according to traditional gender roles. Women who violate chastity and passivity norms by dressing in revealing clothing, behaving provocatively, drinking or using drugs, or working in the sex industry are not “genuine victims” because they are perceived to precipitate their own rapes. This myth is reflected in a comment made by a detective interviewed for our Los Angeles study; he said, “we see a lot of self-victimization in these cases—girls who go to clubs, drink too much and make bad choices.”

The reality is that behavior that might be perceived as risky or evidence that raises questions about the victim’s character or reputation is common in rape cases. The fact that the victim was drinking or was dressed provocatively does not mean that she does not deserve protection under the law. Other myths suggest that women (and men) lie about being raped, especially to hide regrettable but consensual sex, pregnancy, a sexually transmitted disease, or homosexual behavior.

Although overt endorsement of rape myths among decision makers may be low, their underlying belief in these myths may still affect how they categorize rape incidents, write reports, assess victim credibility, and determine whether allegations are false. These attitudes may also affect how officers treat victims and may discourage victim cooperation. “Real rape,” “genuine victim,” and “she lied” myths work to deny the reality of rape as a crime of violence, and victim precipitation myths justify rape by shifting blame from the accused to the victim.
It has been nearly three decades since Susan Estrich argued that only aggravated stranger rapes are taken seriously by the criminal justice system and more than four decades since Susan Brownmiller wrote her scathing report of men, women, and rape. Furthermore, it has been almost four decades since nearly every state adopted legal reforms designed to encourage more victims to file a police report and to increase the odds of arrest, prosecution, and conviction. Sadly, it seems that the more things change, the more they stay the same. Research continues to reveal that sexual assaults have very high rates of case attrition. Very few cases, and especially those that involve non-strangers, result in the arrest, prosecution, and conviction of the rapist.

This suggests the rape law reforms enacted in the 1970s and 1980s produced largely symbolic—as opposed to instrumental—changes in the processing of sexual assault cases and the attitudes toward sexual assault and the victims. As evidence of this, consider the fact that in the second decade of the 21st Century we are still talking about the inadequate response of the criminal justice system towards crimes of sexual assault. Sexual assault within the context of intimate relationships, on college campuses, and in the military are all—once again—on the public and political agenda. The question, of course, is why the response of the criminal justice system to the crime of sexual assault has barely improved in the past half century. Why, in 2020, are we still talking about what qualifies as "real rapes" and "genuine victims"? Why, in 2020, are myths about rape and rape victims still prevalent?

ABOUT THE AUTHOR

Cassia Spohn is a Regents Professor in the School of Criminology and Criminal Justice at Arizona State University. She was the Director of the School from 2014 to 2020. She is a Fellow of the American Society of Criminology, a Fellow of the Academy of Criminal Justice Sciences, and a Fellow of the Western Society of Criminology. Her research interests include prosecutorial and judicial decision making, the intersections of race, ethnicity, gender, crime and justice, and sexual assault case processing decisions. Currently, she is a member of the Defense Advisory Committee on the Investigation, Prosecution, and Defense of Sexual Assault in the Armed Forces. In 2020, she became president of the Academy of Criminal Justice Sciences.
ADVANCEMENTS IN ARIZONA: TACKLING THE BACKLOG

BY: JON ELIASON
Division Chief, Major Offenders Division
Maricopa County Attorney’s Office

Across the country, there are an estimated hundreds of thousands of sexual assault kits, completed by medical personnel after a reported assault, that have not been submitted to forensic laboratories for analysis.

Ending this backlog of un-submitted sexual assault kits has been a focus of Arizona’s elected leaders and is a movement Maricopa County Attorney’s Office (MCAO) has been a leader on since 2015.

- In September 2015, District Attorney of New York County (DANY) awarded MCAO $1.9 million to test 2,300 previously un-submitted sexual assault kits. We were able to be efficient and tested over 3,000 kits with this award alone.

- In October 2016, MCAO was awarded a $1.2 million grant from the U.S. Department of Justice’s Bureau of Justice Assistance (BJA) through its Sexual Assault Kit Initiative (SAKI) grant program for their ongoing initiatives to test un-submitted sexual assault kits and continue what the DANY award started.

- In September 2017, MCAO was awarded a second SAKI award of more than $1.1 million to fund a second full-time detective, a full-time criminal intelligence analyst, a part-time victim advocate, and funds to provide ongoing training to our law enforcement partners. This was achieved by implementing the Maricopa County Sexual Assault Protocol, which was released in December 2017.

- In September 2018, MCAO was awarded a third SAKI award of $1.5 million to continue our efforts towards ending the testing backlog of un-submitted kits, and to provide funding for additional/advanced DNA testing of any sexual assault cold cases.

- In January 2019, we restarted the Arizona Sex Assault Investigators Network (ASAIN) which provides sex crimes investigators the opportunity to share information about suspects/serial offenders with individuals in other jurisdictions, ask for suggestions/assistance, and network with other working detectives and sex crimes prosecutors.

- We are using SAKI funds to contract with New Life Center to administer an ongoing training program that will offer a series of courses to improve adult sexual assault investigation and prosecution. New Life Center is a trauma-informed domestic violence shelter and service provider in Maricopa County that assists victims of both domestic violence and sexual assault.

Up to this point, we have indicted 16 defendants with 14 of them already convicted while the others are pending trial. Countywide, there were approximately 4,500 rape kits in the backlog which have now been fully tested.

Now that we have tested all previously backlogged sexual assault kits, we are focusing our resources on assisting our law enforcement partners with other sexual assault cold cases in Maricopa County.
Human sex trafficking. Most Americans have probably heard of it and probably believe it’s just something that happens in other countries. The fact that it is something that happens to children? Unfathomable.

The truth is, whether on the streets or on the internet, thousands of children and adults from all walks of life become sex trafficking victims everyday in the United States—a fact that is often met with surprise and profound disbelief. In the U.S., an estimated 300,000 children are involved in sex trafficking. It’s an enormous and multifaceted problem in every city and every town in this country.

To combat this problem, the Trafficking Victims Protection Act (TVPA) was established in 2000. This act defines “sex trafficking” as the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act, in which the commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age.

When women, children, and even men become forcibly involved in commercial sex acts, it is a crime. In the United States, anyone under age 18 engaged in commercial sex acts is automatically considered a victim of sex trafficking under the law. In other words, there’s no such thing as a child prostitute.
Attorney and Trafficking Abolitionist

I’m an attorney with a small practice in Washington State. Throughout my over 30 years practicing law, my work has focused on child victims of crime and adult survivors of crimes committed against them as children. I’ve successfully represented victims of abuse for decades, so I have developed a deep understanding of what it means to endure sex trafficking and have become an expert on the impact trafficking has on victims—particularly children.

In 2011, I had cause to learn more than I ever imagined I could about sex trafficking when a woman named Nacole came in for help. She was seeking justice for her ninth-grade daughter—referred to publicly as J.S.

At age 15, J.S., an honors high school student who ran track and played the violin, ran away from home. She soon met an older man who was initially kind, showering her with gifts, and offering her a place to stay. He then turned on her, using manipulation and violence. He advertised her for sale online and sold her to a dozen men a day for months. This pimp always took all the money. J.S. was eventually rescued from a hotel room by the police and reunited with her family.

After her unimaginable ordeal, J.S. needed to heal and a great deal of help. Nacole was determined to help her daughter in any way possible. Soon after, girls with similar stories began to come forward seeking help as well. That’s when I went up against Backpage.

Arizona is a prime transit and destination area for both sex and labor trafficking in the United States.

According to a 2019 report on human trafficking by the Arizona Attorney General’s office.

Child Trafficking Explosion Fueled by the Internet: Backpage.com

Fifteen-year-old J.S. had been advertised as an “escort” on Backpage.com. The pimp took photos of her posed provocatively in lingerie. He wrote captions like “new to the game” and posted ads on Backpage with a phone number and price. The other girls’ stories were sickeningly similar. Backpage was designed to emulate a standard classified advertising website, but it was all about selling sex. Nearly 95 percent of Backpage’s income was derived from its “adult” section. Backpage was making nearly $150 million per year by allowing pimps and others to advertise young women and girls for sale. One advertisement could bring in as many as 20 adults per day to rape a child.

According to the National Center for Missing and Exploited Children, reports of child sex trafficking increased by a staggering 1,423 percent over a five-year period due to the internet. Backpage controlled an estimated 80 percent of that market.
The smartphone emerged at about the same time. This, combined with the internet, made it easier than ever to buy and sell a child. Rates of child sex trafficking continued to increase dramatically.

