

IDENTIFYING THE ECONOMIC IMPACT OF COVID-19 ON SURVIVORS OF COLOR

FREE
FROM

me
too.

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A Letter from ‘me too.’ and FreeFrom

Since March, the COVID-19 pandemic has illuminated the stark racial, gender, and socioeconomic health inequalities that have always existed in the U.S.

Black and Brown Americans are dying at much higher rates from COVID-19 than white Americans are. People of color are more likely to hold jobs that require them to put their lives at risk every day as essential front-line industry workers. Employment has dropped sharply, with Black and Latinx women facing the largest job losses. Monthly poverty rates have consistently increased since February 2020, and communities of color face the greatest poverty gaps. [1]

Prior to the pandemic, survivors were already facing economic devastation. We have long known that the fiscal impact of sexual violence (SV) and intimate partner violence (IPV) is staggering. Up to 60% of survivors of intimate partner violence (IPV) lose their jobs as a result of IPV, and 77% of survivors report that their harm-doer has interfered with their employment. [2] Pre-pandemic, survivors of sexual and intimate partner violence also faced a range of social disadvantages related to financial well-being and the ability to recover from violence. Housing insecurity, medical care affordability, and economic insecurity posed significant structural burdens for survivors and for their healing journeys, especially for Black and Brown women.

[1] Centers for Disease Control and Prevention. (2020). United States COVID-19 Cases and Deaths by State. https://covid.cdc.gov/covid-data-tracker/#cases_casesinlast7days; CDC. (2020). COVID-19 Hospitalization and Death by Race/Ethnicity. <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>; CDC (2020). Health Equity Considerations and Racial and Ethnic Minority Groups. <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html>; Ewing-Nelson, C. (2020). Four Times More Women Than Men Dropped Out of the Labor Force in September. National Women’s Law Center. <https://nwl.org/wp-content/uploads/2020/10/september-jobs-fs1.pdf>; Parolin, Z., Curran, M., Matsudaira, J., Waldfogel, J., Wimer, C. (2020, October). Monthly Poverty Rates in the United States during the COVID-19 Pandemic [Working Paper]. Center on Poverty and Social Policy at Columbia University. <https://static1.squarespace.com/static/5743308460b5e922a25a6dc7/t/5f87c59e4cd0011fabd38973/1602733471158/COVID-Projecting-Poverty-Monthly-CPSP-2020.pdf>

[2] Ridley, E. (2005). Domestic Violence Survivors at Work: How Perpetrators Impact Employment. Maine Department of Labor & Family Crisis Services. https://www.maine.gov/labor/labor_stats/publications/dvreports/survivorstudy.pdf

A Letter from ‘me too.’ and FreeFrom

Then came COVID-19. As organizations on the front lines of advocacy for survivors, ‘me too.’ and FreeFrom took action to support those who are disproportionately impacted by SV, IPV, and the pandemic. We produced COVID-19 response guides and a safety fund to support the immediate needs of survivors. But we wanted to do more. Disrupting the systems of oppression that fuel gender-based violence requires *structural change* and policies that promote long-term solutions, especially for survivors of color, who face a nexus of oppressions that amplify the effects of violence in our lives.

Too often, responses to violence in our communities narrowly focus on its immediate consequences and fail to address the full scope of contributing factors or the long-ranging **effects in survivors’ lives that continue to undermine our well-being**. Research into what survivors need *holistically*, not just in the immediate aftermath of violence but in all areas of our lives, will allow us to shape our policy discussion in a way that addresses the vulnerabilities that conspire to keep survivors in precarious and abusive situations.

This is why we are undertaking meaningful policy change grounded in survivor-led research. This meant starting from the ground up, as **very little research had explored the effects of the global health crisis on survivors of color through the lens of structural racism.** So between June 27, 2020 and July 23, 2020, ‘me too.’ FreeFrom and a team of trusted researchers led by ‘me too.’s principal researcher surveyed 737 people from across the U.S. about their status as survivors and the financial impacts of the pandemic in their lives. Over 89% of respondents identified as survivors of SV and/or IPV.

What we learned was sobering—but not surprising. **The intersections of racism and economic inequality impacted women of color the most during COVID-19.** Our data show that survivors of color who are essential workers are especially at risk of facing pronounced food and housing insecurity during the COVID-19 pandemic with nearly twice as many survivors of color experiencing high economic insecurity during the pandemic compared with white survivors. White women have access to significantly more financial resources than Black and Brown women do. Survivors of color who have experienced financial abuse are at greater risk than white survivors of halting their education during the COVID-19 pandemic due to their financial situation. In fact, Black and Brown women of color survivors are at the greatest risk of being unable to pay multiple bills due to the impacts of COVID-19.

