

Needs Assessment Report: Insights from Community-Based Organizations Serving AANHPI and MENA Survivors

October 2025 | Research and Evaluation



Acknowledgements

The Asian Pacific Institute on Gender-Based Violence (API-GBV) extends deep gratitude to the 110 individuals who completed the 2025 Needs Assessment Survey, representing 72 unique community-based organizations (CBOs) across 27 U.S. states and territories. Your candor and time gave us a clear view of what is working, where the strain is showing, and what support is most urgent.

Publication Note

This report has been updated to reflect corrections to select data points identified after publication. This version supersedes the original October 2025 report.

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Introduction

Culturally specific community-based organizations (CBOs) play a critical role in supporting survivors of domestic violence, sexual assault, dating violence, and stalking. They provide services that are tailored to the unique needs of their communities, build trust with survivors, and help address gaps in mainstream service systems. The 2025 CBO Needs Assessment captures the experiences, strengths, challenges, and training needs of organizations serving Asian American, Native Hawaiian, and Pacific Islander (AANHPI) and Middle Eastern and North African (MENA) survivors across the United States. By sharing these insights, this report aims to inform policymakers, funders, and service providers about how to better support culturally specific organizations and the communities they serve.

Methods

The 2025 CBO Needs Assessment Survey aimed to understand the services, strengths, gaps, and training needs of organizations serving AANHPI and MENA survivors. Building on the 2023 survey, the 2025 version was updated based on community feedback and input from policymakers, researchers, and other stakeholders. It was developed collaboratively by three culturally specific, federally funded national resource centers – [API-GBV](#), [Ujima](#), and [Esperanza United](#) – to reflect the experiences of the communities they serve.

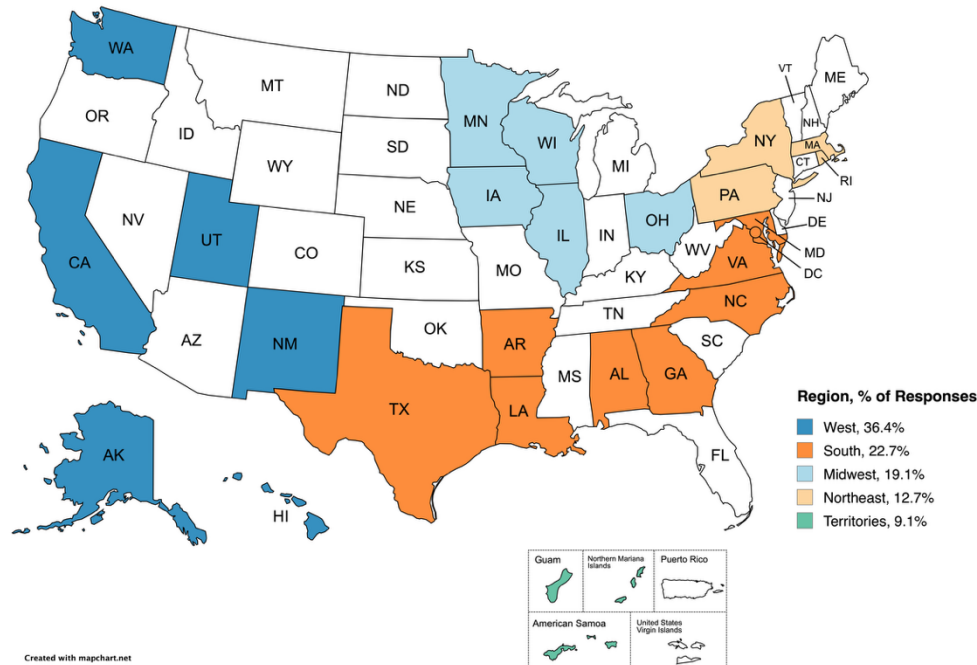
API-GBV’s survey included 28 core questions, plus additional questions to collect ethnic subgroup data and leadership perspectives, covering demographics, organizational overview, services provided, survivor needs, organizational strengths and gaps, and training and resource needs. Participation was open to all CBOs located within the United States or its Territories providing culturally specific programming to AANHPI and MENA survivors. Individuals affiliated with these organizations were identified through API-GBV’s contact networks and invited via email to complete the survey online in English, with respondents encouraged to share the survey with colleagues, allowing for a partial “snowball” recruitment approach.

Data collection took place from June 18 to July 9, 2025, with follow-up emails sent to organizations that had not yet responded. Participants could answer as many or as few questions as they chose, and all who completed the survey received a \$25 Amazon gift card. In total, 110 individuals representing 72 unique organizations are included in the findings below. These organizations serve a range of AANHPI and MENA communities across different regions, capturing diverse perspectives from culturally specific CBOs with varying community focuses. While the sample is not nationally representative, it offers a valuable snapshot of the strengths, challenges, and needs of organizations serving these communities nationwide.

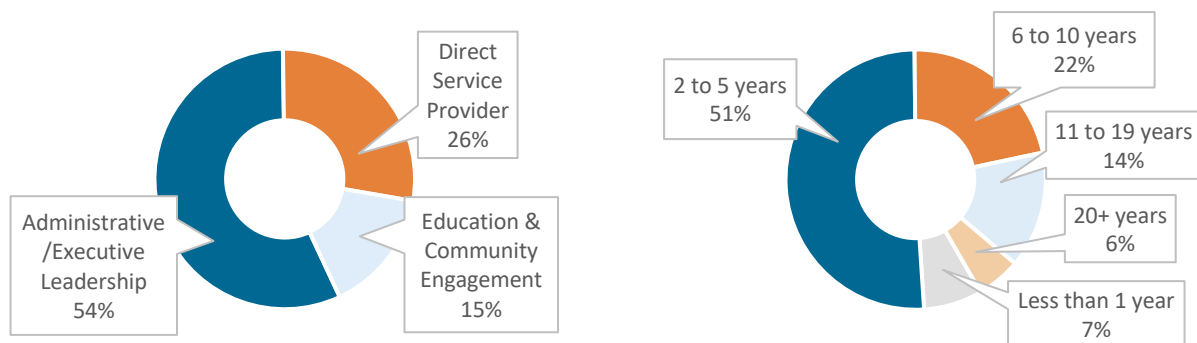
Key Findings

1. Respondent and Organizational Profile

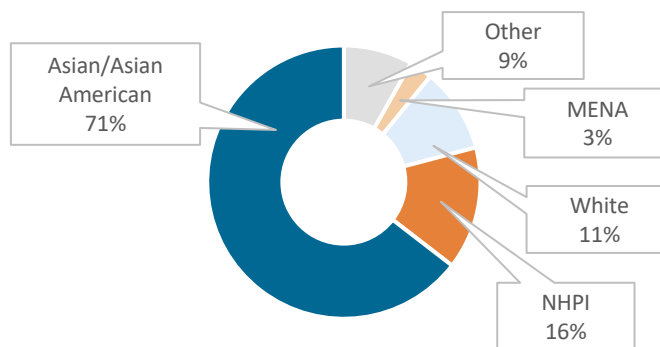
The 2025 Needs Assessment drew from 110 responses, including 104 fully completed surveys and 6 partial surveys, representing 72 unique organizations across 27 U.S. states and territories. The largest concentration of respondents were located in the West (36%), followed by the South (23%), Midwest (19%), Northeast (13%), and U.S. territories (9%).