Before technology, sex trafficking largely occurred on the streets. The “tracks”—the streets where traffickers forced their victims to go to attract customers—were in every city. Technology changed all of that. The incessant advertising of young girls and women on Backpage fueled a new level of demand. A customer could browse through hundreds of ads, select his victim, and buy her. Advertisements were skillfully developed to attract customers, and they worked.

All a trafficker needed was a prepaid credit card, a burner phone, and a girl. Unlike a drug that can only be sold once, pimps could sell one child over and over. Children become as easy to purchase “as a pizza”. Pimps made money hand over fist. The children, meanwhile, suffered unimaginable rape, violence, degradation, and trauma.

**How Victims Become Victims**

Sex trafficking can victimize any person, anywhere, anytime, from any background but especially young women and girls. A widely reported statistic notes that approximately 70 percent of sex trafficking victims come from our nation’s foster care system. The rest come from wherever a trafficker sees opportunity. A report by the U.S. Department of Justice notes that 12 to 14 is the average age victims begin to engage in commercial sex.

**Why Children**

One reason traffickers target children is marketability. Children who have a look of innocence and appear to have sexual maturity are always in high demand.

In addition, children are easy to manipulate, especially those who are vulnerable. They may come from dysfunctional homes and/or suffer all forms of abuse. They may feel isolated, different, or misunderstood. They may be runaways or homeless. They may have fallen into drug or alcohol use, or are otherwise troubled. A trafficker can spot these children in an instant, and when they do, they pounce.

Traffickers hone in on children’s vulnerabilities, insecurities, needs, and/or hopes and dreams using various recruitment ploys. They target, groom, and offer a better life—an escape. Their methods are ruthless and effective. The promise of the alleged glitz and glam of “the life”—a term used to describe the sex trafficking subculture—is nothing but a carefully crafted sales pitch.

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*The number of human trafficking cases reported to the National Human Trafficking Hotline in 2019 from Arizona. Given that this type of crime is generally underreported, the true number is likely much higher.*
But victims are not always “troubled” or “difficult.” Many come from what would be considered good, stable, intact families. Many would be considered “good kids” and “good students”—like J.S. Some have hopes and dream of becoming models, actresses, singers, and the like.

Then, somewhere along their life path they encounter pimps and/or their companion recruiters—People who appear to be harmless and promise soon-to-be-victims opportunities that will fulfill their dreams. They promise the child whatever they want or need, and then they become hooked. Even if it’s something they never envisioned before, such as becoming a model or actress, the pimp convinces them that they could be one, and that he is the one who can help them achieve that goal.

These are just examples—there’s no one type of child who can become a victim of sex trafficking and no one way they can be recruited. It can happen to any child under any number of circumstances.

Psychological and Emotional Control

After being pressured to commit to an initial act of commercial sex, it’s difficult for a victim to refuse future acts. As a victim’s self-esteem goes down, psychological abuse is inflicted, and the mental gymnastics of rationalization goes up. An entire mental and emotional transformation takes place impacting the victim in profoundly damaging ways which cannot be overstated. Guilt, shame, and remorse are always significant and take a tremendous toll on the psyche.

Violence and Health Dangers

Regardless of how they come across initially, pimps mercilessly inflict all forms of extreme, sadistic violence to instill fear, assert authority, and set a precedent for their other victims. Many victims suffer horrific beatings that bring them within inches of their lives. On top of lies and other coercive tactics, violence teaches victims what will happen if they don’t obey and/or meet their quota.

Pimps rarely allow victims to seek medical attention, making short and long-term complications commonplace. Many are left with permanent physical injuries, scars, and an array of lifelong health issues because of all they’ve endured.

Sex trafficking victims are placed in precarious, unprotected, and vulnerable positions with strangers multiple times a day. In addition to fear of violence, the fear of being murdered by a pimp or a depraved buyer is a very real and constant danger for victims of sex trafficking. The stress that accompanies that fear alone is psychologically tormenting.
Domestic violence is an unacceptable, everyday occurrence. Most abusers follow a pattern of making a threat, acting on that threat, apologizing, and then repeating the cycle. As a community, we need to disrupt this cycle by checking in on our loved ones and neighbors frequently. We need to ask questions and pay attention to signs of domestic violence. And we need to act by contacting law enforcement and domestic violence hotlines when those signs tell us something isn't right.

Allister Adel
County Attorney
Maricopa County Attorney’s Office
When Victims Become Survivors

Despite the extreme danger and all the cards stacked against them, many sex trafficking victims manage to escape. This is something to be celebrated. However, for most victims, becoming a survivor is an incredibly difficult transition. They don’t just walk back into the life they had and pick up where they left off. They’re profoundly wounded. They’ve endured an astounding spectrum of abuse and trauma.

Victims suffer from post-traumatic stress disorder (PTSD), depression, suicidal ideation and/or attempts, high levels of anxiety, flashbacks, nightmares, dissociative identity disorder, alcohol and drug dependence, and much more. For many, the very core of their being has been completely transformed. As one victim’s father said, “it’s as though part of her soul was taken.”

Being subjected to the horrors of sex trafficking can drastically alter a victim’s personality and mental processing. After a victim escapes “the life,” the way they process, respond to, and interact with their world is significantly impacted by how they coped while they were being victimized. Survivors may still instinctively operate in survival mode in their daily lives, due in part to how the brain worked with the trauma they were experiencing. They also tend to dissociate from people or situations when moments become frightening or uncomfortable.

Unfiltered memories are just too much for some victims, particularly when they’re surrounded by people who have never experienced such trauma. Sex trafficking victims carry an incredible amount of shame, fear, guilt, and remorse for what they may believe are their own actions. It takes years and a great deal of professional help for that thinking to be transformed.

Other coping mechanisms, such as repression and/or suppression of traumatic memories, are common. Oftentimes victims completely forget or disregard all that happened to them as a trauma response. As a result, many come forward after months, years, or decades to report their abuse. This delay in actualization of memory is so common that many states have either forbidden statutes of limitations or allowed very lengthy statutes of limitations for acts pertaining to child sex abuse.

Bringing Down Backpage.com

After fighting Backpage on behalf of J.S. and her co-plaintiffs for more than six years, we finally won a precedent-setting victory in the Washington State Supreme Court and helped draft legislation enacted into law at the Federal level. The U.S. Senate, the California Attorney General, and the U.S. Attorney of Arizona all used our work, and Backpage.com was seized and shut down once and for all in 2017.
This victory brought some justice to J.S., her co-plaintiffs, and their families, but their journey toward healing and peace continues. It will likely continue for the rest of their lives. In the meantime, there are still many victims and survivors who desperately need help. And there are still far too many children being exploited or in danger of becoming exploited. This is why our fight continues.

Child victims, and those who manage to survive long enough to become adults, need help. They deserve quality medical treatment for all physical, emotional, mental, and spiritual wounds they may have, to begin on the path toward healing. Recovery is possible if one has both a great deal of outside help and personal resolve.

Survivors need people in their corner who have been thoroughly trained to be able to recognize victims of sex trafficking. They also need people in their corner who understand trauma and what it means to be a survivor of these horrific crimes. They need extensive psychological services and medical care, legal services, job training, mentorship, financial assistance, but most of all, they need compassion, patience, and understanding. They need to be given back the life that was stolen from them the moment they became the target of a pimp. Their criminal records should be expunged. They should be given the best new start in life possible. After all they’ve endured, they deserve nothing less.

ABOUT THE AUTHOR

Erik Bauer is an attorney with more than 30 years of experience practicing law out of Tacoma, Washington. Mr. Bauer has tried a variety of cases in State and Federal Courts, ranging from death penalty murder cases to personal injury claims. A key focus of his practice has been on representing abused children and adult survivors of childhood abuse in successful lawsuits against the perpetrators and other responsible entities. Mr. Bauer represented minor plaintiffs in a long and difficult legal battle against Backpage.com—a website that provided a nationwide forum for pimps to advertise, promote, and sell their victims of human sex trafficking. His advocacy and winning precedent-setting arguments to the Washington State Supreme Court were instrumental in ending the reign of Backpage in 2017, and also called national attention to child sex trafficking in the United States. Mr. Bauer is currently working with Susanna Southworth, Ph.D., J.D. on a variety of groundbreaking cases on behalf of survivors of sex trafficking who were sold as minors.
"We don’t get picked to lead because we are women. We get picked to lead because we are the best person for the job. The opportunities for women who are willing to work to become the best are endless. I don’t think the glass ceiling is there anymore."