The pandemic poses a dire threat to the well-being and economic futures of survivors who are most marginalized.

Addressing the devastating socio-economic effects of COVID-19 on survivors of color requires social and political investment in our lives. This takes more than a one-time \$1,200 stimulus check.

Our report makes seven policy recommendations for addressing the socio-economic effects of COVID-19 on survivors of SV and IPV. These include investments in housing, healthcare, childcare, and programs that enable survivors’ financial freedom, but they are just the beginning.

One of the things that this study does is demonstrate that Black and Brown survivors are uniting against systems of oppression and speaking up for what we need. Because we are advocating for ourselves, it is imperative that the people also advocating for us understand the consequences of this pandemic.

We must make a commitment to center Black and Brown survivors and their needs in our movement.

We want to thank the many people who worked on this project, and especially the respondents who completed our survey. When a few survivors share their truths, they speak for others who may feel that they can’t. There is power—both cultural and political—in our collective voices.

In solidarity,

The staff at ‘me too.’ and FreeFrom



Introducing our Study

Introducing our Study

The social and economic impact of COVID-19 (Coronavirus Disease 2019) has been especially hard for survivors of sexual violence (SV) and intimate partner violence (IPV) in the U.S.

The scale and magnitude of the pandemic has reverberated across many of the health and financial sectors that are correlated with an individual's ability to seek care or engage in recovery from violence, from access to medical services to financial resources for safe housing. Unemployment, unsafe work, food and housing insecurity, economic precarity, and health insecurity place heavy burdens on populations already facing **trauma from violence**. This creates a “collision of crises” (Goodman Smyth, Borges, & Singer, 2009) that has the potential to negatively impact the long-term outcomes of those who experience SV and IPV for generations to come.

The intersections of this collision with *racial inequality* are even more alarming. Yet little research exists that considers the intersections of SV and IPV with structural racism in the wake of the COVID-19 pandemic. Our study, which measures the economic impact of COVID-19 on survivors of SV and IPV, represents an effort to close this gap and bring much-needed information and resources to communities of survivors and to survivors of color in particular. When disaggregated by race and gender, our results reveal a stark picture of how COVID-19 has financially impacted survivors of color. We show that COVID-19-related financial insecurity is greatest *among Black and Brown women survivors*, and that financial security enables safety by reducing the likelihood of returning to a harm-doer. We also show that survivors of color who are essential workers are especially at risk of facing significant food and housing insecurity. For example, our data show that, among survivors, *8 out of 10* essential workers of color are facing food insecurity under COVID-19 compared to 5 out of 10 white essential workers. A similar pattern is evident in housing insecurity and patterns of interruption to asset-generating resources, such as education. The stakes could not be any higher. Survivors already face significantly higher burdens of material insecurity when compared with the average American (Doyle, Durrenre, & Passi, 2020). The multiplicative and compounding socio-economic effects of COVID-19 on survivors of color represents a call to action and social investment in survivors’ lives that cannot wait.



SURVIVORS IN OUR STUDY

Between June 23, 2020 and July 27, 2020, a total of 737 individuals participated in our study. We found that:

85%

of survey participants were sexual violence survivors

66%

of survey participants were relationship violence survivors

89%

of survey participants were sexual and/or relationship violence survivors

KEY FINDINGS

of our study begin on page 15



Structural Inequality and COVID-19

A range of known socio-structural factors impact the observations in this study. Systemic racism and racialized poverty are socially produced structural determinants that shape health outcomes in infectious disease outbreaks. They also negatively influence outlooks for recovery from physical, economic, and emotional trauma produced by these outbreaks. **Emerging evidence suggests that COVID-19 has amplified existing racial inequalities and gender disparities that disadvantage people of color and women unfairly in the U.S.** (Chen, Waterman, & Krieger, 2020; Cowger et al., 2020; Hall et al., 2020; Malghan & Swaminathan, 2020).



HOUSING INSECURITY

Between May 28 and June 2, the U.S. Census Household Pulse Survey (2020) reported that:

20%

VS

44%

of white non-Hispanic* households had little or no confidence in their ability to pay July rent.

of Black and Hispanic* households had little or no confidence in their ability to pay July rent, more than double the rate among white non-Hispanic households.