Respondents held a variety of roles within their organizations. Over half (54%) were in administrative or executive leadership positions, 26% were direct service providers (e.g., case manager, therapist, advocate), 15% worked in education and community engagement, and smaller shares were in legal services (2%), interpretation (1%), volunteer work (1%), or other roles (2%). Most respondents (51%) had been in their current position for two to five years, 22% for six to ten years, and nearly 20% for more than a decade, while 7% had held their role for less than one year.

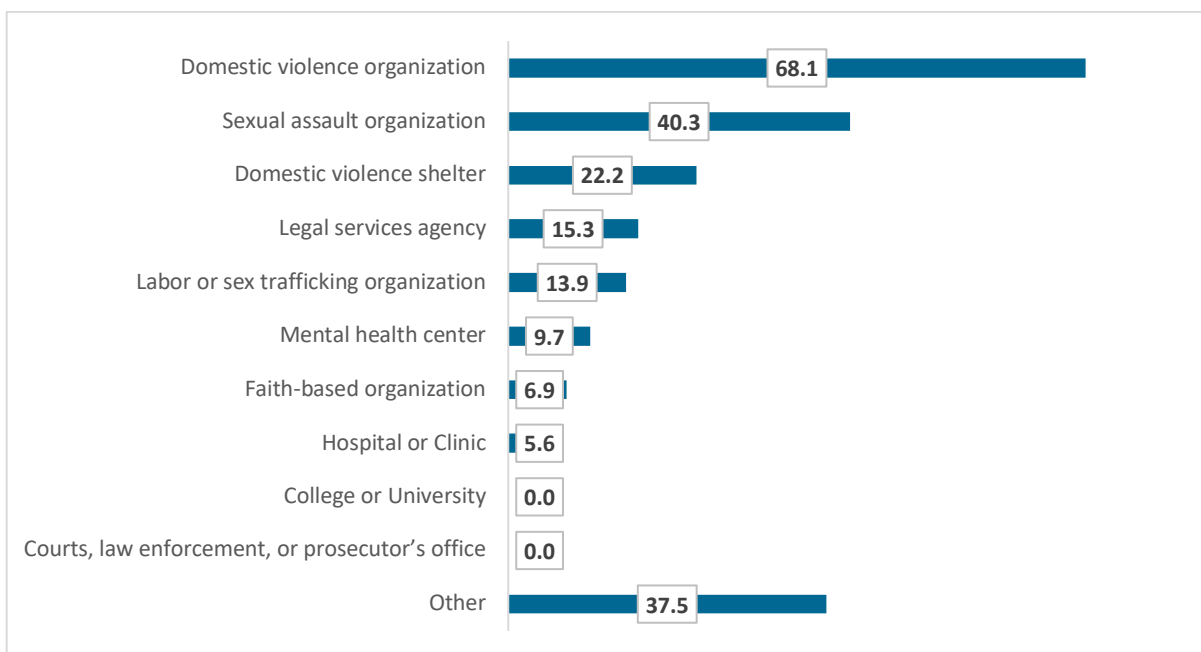


Nearly 9 in 10 respondents (87%) identified as AANHPI or MENA. The largest group identified as Asian/Asian American (71%), followed by NHPI (16%). Smaller percentages identified as White (11%), MENA (3%), or Other (9%).

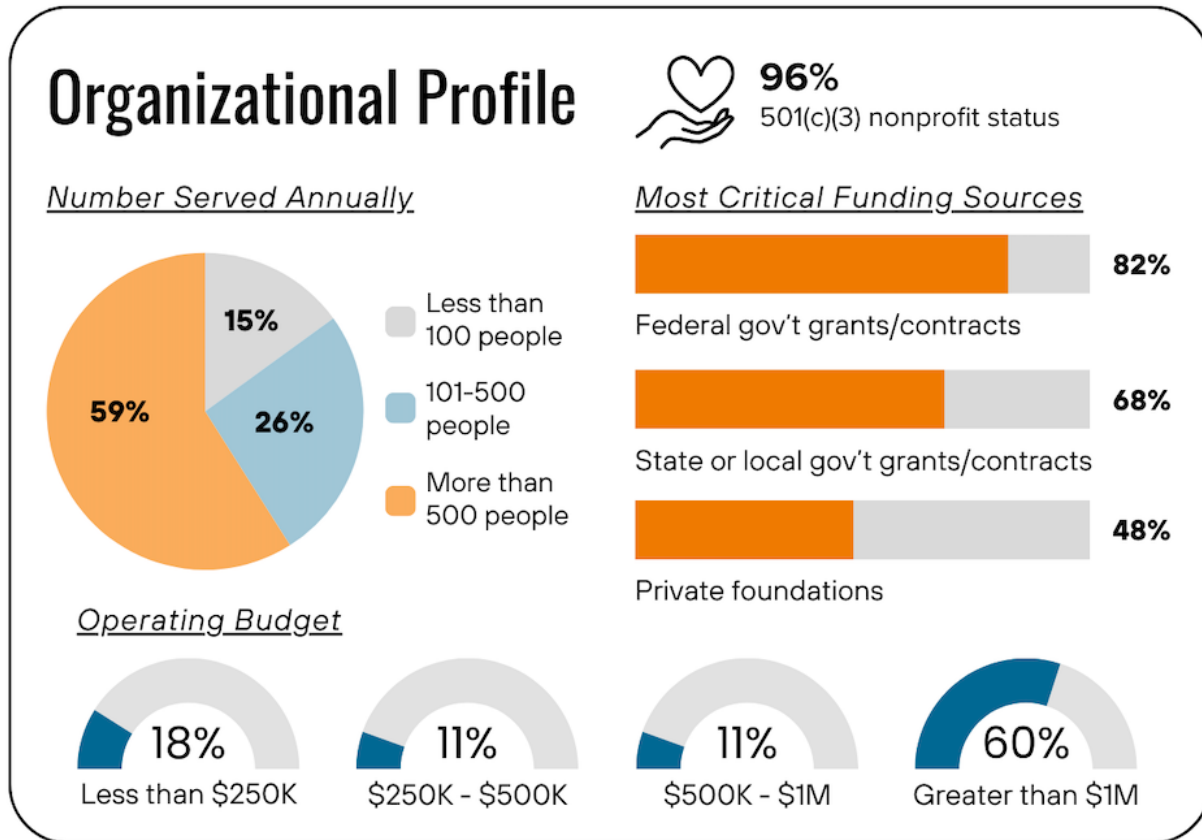


The organizations they represented most frequently identified as domestic violence (68%) or sexual assault agencies (40%).

Since respondents could select all categories that applied, many also reported operating shelters (22%), legal services (15%), or anti-trafficking services (14%). Over one-third (38%) selected “Other,” reflecting a range of community-based organizations beyond the listed categories. The most common write-in responses included culturally specific organizations (7%), social service agencies (6%), and nonprofit organizations (4%), alongside additional unique responses.