Chief Jeri Williams
Chief of Police
Phoenix Police Department
HEALTH
 STATUS OF WOMEN’S HEALTH IN ARIZONA

BY: AMANDA AGUIRRE

Expanding the safety net for women in Arizona needs to be a top priority for the state. It should include increasing the availability of and accessibility to affordable healthcare and reproductive health services, childcare, and post-secondary education. Each of these better women’s health and help them achieve economic self-sufficiency.

The growing diversity in Arizona underscores the importance of addressing racial and ethnic disparities in health status as well as the accessibility and affordability of health care services. According to U.S. Healthy People 2020, access to health care consist of four components:

- **Health insurance**: uninsured people are less likely to receive medical care and more likely to have poor health status
- **Services**: having a source of care is associated with adults receiving recommended screening and prevention services without the hidden penalties
- **Timeliness**: ability to receive health care when the need is recognized
- **Infrastructure**: a capable and qualified workforce; updated health information technology
Women in Arizona having access to quality and affordable child care subsidies have decreased significantly. Children Action Alliance’s 2019 Legislative Scorecard reports that $33 million (18%) of the state’s spending on child care subsidies came from the State General Fund in 2010, compared with $7 million (3.7%); therefore the total general fund support for child care is down by 79% from 2010, a total of $26 million in fiscal year 2020. Rural communities are most impacted by this as the number of affordable child care centers available to working women are limited.

According to the Arizona Department of Health Service’s 2019 State Health Assessment Report Plan, Arizona saw an increase in residents with health insurance between 2013 (83.2%) and 2017 (87.8%). Since 2013, Arizona has seen an increase in residents with health insurance, however, AZ remains below the national average.

The Arizona Department of Health Services (ADHS) Arizona 2016 Behavioral Risk Factor Surveillance System (BRFSS) Survey, a self-reported study (10,952 surveys collected), is a useful indicator of health among different populations. The compilation of these health statistics enhances the understanding of health changes among different populations and can identify persistent health disparities among social groups and across geographic areas (e.g. rural, urban, etc.). State leaders can use this data to inform the development and implementation of effective, evidence-based health policies. The report also asserts that by 2020 depression is projected to be the second leading disorder associated with the increase in chronic diseases.

Arizona’s 2016 BRFSS survey showed that men and women reported similar assessments of their health status ranking.

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<th>ARIZONA’S 2016 BRFSS SURVEY SELF-REPORTED HEALTH STATUS BY GENDER</th>
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Lack of access to behavioral health services and opioid addiction treatment, compounded by a lack of affordable housing, are the greatest health issues facing women in rural Arizona.

Amanda Aguirre
President & CEO
Regional Center for Border Health, Inc.
Women’s reproductive health continues to be the most unfunded and needed health care service for women in the state. Challenges women face in accessing affordable, quality care - particularly reproductive health services in Arizona - are greater for women living in isolated rural communities versus urban settings. Currently, rural counties in Arizona are not receiving Title X funding. Family planning as part of women’s reproductive health is an important factor in the overall health of women. Unintended pregnancies place a strong financial burden on women living in poverty, not to mention the impact on women from having closely spaced pregnancies and adverse maternal and child health outcomes (Guttmacher Institute 2017, Arizona State Facts About Intended Pregnancy). The report highlights that in 2010, 61% of unintended pregnancies in Arizona resulted in births; 23% in abortions; and 16% in miscarriages. This to a cost of $670.9 million to the Federal ($509.4 million) and State ($161.5 million) on unintended pregnancies.

In 2018, Arizona Family Health Partnership (AFHP 2018 Data Report) served more than 35,000 women, men and teens by providing services that:

- Prevented an estimated 5,890 unintended pregnancies that would have resulted in:
  - 1,990 abortions
  - 1,130 miscarriages
  - 2,770 unplanned births
- Prevented an estimated 670 chlamydia and gonorrhea infections
- Saved Arizona taxpayers an estimated $49 million in maternal health and birth related gross costs.

The 2010 Patient Protection and Affordable Care Act (ACA) made it possible for women to access preventive women’s health services, contraceptive methods, and counseling for women. It also increased the ability of states to expand Medicaid family planning services. In 2017, the federal government mandated states to eliminate Title X funds to organizations nationwide, such as Planned Parenthood and Arizona Family Health Partnership. The Arizona State Legislature in 2017 also included a provision in the state budget targeting local nonprofit organizations serving low-income and uninsured women.

According to the Status of Women in the States 2015 Report, Arizona ranked 24th in the nation with a Grade C+ and a score of 3.36 on their Reproductive Rights Composite Index.
Rates of maternal mortality continue to rise in Arizona. The ADHS State Health Assessment Report Plan 2019 shows that from 2010 the rate of maternal mortality increased to 20.3.

**Rural vs. Urban Maternal & Child Health**

According to ADHS’ State Health Assessment Plan 2019 (ADHS Vital records 2007-2017), infant births over the last 10 years have declined from more than 102,000 to 81,664 statewide. The report also highlights infant mortality being higher in frontier areas of the state 7.5, vs. rural and urban areas, 5.9 and 5.8 respectively. Regarding when during their pregnancy a woman initiated prenatal care, the report indicated that 7.3% of women living in frontier areas began prenatal care in the third trimester and 5.4% in rural areas compared with 4.1% in urban areas.

**Teen Pregnancy**

Arizona’s 2017 teen pregnancy rate for females 19 years or younger was 60% lower than in 2007 (34.3%) according to the ADHS Teenage Pregnancy Arizona 2007-2017 Report issued in February 2019. The report also showed that pregnancy rates declined more for younger age teens than for older teens.
In 2018, AHCCCS implemented its new integrated health plan AHCCCS Complete Care (ACC). AHCCCS’s managed care health plans began providing “integrated care” or single health care options for both physical and behavioral health care services. The new geographical services areas (GSAs) for the newly integrated AHCCCS’s health care plans are providing services in the following areas:

**ACC PLAN GEOGRAPHIC SERVICE AREAS**

This unintended consequence has impacted many rural communities by limiting cross county utilization and access to health care services. In communities such as Parker in La Paz County, where access to prenatal care is limited, women no longer have the option to travel to Lake Havasu in Mohave County which is only 43.2 miles (round trip). Instead, they will need to seek prenatal care services or other medical services in Yuma and/or Phoenix traveling a distance of 205 miles and 352 miles round trip respectively. Mohave County healthcare providers are contracted by Care 1st Steward Health Choice Arizona (Northern GSA) and La Paz County is in the Southern GSA Banner UFC and Arizona Complete Health as the designated AHCCCS health plans.

- **In Arizona, 21% of low income women lack health insurance.**
- **29% of Hispanic women in Arizona have no health care provider.**
Mental Health/Substance Abuse

ADHS Real Time Opioid Data (June 15, 2017-July 25, 2019) reported a total of 3,370 suspected opioid deaths, 23,928 suspect opioid overdoses, 1,489 neonatal abstinence syndrome, 53,442 naloxone doses dispensed and 15,113 naloxone doses administered in the state.

On June 5, 2017 Gov. Doug Ducey declared a public health emergency due to the increased (74%) opioid deaths in Arizona between 2012-2016 (Graph 4).

Opioid use has hit Indian Reservations and rural communities harder than metropolitan areas. Between 1999 and 2015, it was reported by the Justice Center/The Council of Governments, that overdose deaths increased 325% in rural counties, a striking increase attributed to the high opioid prescription rates and challenges accessing medication-assisted treatment (MAT).

Women in rural communities face more isolation and barriers to accessing MAT due to affordability and accessibility of services. The National Women’s Health Network reported in its January 2018 Newsletter that deaths resulting from overdose increased 400% among women versus 237% among men nationally between 1999 and 2010.

The Arizona Department of Health Services (ADHS) Arizona Behavioral Risk Factor Surveillance (BRFSS) 2016; 10.4% of Males versus 13.4% Females that reported ≥14 days of frequent mental distress (1114 surveys responses, 386 Males; 728 Females). Almost double the number of females than males reporting ≥14 days of frequent mental distress.
Arizona’s mortality rate (per 100,000) leading causes in 2017 among young adults (20-44 years) is: Accidents (unintentional injuries); females at 29.3 versus males 26.5, a 26.5% change from 2007; Intentional self-harm (suicide); females at 11.2 versus males at 33.5; an increase of 57.7% and 10.4% respectively from 2007; malignant neoplasms; females 14.5 versus males 12.0; a reduction of -0.4% for females and 6.3% increase in males; heart disease; females 7.0 vs males 14.7; a percentage increase of 3.8% for females and 2.6% for males; Assault (homicide); females at 11.2 and males at 19.4, a percentage change of -19% and -15% from 2007 (ADHS Population Health and Vital Statistics 2007-2017).