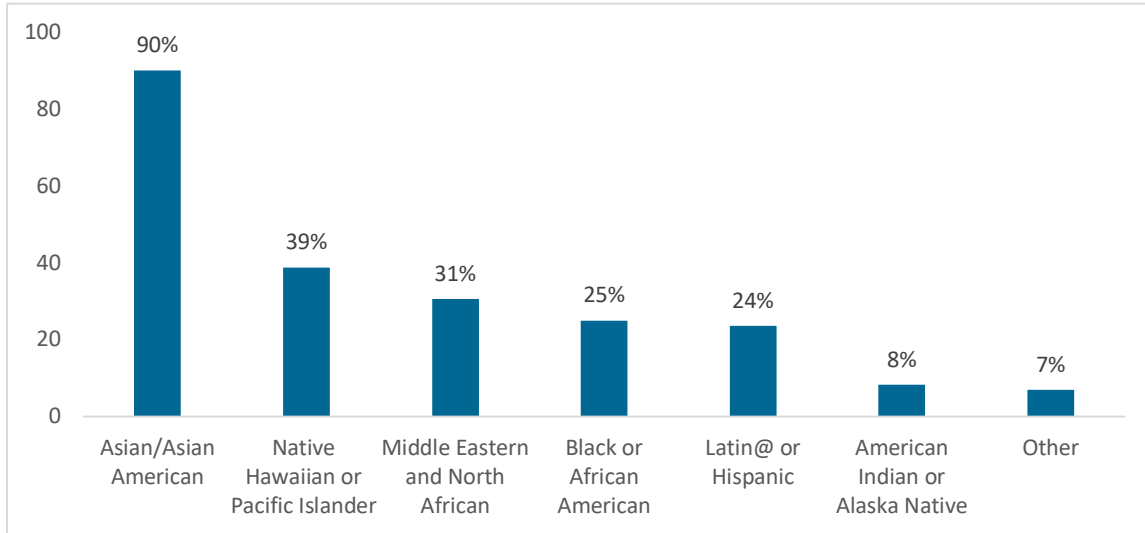


Among leaders who reported organizational details, nearly all (96%) identified their organization as a 501(c)(3). The majority reported budgets over \$1 million (60%), and most (59%) served more than 500 clients annually. Federal grants were by far the most relied upon funding source (91%), followed by state and local government grants (76%), private foundations (72%), individual donors (70%), and fundraising events (67%). When asked which sources were most important for sustaining core services and operations, federal funding was the most critical (82%), along with state/local grants (68%) and private foundations (48%), while other sources played a more supplemental role.

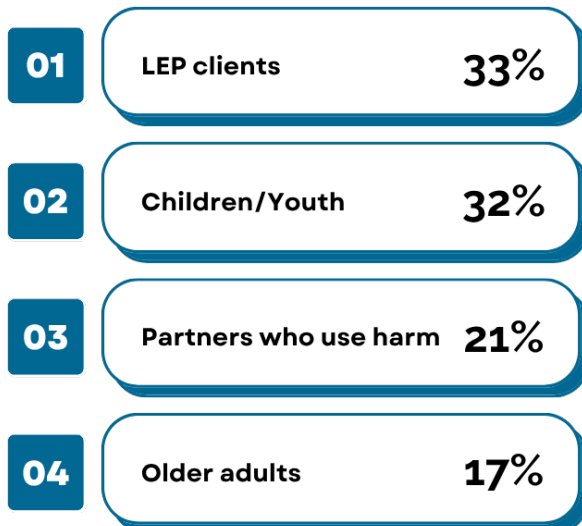


2. Communities Served

Most organizations primarily served Asian/Asian American communities (90%), with many also serving NHPI (39%) and MENA (31%) populations. Organizations also served Black or African American (25%), Latin@ or Hispanic (24%), and American Indian or Alaska Native communities (8%).



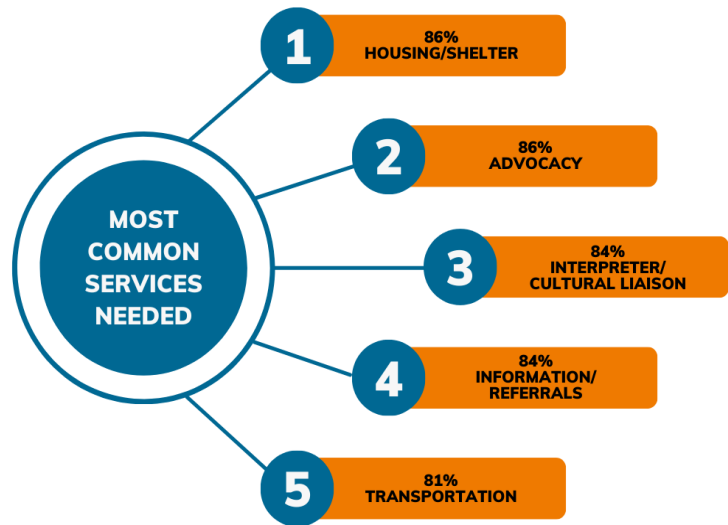
Disaggregated data highlighted the extraordinary diversity of communities supported. Among Asian American subgroups, the largest shares of organizations reported serving Asian Indian (62%), Filipino (59%), Vietnamese (57%), Chinese (55%), Korean (52%), Pakistani (49%), and Bangladeshi (48%) communities, with many also serving Cambodian, Hmong, Japanese, and Thai survivors. Similarly, among NHPI-serving organizations, most supported Native Hawaiian (75%) and Samoan (68%) survivors, with significant outreach to Tongan, Chuukese, Marshallese, Chamorro, and Guamanian populations. For MENA groups, Arab (77%), Iranian (68%), Iraqi (64%), Egyptian (59%), and Palestinian and Syrian survivors (55% each) were most often served.