Conclusion

It is imperative to continue assessing women’s health status in Arizona and nationally to help policymakers and healthcare institutions address emerging issues and analyze the impact of past and current social determinants of health on women’s wellbeing. Furthermore, we should continue developing new programs and expanding the capacity of existing programs that seek to reduce health inequities among populations that experience increased risk of poor health based on race/ethnicity, gender, socioeconomic status, insurance status, rural/urban residence and housing status.

Knowing that my work through the Regional Center for Border Health is increasing community access to affordable healthcare, achieving a high level of patient satisfaction and, most importantly, improving patients’ health outcomes and quality of life, is very personally rewarding.

- Amanda Aguirre

ABOUT THE AUTHOR

Former Arizona State Senator Amanda Aguirre presently serves in the capacity of President & CEO of the Regional Center for Border Health, Inc. since 1991 and its subsidiary San Luis Walk-In Clinic, Inc., a primary care rural health medical center. Ms. Aguirre has been involved for more than 35 years in health care and business administration. She possesses a life-long commitment to education and in 2007 she established a licensed post–secondary vocational training center in the area of allied health training, which has generated job opportunities for over 1,600 individuals.
Finding breast cancer early and having access to high quality treatment go a long way towards improving breast cancer outcomes. Having regular mammogram screenings are key to early detection. The American College of Breast Surgeons, the American College of Radiologists, and the American College of Obstetricians and Gynecologists recommend annual screening mammography beginning at age 40. Depending on tissue density and personal breast cancer risk, screening with ultrasound and MRI may also be recommended.

According to breastcancer.org, mammograms do not prevent breast cancer, but they can save lives by finding breast cancer as early as possible. Mammogram screenings often allow for the detection of cancers at an early stage of development. This also allows women to know the health of their breasts for future screenings.

**WHAT YOU NEED TO KNOW**

**What happened with breast cancer screenings and surgery at the start of the COVID-19 pandemic?**

In April, as a result of the pandemic, elective medical procedures, including cancer screenings with mammograms, ultrasounds, and MRIs, were largely put on hold. In Arizona, many clinics such as Banner Health, Honor Health, Dignity Health, and Cigna cancelled breast surgeries and screenings, impacting countless women’s ability for early detection and treatment and causing a large backlog of annual mammogram screenings.
In 2020, 31.7% of Americans who had been diagnosed with breast cancer reported a delay in care; of these people, 22% said they had a delay in screening and 9.3% reported a delay in treatment, according to breastcancer.org.

Fortunately, by the end of May, Arizona facilities resumed screenings and they continue to address the backlog while taking necessary precautions to prevent the spread of COVID-19. However, there is continued concern that another wave of COVID-19 infections could further delay surgeries for women diagnosed with breast cancer. Local Scottsdale, AZ surgeon, Linda Liu, stated that while some women diagnosed with a lower grade of breast cancer can safely delay surgery, women who know their cancer remains untreated experience anxiety and concern.

How are Non-Profits who support Breast Cancer Patients being impacted?

Impact One Breast Cancer Foundation, an Arizona non-profit that provides support and resources to those impacted by breast cancer, has seen first hand how the pandemic has impacted women diagnosed with breast cancer. Their patient base and the need for assistance with medical items has increased more than ever due to job loss and a rise in uninsured persons.

One particular case of three Arizona sisters who were all diagnosed with cancer right before or during the pandemic, but at different times, stands out. Here is their story:

- **Sister #1** was diagnosed in October 2019 with ovarian cancer.

- Because of her sister’s diagnosis, **Sister #2** decided to have an annual well-woman exam. She had a mammogram and pelvic exam in late February 2020, and in the beginning of March 2020, she was diagnosed with breast cancer and the BRCA2 Gene*. **Sister #2** immediately began treatment but faced delays given that COVID-19 was on the rise and hospitals were beginning to fill up.

- With the news of her sister’s positive BRCA2 Gene, **Sister #3** knew she had to get a mammogram. Unfortunately, due to COVID-19, she was not able to get screened until May 2020. In June 2020, she was diagnosed with breast cancer. However, she decided to start treatment immediately due to surgery backlogs. She is currently undergoing treatment and scheduled surgery in December 2020.

- Throughout their journey, the three sisters found that boutiques who specialized in breast cancer products were closed due to the pandemic. Fortunately, Impact One was able to assist the sisters with vital items, including wigs and compression garments.

- **Sister #3** said, “If I had not gone in to see my doctor and request a screening, despite knowing the pandemic was causing so many shutdowns, my aggressive form of breast cancer would have been much worse. Even though I have been in treatment and will have a double mastectomy, I personally feel I saved my own life by following through with a mammogram.”

*You can read more about the BRCA2 Gene [here](#).
What New Treatment Options are available to Women?

Belinda Barclay-White, M.D., who specializes in radiology states, “Finding a small early breast cancer that can be treated with less invasive surgery, or cryotherapy with no need for chemotherapy, is so important for patients and their families. No one disputes that the advantage of finding a breast cancer when it is small leads to a significantly lower chance of death from that breast cancer. There is a reward for early and ongoing screening. The day is here that we are now even able to treat certain small breast cancers with cryotherapy, a freezing technique that has successfully treated skin cancers for years. This can be performed in an outpatient setting and with just a local anesthetic.” You can learn more about the successes of cryotherapy as an early stage breast cancer treatment here.

One in eight women in the United States is diagnosed with breast cancer in her lifetime.

WHAT YOU NEED TO KNOW

Dr. Laura Makaroff, Senior Vice President of Prevention & Early Detection at the American Cancer Society, said, "Breast cancer screening disparities are already evident, and without focused attention, are likely to increase as a result of the COVID-19 pandemic. Efforts to promote breast cancer screening and overcome barriers for populations with low screening prevalence must be at the forefront of our focus."

Arizona Foundation for Women has been a long-time champion of organizations that support early detection and resources for women with breast cancer in Arizona, including two recent 2020 grant recipients:

**Coalition of Blacks Against Breast Cancer Project - Help Knock Out Breast Cancer!**

The funds granted by AFW will be used for Mobile Mammography units to provide mammograms to undeserved Black women in Arizona. These units will provide mammogram screenings at no cost to high risk, marginalized Black women. Black women face the highest mortality rate due to breast cancer.

**Impact One Breast Cancer Foundation Project – Hope Box Project**

The funds granted by AFW will be used to provide products and support services to 1,500 breast cancer patients in Arizona in 2021.
ABOUT THE AUTHORS

Belinda Barclay-White, M.D., is a board-certified radiologist who specializes in breast imaging. She attended Kings College, London University, and Westminster Medical School. In 1976, she immigrated to Phoenix and completed a diagnostic radiology residency and fellowship at St. Joseph’s Hospital.

Dr. Barclay-White has been living in and serving the Phoenix community for over forty years. In this time, she founded Arizona Breastnet, a full service diagnostic breast center, with the intention of making a mammogram a more pleasant experience for women.

Ensuring the wellness and health of women is not only a career for Dr. Barclay-White — it’s a heartfelt dedication. As a mother of three daughters and a proud grandparent, she believes the well-being of women directly impacts the well-being and safety of their children and families. She is always exploring ways to improve the overall health of women through nutrition, exercise, and encouraging healthy living.

Elizabeth Ayers-Cluff received her BSW in the School of Social Work from Arizona State University. After graduating, she had the pleasure of working with “at-risk students” in the Mesa Unified School District for 14 years. Elizabeth began her battle with stage 3B breast cancer in 2009. At the age of 37 with her husband and 3 small children, she was blindsided by the diagnosis.

Elizabeth relates to the many stages of the breast cancer journey. She understands the setbacks and lack of resources available. She empathizes with feeling helpless with all the ins and outs of breast cancer treatment and the physical and emotional pain that accompanies it. Out of her frustration, she began to research and she now wants to share with you what she learned. She knows the importance of establishing a support system and wants Impact One to be part of yours.

Currently, in remission, Elizabeth’s drive to push Impact One comes from personal experience and her desire to serve. She is ready to share resources that are not readily available to most. She has a need for you as survivors to feel you are worthy of the proper care through what can be a dehumanizing time. This nonprofit was founded to empower you with self-worth, comfort, and beauty at a time when your whole world can seem turned upside down.
“One doesn’t need to look far to find examples of strong female leadership in the City of Phoenix - whether it be one of our many female department heads or our female-majority council, I am proud to serve as Mayor of a city where women can excel in all walks of life. The progress and milestones we’ve achieved have been because of these strong leaders. When women gain the opportunities they need to thrive, our entire community benefits.”