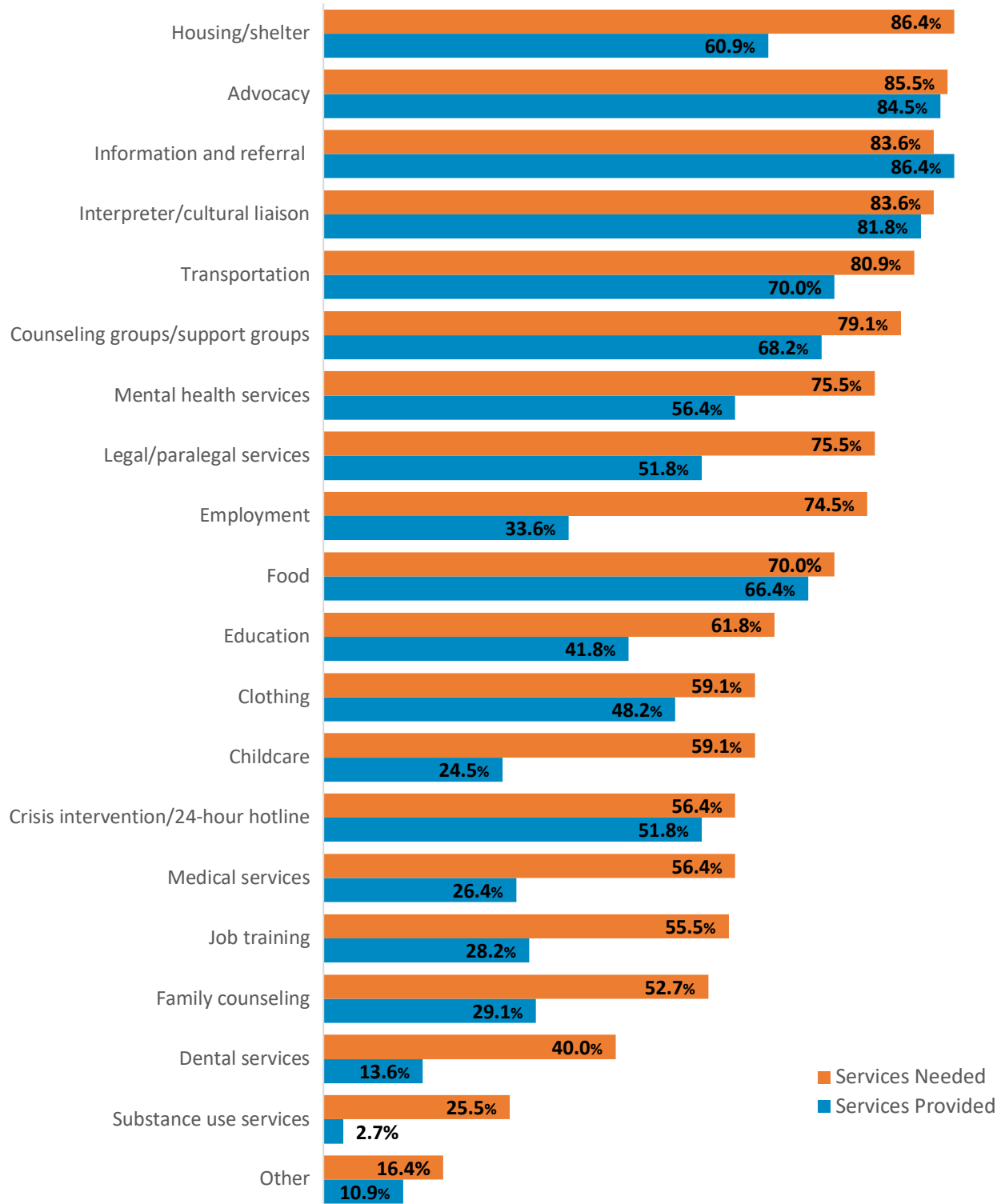
Despite this reach, organizations reported challenges in fully meeting the needs of certain populations. Respondents (n=76) identified 29 unique communities, with 138 total mentions, highlighting the diversity of groups served and the complexity of service needs. The most commonly cited populations facing service gaps were limited-English proficient (LEP) clients (33%), children and youth (32%), partners who use harm/perpetrators (21%), and older adults (17%). These findings underscore persistent strains in service systems and point to where additional support and resources are needed.

3. Survivor Needs vs. Services Provided

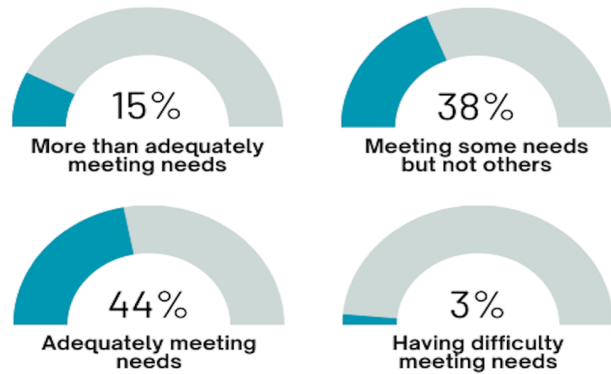
Respondents reported that survivors served by their organizations had wide-ranging needs. The most frequently identified needs were housing and shelter (86%), advocacy to help navigate civil and criminal justice systems or immigration processes (86%), interpretation or cultural liaison support (84%), information and referral services (84%), and transportation (81%). Counseling and support groups (79%), mental health services (76%), and legal services (76%) were also commonly reported as needed. Many respondents also indicated that survivors needed assistance with basic needs such as food (70%), clothing (59%), and childcare (59%).



Respondents also reported notable gaps between survivors' needs and the services their organizations were able to provide. The largest service gaps were identified for employment (75% needed vs. 34% provided; 41 percentage point gap), childcare (59% needed vs. 25% provided; 34 percentage point gap), medical services (56% needed vs. 26% provided; 30 percentage point gap), job training (56% needed vs. 28% provided; 28 percentage point gap), and dental services (40% needed vs. 14% provided; 26 percentage point gap). Additional service gaps were reported for housing/shelter (86% needed vs. 61% provided; 25 percentage point gap), legal/paralegal services (76% needed vs. 52% provided; 24 percentage point gap), and family counseling (53% needed vs. 29% provided; 24 percentage point gap).

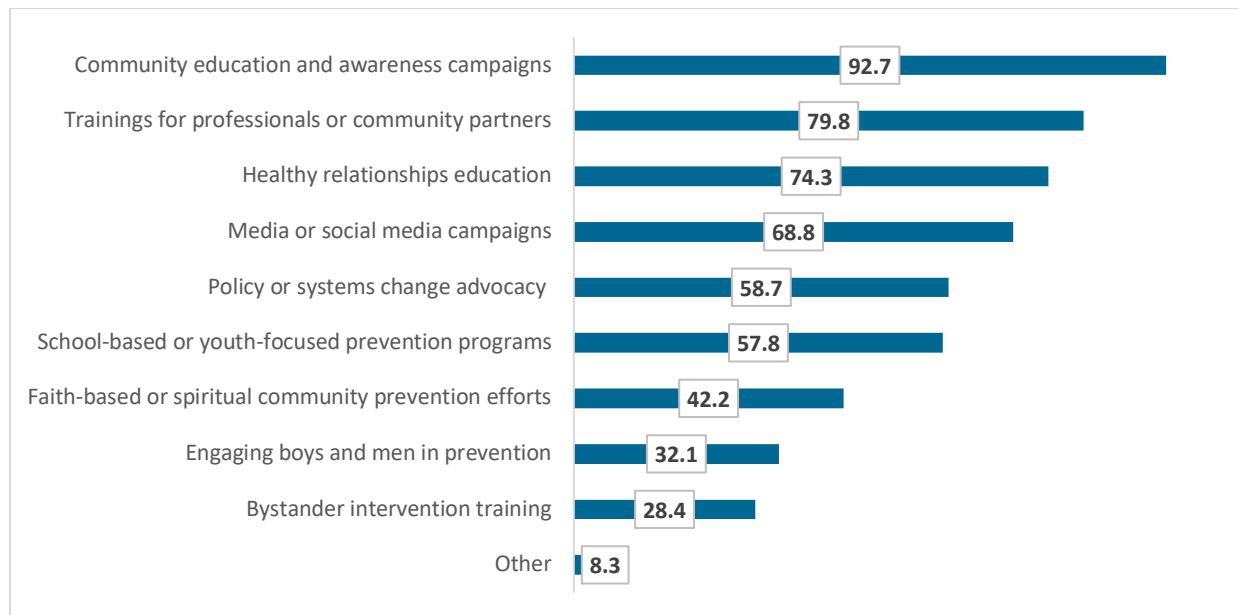


When asked to assess their overall ability to meet survivor needs, fewer than half (44%) of respondents felt they were adequately meeting needs, while 38% acknowledged meeting some but not others. Only 15% reported meeting needs more than adequately, and a small share (3%) reported having difficulty doing so. These findings underscore the scale of service gaps, particularly in employment-related supports, childcare, and medical and dental services.



4. Prevention Efforts

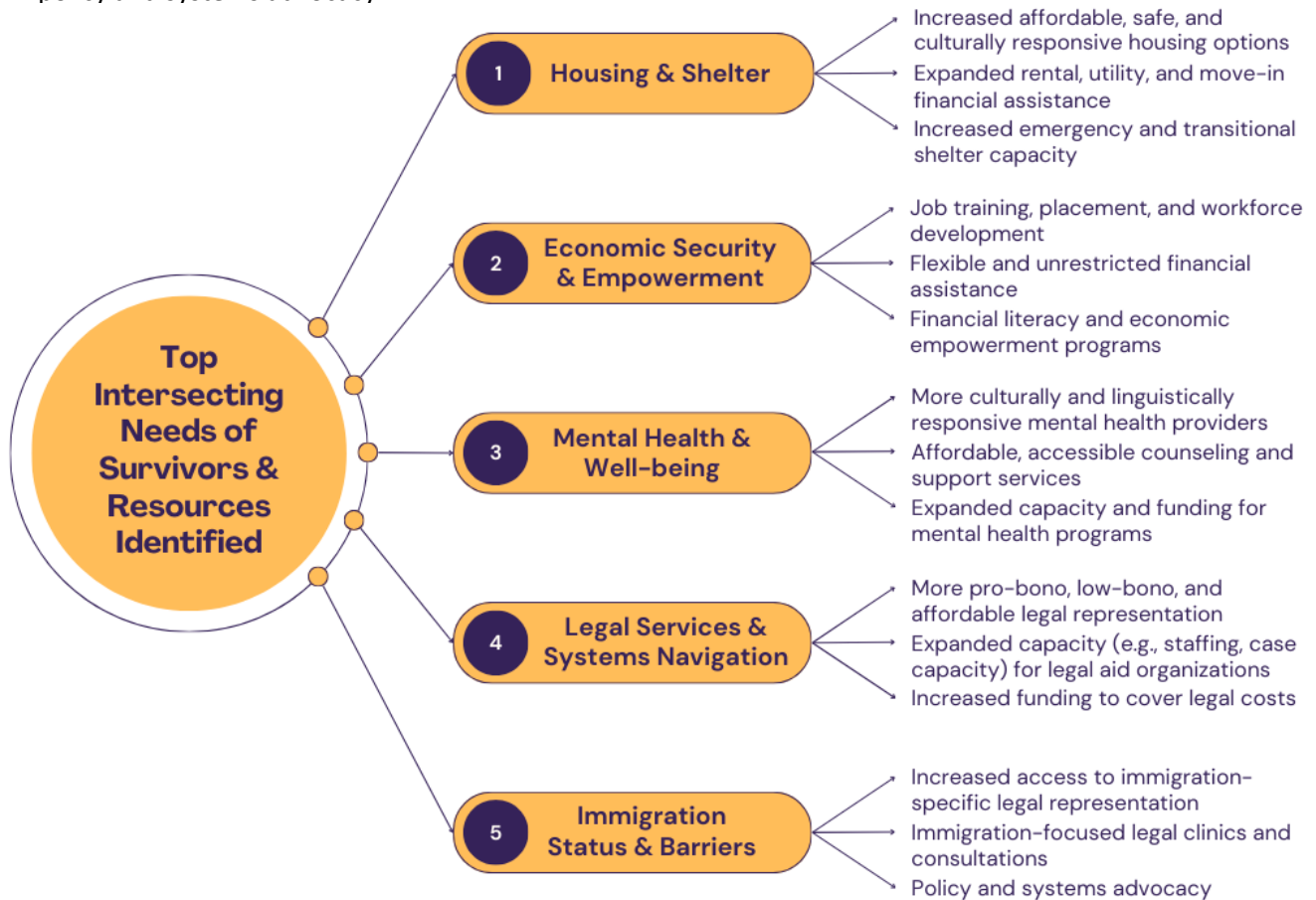
Nearly all respondents reported that their organizations implement at least one prevention strategy. The most common approaches were community education and awareness campaigns (93%), followed by trainings for professionals and partners (80%), healthy relationships education (74%), and media or social media campaigns (69%). Over half of organizations also engaged in school-based programs (58%) or policy and systems change advocacy (59%). Fewer respondents reported prevention strategies focused on faith-based communities (42%), engaging boys and men (32%), or bystander intervention training (28%), suggesting opportunities to expand prevention work into strategies that address structural and cultural norms. Only one respondent (1%) indicated that their organization did not engage in any prevention strategies.



5. Intersecting Issues

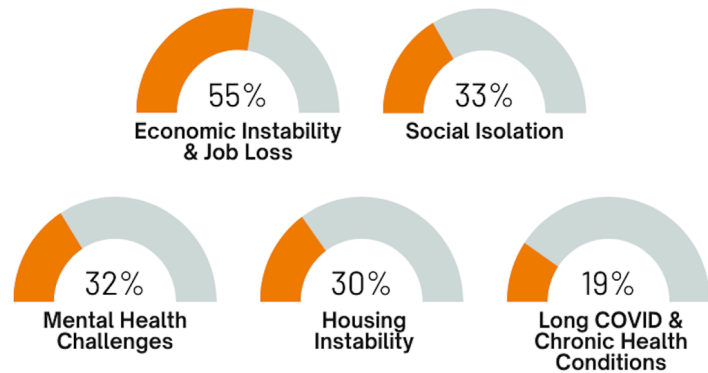
In response to an open-ended question about the most pressing intersecting issues affecting survivors they serve, respondents identified a wide range of overlapping challenges. Altogether, they highlighted 13 unique areas of need, with 306 mentions overall, underscoring the complex realities survivors face. The most frequently cited concerns were housing and shelter (81%), financial insecurity and economic empowerment (67%), and mental health and emotional well-being (40%). Other critical issues included legal services and systems navigation (26%) and immigration-related barriers (20%).

Respondents also described what resources would help them better address these needs. To meet housing challenges, they emphasized the need for more affordable and culturally responsive housing, expanded rental and utility assistance, and greater emergency and transitional shelter capacity. To address financial insecurity, they called for job training and workforce development opportunities, flexible financial assistance, and economic empowerment programs. For mental health and emotional well-being, the most urgent needs included more culturally and linguistically responsive providers, affordable counseling, and expanded mental health program funding. In the area of legal services, respondents stressed the importance of pro bono and affordable representation, additional funding for legal costs, and increased capacity for legal aid providers. Finally, to address immigration barriers, they highlighted the need for more immigration-specific legal services, clinics and consultations, and broader policy and systems advocacy.