Kate Gallego
City of Phoenix Mayor
ECONOMIC EMPOWERMENT
THE STATUS OF WOMEN IN ARIZONA
On Sunday, July 7, 2019, at the Stade de Lyon in France, the U.S. Women’s National Team, ranked No. 1, won its fourth World Cup, and large waves of the stadium audience stood up and chanted “Equal Pay” capturing worldwide attention on the subject of gender and wage parity.

Of the eight FIFA Women’s World Cup games held to date, the U.S. Women’s team has won four (1991, 1999, 2015, 2019), while the U.S. Men’s National Team has made it to the finals only once and has not won a World Cup since its inception in 1930. Despite the stark difference in performance, the women get paid considerably less than the men. Each player on the U.S. Men’s National Team could have earned nearly $1 million if they won the World Cup, while each player on the U.S. Women’s National Team could receive a maximum of about $260,000 for winning the Women’s World Cup. The women’s team has filed a gender discrimination lawsuit against the United States Soccer Federation. In 2019, even after proving their worth, they must still fight for their fair share while it is easily given to the men. It is encouraging to note that in a recent tweet, Rep. Alexandria Ocasio-Cortez (D-N.Y.)
suggested that "at this point we shouldn’t even be asking for #EqualPay for the #USWNT—we should demand they be paid at least twice as much." Gender and race-based wage disparities inherently impact not only women soccer players but all women, especially women of color, and they have generational economic consequences on their families from cradle to grave. The disproportionate long-term impacts of lower earnings suffered by women and women of color include lower lifetime earnings and ensuing lower social security and retirement income. For women of color, the systemic inequalities along with historical oppression, racism, and discrimination create significant barriers to success. It makes it harder for their families to build wealth and have equal access to opportunities for future economic progress.

The combination of income inequality and the inability of women, particularly women of color, to build wealth generate additional problems and economic burdens. Women are more likely to have every type of debt and very little, if any, savings. Furthermore, since women of color experience both a gender wealth gap and an inherited racial wealth gap, they are left with the least amount of wealth. Therefore, women are more likely than men to rely on Social Security for the majority of their income in retirement and receive far less retirement income than men.

Equal Pay Day
This date symbolizes how far into the following year women must work to earn what men earned in the previous year.

When coupled with their higher life expectancy, women will have to rely more heavily on savings to support themselves. Since women bear a larger portion of family responsibilities, financial and otherwise, we must as a society, place a greater value on gender parity and institute legal protections to make it possible for all women to have a fair chance at economic security. The overall well-being of the U.S. economy depends on it.

In Arizona, it is even worse. A recent study by WalletHub ranked Arizona the fourth worst state for women’s equality overall; 18th for the gap between female and male executive pay; 23rd for gap in political representation; 43rd for the gap between male and female advanced degree holders; and 47th out of the 50 states for women’s rights. Arizona ranked 50th for the disparity between men and women’s unemployment rates.
The wage disparity in the U.S. is often vividly illustrated by the current year’s National Equal Pay Day. In 2020, it was Tuesday, March 31. This date symbolizes how far into the following year an average White woman in the U.S. must work to earn what a White man earned in the previous year. Equal Pay Day reflects a much more negative impact of wage disparity on women of color.

In 2017, the median annual pay for a man with a full-time, year-round job in Arizona was $44,421. The median annual income in Arizona for Caucasian women was $36,869, and for Asian women $35,537. However, it was approximately $30,206 for Black women and about $24,432 for Hispanic women. On average, Arizona women employed full-time lose a combined total of nearly $13 billion each year due to the wage gap. Over a lifetime, a woman loses an average of $500,000 in earnings, that would otherwise be used to save, invest, and spend.

Though we are focusing on the gender and race-based wage gap, we should keep in mind this is only one problem that contributes to women’s economic inequality. In addition, The Global Gender Gap Report 2017 published by the World Economic Forum, ranked the U.S. 49th out of 144 countries for women’s equality in 2017.

The wage gap adversely impacts families, especially as over a third of mothers in working families are the family’s primary breadwinner. The high cost of childcare and elderly care can also place women in an especially difficult position financially, since they are often the ones who must manage both.
Compared with White men, African American and Hispanic women make even less than White women

- Equal Payback Project

Systemic Challenges that Contribute to the Wage Gap

The Center for American Progress finds that the wage gap between men and women reflect structural and economic realities that limit women’s ability to compete with men in the labor force. Women of color are additionally impacted by the collective consequence of gender and racial discrimination. They often work in lower-paying jobs and work fewer hours while shouldering more substantial caregiving burdens. The National Women’s Law Center reports that nearly two-thirds of minimum-wage workers across the U.S. are female, including two-thirds of tipped workers, such as restaurant servers.

According to Payscale’s “The State of the Gender Pay Gap 2019” report, women are less likely to hold higher-level, high-paying jobs compared to men. As a result of a phenomenon they call the “opportunity gap,” women also tend to move up the career ladder at a slower pace than men. Even though men and women may start at similar job levels, a much smaller proportion of women reach the manager/supervisor level or higher halfway through their career and fewer ever make their way to C-suite. By the time they are late in their career (age 45+), eight percent of men have risen to an executive level position compared to three percent of women.

Even a college education does not ensure women parity. Women constitute a majority of the U.S. population and hold more than
57% of undergraduate degrees and 59% of all master’s degrees. Yet, they remain at a disadvantage. Workers with a bachelor’s degree earn about double that of their co-workers without a college education, but paradoxically the difference between men’s and women’s earnings widens with more education. The disparity is even more disproportionate amongst African American and Hispanic women.

Not only do the systemic workplace and wage practices impact women’s abilities to progress in their careers and ensure economic security, but they also impact their personal and families’ well-being. Millions of low-wage workers, many of whom are minorities, are denied the most basic of labor protections. Due to a lack of federally mandated paid family and medical leave and paid sick days, caregivers, mostly women and women of color, face difficult choices in balancing work and family obligations. This means they must take unpaid time off, lose wages, promotions, and other benefits usually accrued through participation in the labor force. Women in low-wage industries, such as food service, often find their part-time schedules get cancelled or altered on short notice. Part-time work is often the only choice and more likely for women of color than for their White counterparts.

While many foreign nations offer workplace benefits like paid maternity/paternity leave, paid time off, health insurance, and retirement plans, in the U.S. it is optional and up to employers. For example, the European Union countries offer a minimum of 14 weeks of maternity leave, many even offer full pay though it varies by country. In contrast, for the majority of U.S. workers there is no right to paid or unpaid leave to care for a new child or recover from childbirth. The Family and Medical Leave Act of 1993 (FMLA) requires 12 weeks of unpaid leave annually for mothers of newborn or newly adopted children if they work for a company with 50 or more employees. The requirements to qualify under FMLA disproportionately disqualifies women of color and low-income women who are already less likely to take unpaid leave. Such workplace policies amount to a motherhood penalty for women, and creates further financial setbacks as they start a family.
Gender wage gaps, along with reduced benefits are especially detrimental for women. When women are the family breadwinners (28% African Americans and 23.1% Latinas) and heads of households, their burdens and costs can already be more onerous.

Beyond the cost of motherhood, the financial burdens add up even more for women with low wages. Child care is out of reach for low-wage workers. A minimum wage worker in Arizona would need to work full-time for 29 weeks to pay for child care for just one infant (“The Cost of Child Care in Arizona”). According to the U.S. Department of Health and Human Services, child care is affordable if it costs no more than 10% of a family’s income. By this standard only 27.9% of AZ families can afford infant care! The average cost of infant care in Arizona is $9,437/year (17.6% of a typical family’s income), 4-year old care costs $7,497/year, compared to in-state tuition for a 4-year public college which is $9,906/year, in addition to the cost of housing which is an average of $10,885 per year, according to the Economic Policy Institute.

When one considers these child care costs in conjunction with the average wages for Arizona’s women of color, we can see that their economic circumstances put them well below the poverty level.

When households, especially those headed by women and women of color, are burdened by such steep living costs, in combination with reduced resources and opportunities, it can be assumed that there is a long-lasting impact on entire families, from cradle to grave. Poor economic conditions compromise the health of children and their educational opportunities, which then limits their future earning levels and career trajectories. Lower earnings translate to less saving and retirement benefits, resulting in an endless cycle of disparity and corresponding economic hardships.

**Why is Gender and Race-Based Wage Parity Important?**

Women’s wages, even though they are low, are increasingly important to the economic stability of families. The Institute for Women’s Policy Research (IWPR) reports that in the U.S., women are the breadwinner in half of all households with children under 18, either as single mothers who head the household or as married mothers, providing at least 40% of the household income. Also, many women work to support themselves and family members. As a result, persistent income inequality for working women results in lower pay, less family income, and more children and families living in poverty.
The World Economic Forum contends that “There is clearly a values-based case for gender equality: women are one-half of the world’s population and deserve equal access to health, education, economic participation and earning potential, and political decision-making power. Gender equality is thus fundamental to whether and how societies thrive.” The Council on Foreign Relations suggests that closing the gender gap in the workforce could add a staggering $28 trillion to the global GDP.

According to an analysis of federal data done by the IWPR, equal pay would cut poverty among working women and their families by more than half, and add $513 billion to the U.S. economy.

If the gender and race-based wage gap is to be reduced, then it is important that there are more women and women of color in decision making roles. In the U.S., men have the dominant share of decision-making power and make most of the rules, as is seen in the levels of representation in leadership and in the government.

WalletHub finds that even though women make up a majority of the U.S. population, they are significantly underrepresented in leadership positions, with only 25% as legislators, and less than 29% serving as business executives. Women of color represent less than nine percent of members of Congress.

Even though this essay has been focused on gender and race wage disparity, it is essential to note that these are just two components that contribute to the lack of economic equality for women. Empowering women will lead to an increase in the national Gross Domestic Product (GDP). Though women make up slightly more than half the population in the U.S. (50.8%), the proportion of women-owned firms is only 36%. The American Express 2018 State of Women-Owned Businesses Report shows that U.S. women-owned firms employed nearly nine million people and generated $1.7 trillion in sales in 2017. There were 5.4 million businesses owned by women of color, employing 2.1 million people and generating $361 billion in revenue every year. One in five firms with a revenue of one million dollars or more is woman-owned, and 4.2% of all women-owned firms have revenues of one million dollars or more. By creating more access to the market, the economic contributions by women-owned firms could be greatly escalated.

Recognizing these shortfalls, the Women-Owned Small Business (WOSB) Federal Contracting Program was created in 2011 to provide greater access to federal contracting opportunities for
WOSBs and economically disadvantaged women-owned small businesses (EDWOSB) by authorizing federal contracting officers to set aside specific contracts for certified firms to achieve their statutory goal of five percent of federal contracting dollars being awarded to women-owned small businesses. In 2017, the government awarded $25.4 billion in federal contracts to women-owned businesses, making up five percent of the $508.4 billion in federal contracts awarded that year. Women own more than a third of all businesses; however, according to The U.S. Small Business Administration 2015 report, those businesses are 21% less likely to win contracts compared to otherwise similar firms. This then undermines the ability of women to earn more and/or create more fair-paying jobs. Despite the existence of the government-created incentive programs to “provide a level playing field” to women, poor oversight allows many of the businesses to be largely dominated by men.

A larger representation of women in decision-making and legislative environments could go a long way in ensuring parity for women and women of color. Women still comprise only 25% of legislators and less than 29% of business executives. In 2015, only 4.4 percent of the CEO positions at the S&P 500 companies were held by women.

**Skepticism about the Gender and Race Wage Gap**

Arguments, such as one made by Mark Perry and Andrew Biggs of the American Enterprise Institute, claim that the “20% wage gap is actually a tiresome statistical myth,” and while acknowledging a gender gap in wages, they go on to suggest that it is an individual’s choice that determines gender differences in earnings. The authors argue that until women are “willing to work more hours per week, more weeks per year, work more in higher-risk jobs and be more exposed to occupational injuries and fatalities, work more in jobs that are physically demanding in more hostile work environments, be willing to commute longer distances, take less time off work for family reasons, take fewer sick days, be willing to accept higher-risk variable incomes like commission-based compensation, be willing to travel more and relocate…there will be a gender earnings gap.”

In a May 2019 article, Tyler Curtis reported on the reverse gender gap at Google, where female software engineers were being paid more than their male counterparts. The author suggests that the gender pay gap is not a result of discrimination but because men have more “marketable” degrees, work more hours, do more dangerous work, and have more work experience. The author claims that when adjusted for these variables, the gender pay gap is between three to five percent. These arguments are ill-informed and short-sighted. They perpetuate false beliefs about the qualifications of women, and their willingness to work and contribute their fair share to earn comparable income.
"Society owes working women nearly $30 trillion. That's ½ a million dollars per woman in her lifetime."

- Equal Payback Project, 2014
Moreover, statistics tell a different story. Analysis of Census data shows that “while workers with a bachelor’s degree earn about double that of their coworkers without a college education, the difference between men’s and women’s earnings widens with more education.” Women of the major racial and ethnic groups not only earn less than White men, but also earn less than men of the same group. The IWPR reiterates that women, on average, earn less than men in nearly every occupation. IWPR’s report on Sex and Race Discrimination in the workplace confirms that discrimination in pay, hiring, or promotions continue to be a substantial component of working life for women.

The Department for Professional Employees 2017 Fact Sheet “Professional Women: A Gendered Look at inequality in the U.S. Workforce” reported the following statistics in 2014:

- While women comprised 55% of workers in professional and related occupations, they earned 28% less than their male counterparts.
- Female elementary and middle school teachers earned 11% less than similarly employed men, despite comprising approximately 81% of the field.
- Female postsecondary teachers earned about 19% less than equivalent men.
- Female physicians and surgeons earned 20% less than their male counterparts.
- Female lawyers earned almost ten percent less than male lawyers.

In Arizona, a woman earns only 84 cents for every dollar a man earns.

Additionally, the report states that when the number of women in an occupation increases, the pay for those jobs decrease. Reversely, when an occupation attracts more men, the wages go up. Women also earn less at every educational level. IWPR finds that irrespective of qualifications, jobs predominantly worked by women often pay less on average than jobs predominantly held by men.
Only 28% of Arizona families can afford infant care at an average cost of $9,437 per year.

The evidence above is further substantiated by the Center for American Progress which stated that while a portion of the gender wage gap can be attributed to variations in occupations, number of hours worked, and time spent on the labor force, these differences are not purely the result of “women’s choices”; rather, they reflect significant structural and economic realities that limit women’s ability to compete with men in the labor force, resulting in lower pay.

The significant and persistent structural impediments are in fact present from an early age. For example, African American and Hispanic women are less likely to graduate from high school or receive a bachelor’s degree. As a result, many African American and Hispanic women begin their career with an overwhelming disadvantage and inability to enter higher paying professional fields. In 2014, amongst working women, 62% of Hispanics; 57% of African Americans; 51% of Whites; and 44% of Asians were in the lowest earning occupations—service, sales, and office jobs.

When women and their contributions are undervalued, it leads to the omission of policies, benefits, and support systems that affect women in the workplace. It is only when we begin to remove the legal, structural, and societal barriers that impede a woman’s ability to equally and fairly participate fully in the economy, that families will flourish, women will be healthier, and the economy will grow.

Despite the federal Equal Pay Act of 1963, unrelenting earnings inequality through lower pay and less family income causes more children and families to live in poverty. Equal pay is critical for not only the economic stability of the families but our local and national economies as well. IWPR states that equal pay would reduce poverty by half for families with a working woman. It is crucial that state and national equal pay and opportunity laws are enforced, and that higher minimum wage, stronger collective bargaining, and better family-friendly policies such as paid family leave, subsidized child care, adequate health insurance and
To eliminate the gender and race-based wage gap, policies must be legislated and enforced. The National Partnership for Women and Families and other similar organizations offer the following recommendations to create parity and fairness for all women:

### Wage Protections

- **The Paycheck Fairness Act** – to remove harmful patterns of pay discrimination and establish stronger workplace protections for women. These should be enforceable to allow women to take legal action when they encounter discrimination.
- Institute policies to build wage-parity based on skills, education and capabilities and make it illegal to base wages on past experience and past wages
- **The Fair Pay Act** - to diminish wage disparities that result from gender-based occupational segregation
  - Institute policies that protect women’s wage and career trajectory
  - Measures that would increase the minimum wage, eliminate the tipped minimum wage and strengthen protections against sexual harassment in the workplace

### Family Protections

- Institute policies to provide additional support to even the playing field for children of disadvantaged families, so they have equal access to nutrition, health care, and educational opportunities.
- Instead of penalizing women for taking on important social responsibility of child birth, child care and elderly care, pay women premium wages or provide incentives for taking on these additional responsibilities
- Enact policies that providing men and women flexible work options

Discrimination is expensive. In the U.S. gender and race discrimination issues cost $64 billion a year in lawsuits and and lost talent.