6. Ongoing COVID-19 Impacts

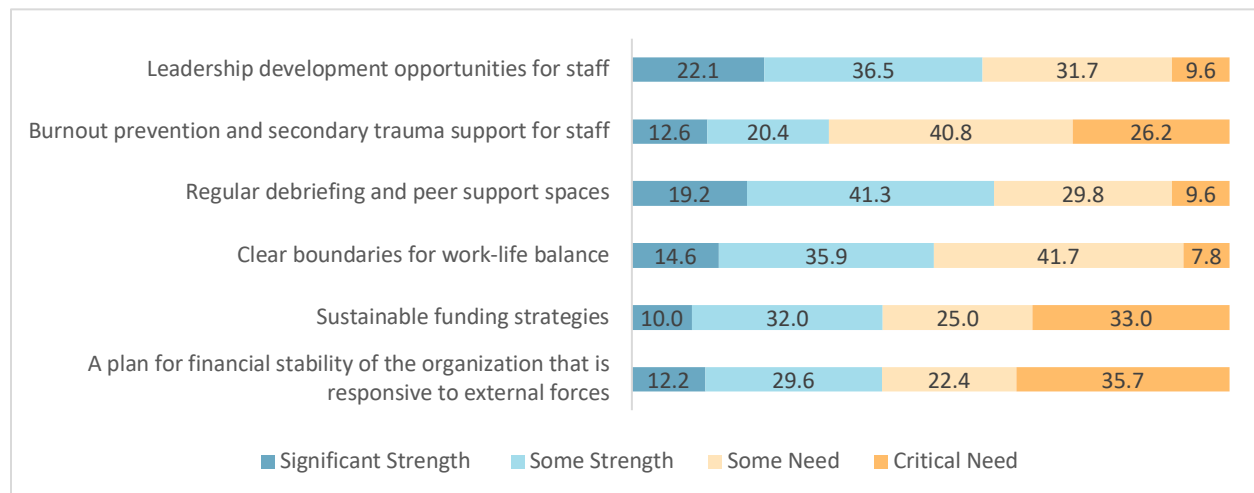
The pandemic continues to shape survivor experiences in diverse and ongoing ways. Through an open-ended question, respondents identified 11 unique impacts, with 148 mentions overall, highlighting the pandemic's continued ripple effects on survivor well-being and stability. More than half of respondents reported survivors facing ongoing economic instability and job loss (55%). Other significant impacts included social isolation (33%), mental health challenges (32%), housing instability (30%), and chronic health conditions including long COVID (19%). These findings underscore that while the acute crisis phase of the pandemic has passed, its long-term effects continue to destabilize survivors and complicate recovery.



7. Organizational Strengths and Needs

Staff & Organizational Well-Being

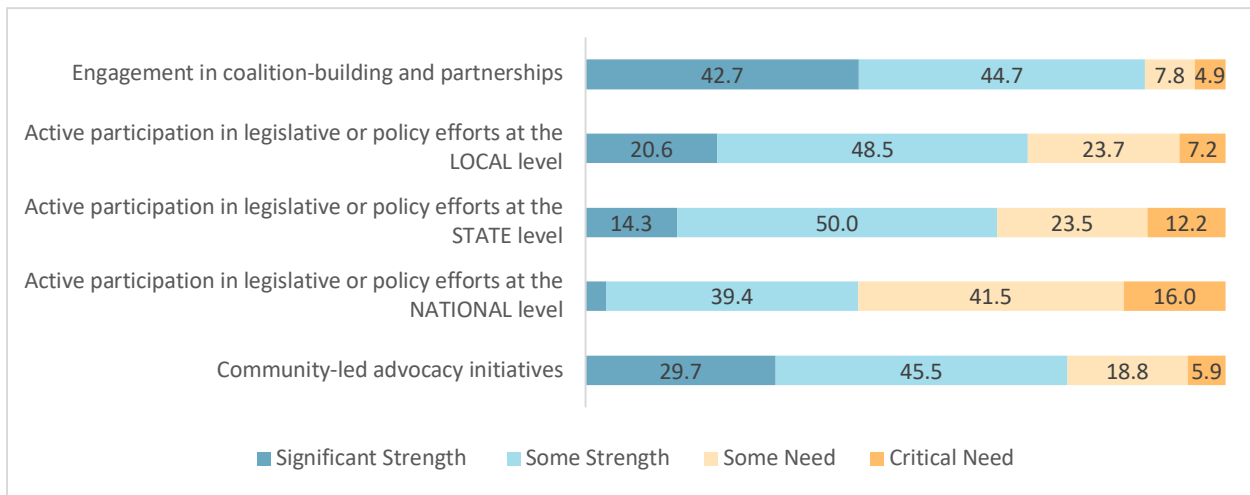
Respondents reported mixed strengths and needs in their organizations' capacity to support staff. Leadership development was more often seen as a strength (59% reported it either a "some" or "significant" strength), while 67% identified burnout prevention and secondary trauma support as either a "some" or "critical" need. One respondent shared, *"There is an expectation that [advocates with lived experiences] compartmentalize our emotional needs and our work. It is sometimes difficult to find the time and space to process vicarious trauma and secondary stress."* Similarly, clear work-life boundaries and regular peer support were only moderately strong (51%), with many indicating ongoing needs (49%). Financial stability stood out as one of the most pressing challenges: 33% identified sustainable funding strategies as a critical need, and another 36% highlighted the critical need for responsive financial planning.



Note. Percentages exclude "Don't know/Unsure" responses.

Advocacy & Systems Change

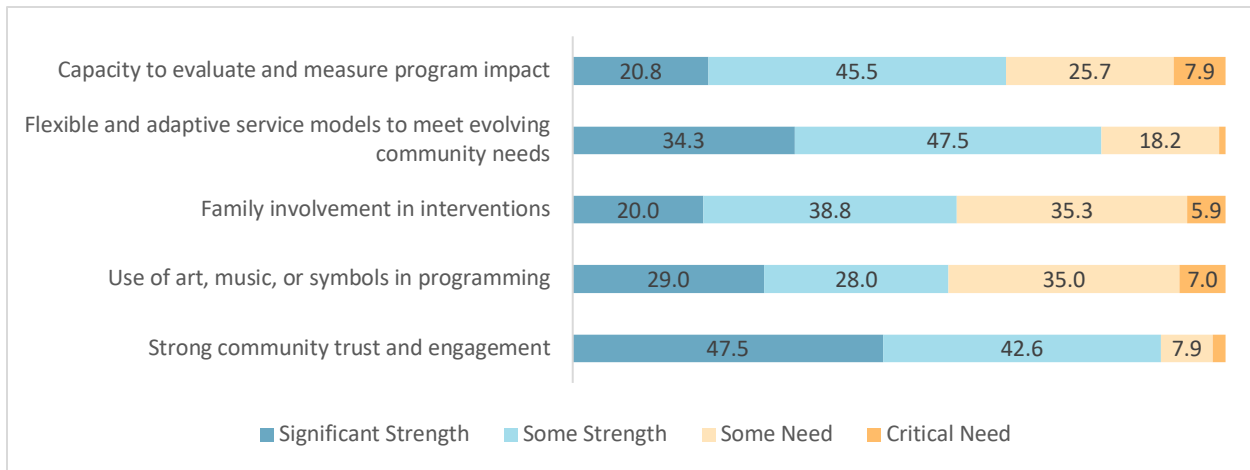
Advocacy efforts showed stronger capacity at the local level and within coalitions. The majority of respondents (87%) reported at least some strength in their organization’s coalition-building and partnerships, and local policy engagement was also relatively strong (69%). However, state- and national-level policy advocacy presented greater challenges, with 57% citing national engagement as either a “some” or “critical” need and only a small fraction (3%) reporting it as a significant strength. Community-led advocacy was another area of moderate strength, as one respondent shared, *“Community organizers are more in tune with what the community wants and needs, and we empower community members to take leadership on the issues that impact them,”* though nearly one-quarter saw it as a need, suggesting more support is required to strengthen survivor- and community-driven leadership in advocacy.



Note. Percentages exclude "Don't know/Unsure" responses.

Programming & Service Sustainability

Respondents highlighted community trust and engagement as a key strength of their organizations, with 90% rating it as either a “significant” or “some” strength. Flexibility in adapting service models was also widely recognized, with 82% of respondents citing it as a strength. At the same time, evaluation capacity was more uneven as 66% reported at least some strength in this area, while 34% identified it as a “some” or “critical” need, underscoring challenges in measuring program impact. Other strategies such as incorporating family involvement (41%) or using creative approaches like art or music (42%) were more frequently identified as needs, suggesting that while these approaches are valued, they remain underdeveloped.