- Alika Kumar, Executive Director, Phoenix MBDA Business Center
Health Protections

- The Healthy Families Act, which would guarantee workers the right to earn paid sick days
- The Family and Medical Insurance Leave (FAMILY) Act, which would create a comprehensive paid family and medical leave program. This would make it possible for women to balance family and work responsibilities without the hidden penalties
- The Pregnant Workers Fairness Act, which would update and strengthen protections against discrimination against pregnant workers
- The Equal Access to Abortion Coverage in Health Insurance (EACH Woman) Act, which would restore abortion coverage to women who receive health care or insurance through the federal government and prohibit political interference with health insurance companies that offer coverage for abortion care

Policies, such as the ones listed above, will go a long way in Arizona, where as of 2017, Black women made 68 cents, and Hispanic women made 55 cents for every dollar paid to White, non-Hispanic men. In Arizona, more than 307,000 families are headed by women, of which 31% have incomes below poverty levels. Without the annual wage gap, on average, a working woman in Arizona would be able to earn an income adequate enough to sustain their households. Finally, it is important to note, that policies alone will not solve the issues. In the U.S., action must be taken at the national and state level to eliminate the persistent structural, cultural biases against women and women of color. It is crucial that women be afforded access to fair-paying jobs, flexible working environments, and have support systems that allow them to prosper and advance in their careers in a non-discriminatory environment, irrespective of the jobs they choose, and where they work. Families depend on it, as do we all.

ABOUT THE AUTHOR

A Phoenix resident since 1980, Alika Kumar earned a Master of International Management degree from Thunderbird, School of Global Management, and a Masters of Business Administration from Arizona State University. Her service experience includes consulting for local and international businesses, working for the state and federal governments, a local non-profit, as well as teaching business courses. In her current role since 2006, as the Executive Director of the Phoenix MBDA Business Center, a Center funded by the Minority Business Development Agency, U.S. Department of Commerce, the Center has created an economic impact of over $2.7 billion through facilitated procurement and financial transactions; and, helped create and retain over 7,000 jobs.

Alika’s business experience includes consulting for multinational companies conducting research and developing competitive business intelligence; analysis of market research to develop market entry strategies; positioning, and negotiation strategy; and, demand analysis to determine domestic and international markets in various industries. Specific areas of knowledge/expertise include Intelligence in Diplomacy & Commerce; International Marketing Management; and, analysis of political risk for international ventures.
“All that is good in community is reflected in the consistent and unwavering efforts by the Arizona Foundation for Women. Their commitment to the safety, health and economic independence is purpose driven and outcome oriented. The saying, 'men build cities and women build communities' misses the mark. AFW empowers women to restore communities and rebuild cities. They are leading by example.”

Sheriff Paul Penzone
Maricopa County Sheriff
Prior to March 2020, Arizona women had many challenges to deal with on a day to day basis. With the COVID-19 pandemic and the subsequent quarantine orders, those challenges increased significantly, and new challenges and dangers emerged. It may seem the worst is behind Arizona, but it is not. COVID-19 brought dangers to Arizona women’s safety, health, and economic empowerment. The tsunami of effects caused by COVID-19 will hit, and it will hit Arizona women and their children harder than any other group. This will not be a wave that hits once and diminishes; it will be a wave that continues to crash into our community for years to come.

**Safety**
Safety has historically been a concern for women, and it will continue to be. The quarantine order may have helped slow the spread, but at the same this strategy reduced women’s safety. It is well known that violence against women rises when people are trapped in their homes. And it is no surprise to anyone living in our beautiful state that our extreme temperatures cause people to be confined indoors.
This confinement leads to irritation and anger. Combine the heat of our summer with the shelter in place orders of COVID-19 and you have a disaster waiting to happen. The abuse and domestic violence resulting from this pandemic will have to be dealt with by law enforcement, the medical world, taxpayers, and the victims for years.

Not only is the personal safety of women in danger, but so is the safety of family members when the woman is unable to protect them. The woman cannot protect her children or elders from violence because she herself is incapacitated or dealing with her own injuries.

In pre-COVID-19 Arizona, signs of abuse were noticed when the woman, or her children, were able to interact with the community. Victims of abuse and domestic violence are often scared to report it for a plethora of reasons; therefore, it takes interaction with the community for signs of abuse to be noticed. It takes a doctor, teacher, friend, family member, neighbor, or co-worker to see the signs. When everyone is quarantined, the abuse can go unnoticed. COVID-19 has removed the interaction and any possible oversight.

Health

In light of COVID-19, the average doctor’s office has not been seeing women in-person, even for routine physicals; subsequently, the signs are left unseen. Women are staying away from their physicians because they do not have money, insurance (maybe due to loss of a job) and all communications tell them to stay home to slow the spread and remain healthy. Telemedicine is very helpful, but it does not notice bruises. No interaction = no visuals = no abuse reports = no help.

Let us also remember that health providers are overwhelmed by the outbreak. This equates to fewer doctors and medical supplies available for all, especially pregnant women. As health centers become overwhelmed, more women are less likely to receive the services they need, which includes psychological help and support, in addition to routine health and wellness exams. The psychological help and support becomes more critical as lockdowns drag on and abuse increases.
Arizona has a long history of strong female leaders who get things done for our state. In business, health care, government, or any other field – Arizona women show up, do the work, and excel. I’m proud to partner with so many Arizonans to combat sex trafficking, guarantee women receive equal pay for equal work, and ensure every girl has a shot at her American dream."

Kyrsten Sinema
U.S. Senator for Arizona
This problem is increased dramatically on the Native American reservations, in particular, our Arizona Navajo Nation. During the pandemic the Navajo Nation women and their children were not allowed to leave their home in the evening after 5pm; and on the weekend, the curfew was in effect from 8pm Friday until 5am Monday with zero contact outside of the home.

That is 56 straight hours confined to her home, and any possible abusers, with no outside contact. Statistics indicate 1 in 4 persons (25%) will experience violence in their lives. This is increased to percent on the reservations, and the abuse is not simply partner abuse, but rather familial abuse, meaning it can come from several family members. Now, add in the scare of COVID-19 with little to no outside information or education on the virus, the shelter in place order, heat, closed doors and unemployment, and often no running water, and you have an unspeakable situation. It paints a sad picture that we will be seeing the results of over the next several years.

Economic Empowerment

Unemployment hit a staggering record in Arizona during the pandemic. The unemployment benefits created to help was both a blessing and a curse. It helped many in the immediate situation, but at the same time became a temporary crutch. Often times, the unemployment compensation was larger than the pay it replaced, but it was temporary.

Many women’s charities, such as Live and Learn, started teaching women they serve to take a lower paying long term job over the immediate more monetary relief, as the actual job will pay far more in the long term and with security that a band-aid program cannot provide. This is not always an easy concept to understand for those women who have come from the bottom of the payroll, but organizations such as this are committed to the long term success of the women they serve. These increased unemployment benefits as a result of COVID-19 are coming, or have already come, to an end which brings added stress. With added stress comes anger and domestic violence and the vicious circle keeps going.

Not only will women suffer, the non-profits that are their only hope will also suffer. These include places such as St. Vincent de Paul, Boys and Girls Clubs of the Valley, UMOM, Homeward Bound, Child Crisis Arizona, and many more who serve those individuals and families living at or below the poverty line. Inventories of food, supplies, and clothes are already dwindling because more people have been in need.

Phoenix area shelters have reported a **50% drop** in shelter capacity due to COVID-19.
Additionally, COVID-19 denied these organizations their spring food and supply drives and fundraisers. With more in need comes higher demand. Due to COVID-19, less people are working, less are giving and more are coming from a place of scarcity instead of abundance – understandably so.

Two other factors rode in on COVID-19’s coat tails; taxes and evictions. The federal government delayed the tax filing deadline to July 2020. Taxes are always a stressful time for the greater community; especially those in dire financial straits. This simply added to the stress, fear and frustration many were experiencing.

Arizona Governor, Doug Ducey suspended all evictions until July 22, 2020 and then extended them until December, 2020. Please understand, suspended simply means delayed, not forgiven. The debt is there and mounting. This does not solve the issue of housing; it simply puts a band-aid on it. The rent does not go away, it keeps stacking monthly, and eventually will be due in full. When evictions are resumed there will be an increase in women that need help because they cannot pay rent and will be evicted with no place to go. This can happen in a COVID-19 free world, but it has been, and will continue to be, exacerbated because increased unemployment benefits were given out with no requirement to pay rent.

Non-Profits

We need non-profits now more than ever, and they need us, the public, more than ever. Due to COVID-19, there is an entire new set of people that need help and the numbers will continue to rise for a while. Non-profits will need to serve the new along with the old. It is as if two waves come together and create a super wave, a tsunami. This new set are those that were on the verge of need but were able to get by and the old are the 30% that had gotten back on their feet but couldn’t make it during the pandemic. We need non-profits to help and we need to help the non-profits. They cannot do it alone.

The Internet

There is not one solution that will solve all the problems created and strengthened by the pandemic, yet there is one that will significantly help – the internet. Lack of access to the internet keeps people in need and in economic distress. If all homes had access to the internet then women could apply for jobs, fill out FAFSA and other forms for education, conduct job searches, help children with their homework, supplement their income and get health advice.

Too many homes have no internet access. In some homes you have multiple children huddled over one Chromebook or using their mother’s phone for school classes and homework because they either do not have computers or internet. They cannot use the computers or the internet at the libraries because those were closed during COVID-19.
So much is happening on Zoom but those without internet and the required hardware simply cannot be part of that. The percentage of people who have internet in their homes in just one Boys and Girls club of the Valley location is just 12%. Home schooling is a great option during the pandemic if you have internet; Alcoholics Anonymous meetings are great over Zoom, if you have the internet. Where can the woman go to learn if places are closed and she has no internet? Internet access is one of the most powerful economic equalizers during the pandemic and after.

One way to provide help to women who are suffering and in need due to the pandemic is to create a program similar to Arizona Health Care Cost Containment System (AHCCCS) whereby internet access is provided to those that desperately need it. There are many aspects to the fallout of COVID-19, but at the center of all but a few are women, and the children they care for. The best way to address the needs is by both turning to, and supporting, the organizations that serve them.

For women and children trying to rise above the poverty line and their current situations, trusting relationships are key. We can create all of the programming we like, but unless she can have access to the internet and trusts the source from which it comes, we will never protect her safety, health or lead her to economic empowerment. In other words, by supporting the organizations on the front line of the fallout of COVID-19, we will be able to remind each woman that, SHE COUNTS.

ABOUT THE AUTHOR

Known as America’s foremost “Auctiontainer”, Letitia Frye is celebrating Sixteen years and over $500 million dollars raised in the fundraising industry. Her unique style, passion and uncanny ability to memorize content give way to engaging performance at each event. Letitia performs on stages all across America, and during the pandemic, pivoted to over 49 virtual fundraisers throughout the world raising over $10 million dollars during a very uncertain economy. Letitia is passionate, not only about the performance behind her fundraising, but in her time spent volunteering with her clients as well. Letitia’s commitment to the organizations and individuals they serve set her apart from the rest. In addition to charity auctions, Letitia is now a professional speaker and published author of the critically acclaimed book, No Reserve. Letitia travels the country, and now performs virtually as well, speaking on business, leadership, and living life to the fullest in the face of adversity. Letitia is thrilled to contribute to the Arizona Foundation for Women’s report on the status of women.
"I encourage all women who may believe that they are not strong enough, smart enough or well-connected enough to put aside those limiting beliefs and aim high. Ask for help, seek resources and never, ever sacrifice a relationship for an outcome. Constantly challenge yourself to do better and embrace every opportunity, even those that may not necessarily seem like an obvious route to success. If you can make a difference in the life of another person, then you have found your calling."

Fire Chief Kara Kalkbrenner
City of Phoenix Fire Dept.
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GET INVOLVED WITH AFW

No matter who you are, your investment — small or large — changes what is possible for women, our community, and future generations. Membership comes with a variety of benefits, but none as rewarding as the impact you will have on the lives and futures of Arizona women. Each month, you’re providing a woman access to the critical resources she needs to lead a safe, healthy, and financially independent life. Learn more about membership and join today here.

SHE PARTNERS
AFW offers many sponsor opportunities with many year-long benefits for your company or business. By signing up as a SHE Partner, your business will be publicly recognized as one that is leading the charge to ensure that women in Arizona are safe, healthy and economically independent. We have adapted our previous event-based sponsorship model to now include benefits provided to your business throughout the year, instead of only related to our annual Awards Luncheon. Learn more about SHE Partner options here.

PROFESSIONAL ADVISORS COMMITTEE
Our Professional Advisor Committee (PAC) is a group of experienced professionals in the financial, law and insurance fields who assist in spreading the AFW mission with clients looking to include women’s issues in their charitable giving plans. Our PAC committee also hosts free financial education and continuing education sessions for the community. If you are interested in volunteering with the PAC committee, reach out here.

MAN
Men’s Anti-Violence Network (MaN) has a rich history of community engagement and domestic violence prevention. Established in the year 2000, MaN at the time was one of the only organizations in the country engaging men as allies of women in the effort to end violence against women. Now, similar groups have emerged nationwide, signaling the strength of the movement. During AFW’s 25th celebration year in 2020, MaN was revived to acknowledge men as part of the solution to end and remove barriers that block women’s potential to thrive. Incorporating a pledge that men commit to, embrace, practice and sign on to, is just the beginning. As a man in our community, join others standing to bring social justice and equality to ALL women and end the disparities for the betterment of our social and economic status of our communities. Learn more and take the pledge here.
YOUNG PROFESSIONALS
The Arizona Foundation for Women Young Professionals Committee fosters safety, health and economic empowerment to women, especially those in the early adult years who are starting careers, becoming first-time mothers, and all the other exciting challenges that young professionals face. Join the Young Professionals here.

SHE LEADS!™
SHE Leads!™ is our new women’s leadership program designed to develop women personally, professionally and philanthropically by developing and enhancing the skills needed to empower not only themselves, but their communities. SHE Leads!™ also looks for experienced mentors and instructors and trainers to deliver the curriculum. You can learn more and view application details for the next SHE Leads!™ class here.

SHE TALKS!™
SHE Talks!™ is a series of virtual educational events and are a great way to bring people together in a comfortable environment to raise awareness for issues affecting the Safety, Health and Economic Empowerment of women in Arizona. Some past topics include opioid abuse, human and sex trafficking, domestic violence, sexual harassment, breast cancer treatment options and personal finance. The outcome is to educate, motivate and initiate a call to action. Register for an upcoming SHE Talks!™ event here.

ANGELS
In 1996, Patti Naughton, who was a member of the AFW Board of Directors, created the AFW Angels to support AFW initiatives. The primary fundraising tool for AFW is the annual Awards Luncheon, which provides the support of the Foundation’s annual grant-making, research, operations and advocacy activities. The Luncheon honors a woman, who goes well and beyond to help women, with the Sandra Day O’Connor Lifetime Achievement award. Participation by the Angels makes the event such a success through members’ efforts in securing auction items and sponsorships. You can learn more about volunteering as an Angel here.
2020 STATUS OF WOMEN IN ARIZONA
REPORT REFERENCES

SAFETY

Rape Myths and Case Attrition by Dr. Cassia Spohn

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Graphic: Maricopa County Sexual Assault Kit Backlog Status
Additional reports can be found at Arizona Department of Public Safety, Crime Lab Data & Reports, Sexual Assault Kits Annual Reports.
https://www.azdps.gov/organization/tdsd/scientific-analysis/reports

Sex Trafficking in America by Erik L. Bauer

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Quote: “Arizona is a prime transit and destination area for both sex and labor trafficking in the United States.”

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Graphic: “The number of human trafficking cases reported to the National Human Trafficking Hotline in 2019 from Arizona. Given that this type of crime is generally underreported, the true number is likely much higher.”
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Graphic: “Arizona is ranked 7th in the nation for the highest rate of females killed by males.”

Graphic: “Over 2/3rd of these homicides were committed with guns.”
Sexual Violence Prevention and Education Program Arizona Department of Health Services Office of
https://www.azdhs.gov/documents/prevention/womens-childrens-health/womens-health/sexual-violence-

HEALTH
Status of Women’s Health in Arizona by Amanda Aguirre

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Graph: “Rates of Maternal Mortality are on the rise both in Arizona and nationally”


Graph: “Trends in Pregnancy Rates Among Females 19 Years or Younger in Arizona from 2007-2017”


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Graph: “ACC Plan Geographic Service Areas”

https://www.azahcccs.gov/AHCCCS/Initiatives/AHCCCSCompleteCare/

Graphic: “In Arizona, 21% of low income women lack health insurance”


Graphic: “29% of Hispanic women in Arizona have no health care provider”

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Graphic: “Arizona has the second highest growth rate for Alzheimer’s diagnoses in the country.”


Graphic: “Arizona ranks 36th in the U.S. for access to mental health care.”

https://mhanational.org/issues/2020/mental-health-america-access-care-data
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**Graphic: “One in eight women in the United States is diagnosed with breast cancer in her lifetime.”**


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**The Persistent Economic Impacts of Gender and Race-Based Wage Disparities from Cradle to Grave by Alika Kumar**

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*Note: This source updates their data on the website page on a regular basis. Current data displayed by this source may differ from statistical metrics listed here.

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