Note. Percentages exclude "Don't know/Unsure" responses.

Community Engagement & Participation

Most respondents felt their organizations demonstrated strengths in partnerships with grassroots (82%) and faith-based (68%) organizations, as well as in training and supporting community health workers and leaders (68%). Despite these strong connections, formal structures for community voice, such as advisory boards and survivor participation, were less developed, with around 40% identifying these as either “some” needs or “critical” needs. Volunteer systems were another area of need, with 40% citing gaps in recruitment, onboarding, and retention. These findings underscore the need for deeper, more sustainable infrastructure to ensure survivor and community participation meaningfully informs organizational strategy. As one respondent reflected, *“We are strong in grassroots advocacy as our organization emerged from these grassroots efforts to combat gender-based violence in Asian and Pacific Islander communities. Our board consists of community members and survivors of gender-based violence who volunteer their time to make [our organization] as impactful as possible.”* This quote illustrates how some organizations have leveraged grassroots engagement effectively, even while formalized structures remain limited.

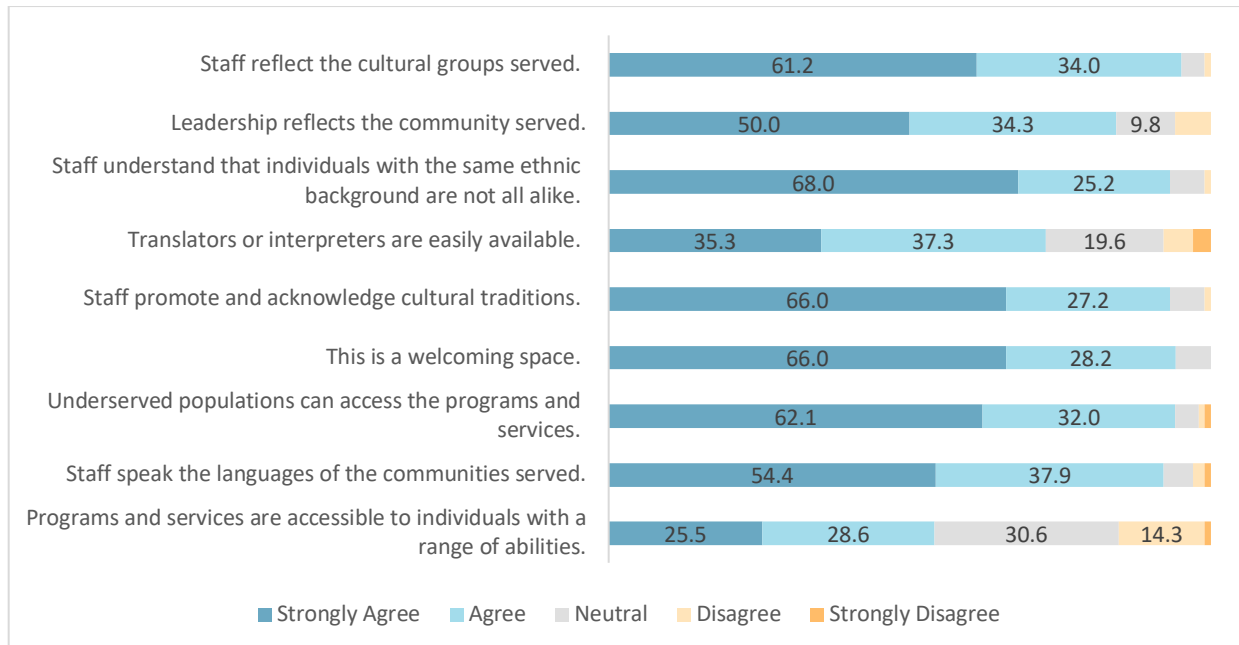


Note. Percentages exclude "Don't know/Unsure" responses.

8. Cultural Responsiveness

Using a modified 9-item scale, respondents rated how their organizations use culturally specific practices for AANHPI and MENA survivors and communities.¹ Most felt their organizations created culturally relevant, welcoming spaces for survivors. Nearly all reported that staff reflected the cultural groups they served (95%), understood differences within ethnic communities (93%), and promoted cultural traditions (93%). Similarly, nearly all respondents agreed their programs and services are welcoming (94%) and accessible to underserved populations (94%). More than nine in ten also noted that their staff speak the languages of the communities served (92%).

At the same time, there are areas where respondents saw room for growth within their organizations. While over 70% agreed that translators or interpreters are easily available, one in four selected “neutral,” citing persistent shortages of qualified interpreters as well as the lack of trauma-informed interpreters. Accessibility for survivors with a range of abilities was the lowest-rated measure, with only 54% agreeing that services are accessible to those who are Deaf, hard of hearing, blind, or neurodivergent.



¹ Serrata, J. V., Rodriguez, R., Castro, J. E., & Hernandez-Martinez, M. (2020). Well-being of Latina survivors of intimate partner violence and sexual assault receiving trauma-informed and culturally specific services. *Journal of Family Violence*, 35(2), 169-180.

Comments reflected both strengths and challenges. Many respondents emphasized their organization’s strong foundation in culturally and linguistically specific services, while also acknowledging the need to expand support for groups such as elders, survivors of sexual assault and trafficking, and Deaf and hard of hearing survivors. As one respondent explained, *“We are strong in providing linguistically and culturally specific services to mainstream Asian LEP survivors, but recognize the need to improve our reach and support for other groups... We are actively engaging with partner organizations for cross-training and exploring potential collaborations to strengthen our capacity.”* Others noted ongoing resource and staffing challenges: *“We strive to be as inclusive as possible with limited resources and capacity. Still have gaps in languages, and all are collectively and actively learning about the various cultures we serve.”*

9. Training and Resource Needs

When asked about training needs, respondents most frequently identified staff wellness and addressing vicarious trauma (65%), organizational sustainability (64%), and legal, housing, and immigration advocacy (57%). Many also expressed strong interest in engaging men and addressing harm within communities (46%), trauma-informed advocacy and safety planning (44%), and technology-facilitated abuse and digital safety (43%). Collecting and using disaggregated or community-centered data (39%) and addressing community challenges and stigma (38%) were also identified as priorities.

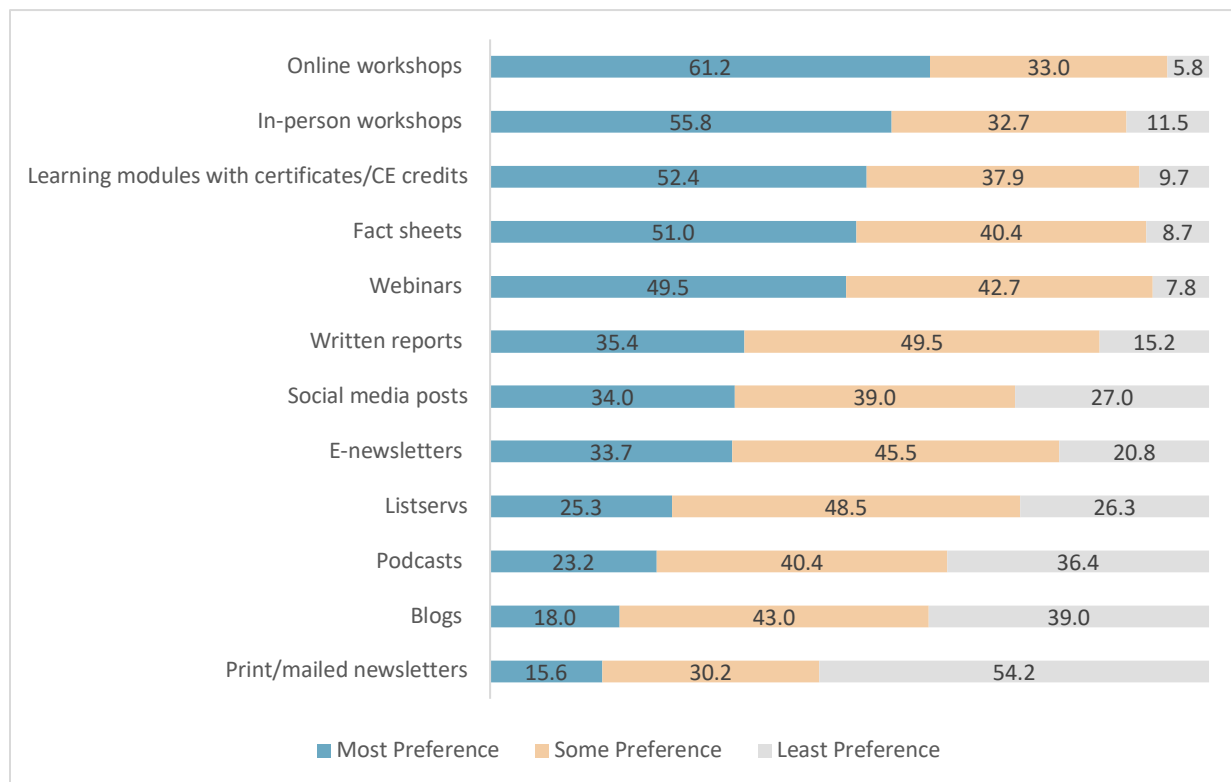


When asked to share concrete ideas for specific training or resource needs, 72 respondents provided a response, echoing the themes identified above. The top requests centered on leadership and organizational sustainability (26%) and community engagement and cultural responsiveness (26%), including culturally specific GBV prevention, inclusive and intersectional advocacy approaches, engaging men and boys, community empowerment and healing, and youth-centered strategies. In addition, respondents expressed a need for more ethnic-specific fact sheets and resource materials (22%), training on trauma-informed services and managing vicarious trauma (17%), and guidance and support for legal, immigration, and policy advocacy (14%). A number of respondents also emphasized the need for practical organizational supports such as funding, grant writing, and financial management (11%).

Top Training or Resource Requests

Leadership & Organizational Sustainability	26%
Community Engagement & Cultural Sensitivity	26%
Factsheets & Resource Development	22%
Trauma-Informed Services & Vicarious Trauma	17%
Legal, Immigration, & Policy Advocacy	14%
Funding, Grant Writing, & Financial Management	11%

Respondents overwhelmingly preferred interactive, applied learning formats. A clear majority preferred online interactive workshops (61%) and in-person interactive workshops (56%), followed by learning modules with certificates or CE credits (52%), fact sheets (51%), and webinars (50%). More traditional formats such as mailed newsletters (16%) and blogs (18%) were the least preferred.



Recommendations

Based on the findings from the 2025 CBO Needs Assessment Survey, we offer the following recommendations for policymakers, funders, and service providers to strengthen support for culturally specific organizations and the communities they serve.

1. Address Critical Basic Needs and Economic Stability Gaps

The assessment highlights significant gaps between survivor needs and available services, particularly in areas that directly affect safety, stability, and long-term independence. Housing and shelter remain the highest reported need, with 86% of respondents indicating that survivors needed these services, while 61% reported that their organizations provided them. Additional gaps were identified in employment (75% need vs. 34% provided), childcare (59% need vs. 25% provided), job training (56% need vs. 28% provided), and other essential supports. Funders should prioritize flexible, culturally responsive investments that strengthen organizations' capacity to provide comprehensive supports, including housing assistance, childcare, workforce development, and economic stability services. Addressing these interconnected needs is essential to reducing barriers survivors face in achieving safety and independence.

2. Expand Health, Legal, and Specialized Support Services

Significant gaps remain in survivors' access to health and advocacy services, including medical services (56% need vs. 26% provided), dental services (40% need vs. 14% provided), mental health services (76% need vs. 56% provided), and legal services (76% need vs. 52% provided). Respondents emphasized the need for culturally and linguistically responsive providers who understand the specific experiences of AANHPI and MENA survivors. Investment is needed to expand access to culturally responsive mental health care, medical and dental services, interpreter support, and legal assistance, including immigration-related services. Building stronger referral networks and increasing capacity of culturally specific organizations to provide or connect survivors to these supports will help address persistent service gaps.

3. Combat Workforce Burnout and Strengthen Organizational Sustainability

With 67% of respondents identifying burnout prevention and secondary trauma support as a critical need, the sector faces a workforce crisis that threatens service continuity. Organizations need structured support systems including regular supervision, peer support networks, and clear work-life boundaries. The finding that only 44% of respondents feel they adequately meet survivor needs is directly connected to staff well-being challenges. Funders should support comprehensive workforce development that includes vicarious trauma training, leadership development programs, and sustainable compensation structures. Additionally, the heavy reliance on federal funding (91% of organizations) creates instability that contributes to staff stress, making diversified funding strategies essential for long-term sustainability.

4. Expand Prevention beyond Traditional Approaches

While 93% of respondents reported that their organizations conduct community education campaigns, there are significant opportunities to broaden prevention strategies to address root causes of gender-based violence. Only 32% engage boys and men in prevention work, 42% work with faith-based communities, and just 28% provide bystander intervention training. These gaps represent missed opportunities to shift cultural norms and prevent violence before it occurs. Organizations need resources to develop culturally specific prevention programs that engage male community leaders, religious institutions, and youth in challenging harmful gender norms while respecting cultural values and traditions.

5. Build Systematic Community Voice and Survivor Leadership

Despite strong community trust (90% of respondents report this as a strength), formal structures for survivor and community participation remain underdeveloped, with 40% identifying survivor advisory boards and community voice mechanisms as needs. Organizations need support to establish meaningful survivor leadership structures, community advisory councils, and volunteer systems that go beyond tokenism to genuinely center survivor expertise in program design and advocacy efforts. This includes funding for stipends to compensate survivors for their time and expertise, training on trauma-informed leadership development, and technical assistance in creating sustainable governance structures that amplify community voice.

6. Enhance Accessibility and Reach Underserved Populations

While organizations demonstrate strong cultural competency in serving their primary communities, significant accessibility and population-specific service gaps remain. Only 54% of respondents feel their services are accessible to Deaf, hard of hearing, blind, or neurodivergent survivors, and many respondents consistently noted challenges in fully meeting the needs of certain populations including limited-English proficient clients (33%), children and youth (32%), partners who use harm (21%), and older adults (17%). Investment is needed in disability accessibility infrastructure, trauma-informed interpreter services, and specialized programming for other identified underserved groups such as refugees, trafficking survivors, and LGBTQ+ individuals. Organizations also need capacity building support to conduct outreach and engagement with populations they currently struggle to reach effectively.