When we factor in educational advantages in generating household income, only 13% of those with four or more years of college education reported concerns in their ability to pay rent, versus 35% of those with less. The inequality gap in the ability to weather the economic challenges of public crises also carries over to **gender**. The National Women's Law Center's analysis of monthly jobs reports from the Bureau of Labor Statistics (BLS; Ewing-Nelson, 2020) shows coronavirus-related job losses disproportionately impact women. Yet the intersections of racism and economic inequality have impacted women of color the most during COVID-19. A June study from the Economic Policy Institute (Gould & Wilson, 2020) shows that Black women have had the *largest job losses of any group* (18.8% of Black women workers lost their jobs between February and April 2020), while Latinx women had the *highest unemployment rate* as of April 2020 (nearly 1 in 5 Latinx women were unemployed).

While much remains unknown about COVID-19, health experts agree that “this pandemic has reinforced important truths: inequities related to social determinants of health are magnified during a crisis, and **sheltering in place does not inflict equivalent hardship on all people**” (Evans, Lindauer, & Farrell, 2020). Crowded housing, unemployment, low-wage work, barriers to healthcare access, and multigenerational household arrangements with elder individuals and younger asymptomatic individuals have been reported as known or possible risk factors for the negative consequences of COVID-19. What is under-emphasized, however, is that these are socially produced disadvantages rather than solely the result of individual choices. Multigenerational housing alone is not a risk factor for negative outcomes in COVID-19 infection and recovery among wealthy white households. The ability to absorb and mitigate the negative impacts of a public health emergency depends largely on *resources* and access to resource-generating assets such as education, credit markets, and personal networks. It also depends on social investment in supporting the recovery of structurally vulnerable populations. **Before the novel coronavirus emerged in late 2019, survivors were already among those most likely to be impacted by socio-structural burdens** (Doyle, Durrence, & Passi, 2020). Looking at how the COVID-19 disease burden changes when we consider survivors is a key component of addressing the complex needs of individuals, families, and communities impacted by sexual and intimate partner violence during COVID-19 and its aftermath.

*The U.S. Census Household Pulse Survey utilizes demographic items from the U.S. Census Bureau to collect data. We do not use Hispanic Origin in our study's racial analysis categories, as the term refers to Spanish (European) cultural heritage that many individuals who self-identify as “Latinx” eschew.



Survivors Under Stress

Survivors Under Stress



Survivors face significant burdens during recovery and structural obstacles in achieving physical, emotional, social, and financial well-being.

Prior to 2020, survivors of sexual and intimate partner violence were already at the crossroads of multiple social disadvantages related to financial wellbeing and future life chances.

Housing insecurity, medical care affordability, and economic insecurity pose significant burdens for the recovery of survivors. The need for *resources* to aid in recovery is clear, as the physical, emotional, social, and financial toll that sexual and intimate partner violence take are *compounded across the life cycle* when resources are scarce or access to resources is hampered. Although SV and IPV are as prevalent as and have costlier impacts than other major public health issues such as diabetes, cancer, and cardiovascular disease, **research shows that they receive merely “a fraction of the public funds” that issues like chronic disease receive** (Waechter, 2015). The picture worsens when other forms of survivorship come into play, such as recovery from natural disasters and infectious disease outbreaks (Rai , Sharma, & Subramanyam, 2020; Roure, 2019).

Understanding the nature of the structural obstacles survivors face in achieving physical, emotional, social, and financial well-being is important to situate the findings in this study.

These include survivor-related costs, resource insecurity (such as food and housing), the life-course impacts of economic abuse, and ongoing forms of structural and administrative violence faced by survivors.

Survivor-Related Costs

The economic impact of sexual violence is staggering. Using analyses from three different studies, Heaton (2010) estimates that the survivor-related costs for nonlethal rape and sexual assault are between \$150,000 and \$283,626 per victim. Research shows this to be a small fraction of the actual economic toll of SV and IPV in the U.S. In 2012 in California alone, the tangible costs associated with sexual violence totaled over \$9 billion. When estimates include intangible costs like lost work productivity, the total costs jump to nearly \$140 billion (Millerr, Fulton, & Lee, 2018). The lifetime economic burden of rape among U.S. adults puts the national cost of rape across all U.S. victims at nearly \$3.1 trillion (Peterson, DeGue, Florence, & Lokey, 2017). This figure is much higher when we factor in costs to secondary survivors and the circles of community trauma that ripple out from instances of sexual and intimate partner violence. Yet despite research on the economic costs of sexual violence, little structurally-based research exists on the economic impact of gender-based violence on communities of color. This gap in knowledge produces particular problems for generating solutions during public emergencies that place added economic burdens on people of color while also impacting women and economically vulnerable populations.

Many of the respondents in this survey reported concerns about their ability to pay medical bills.

Healthcare costs are especially high for survivors of SV and IPV for several reasons. Critical and long-term care is required for many, and those who can least afford comprehensive care, such as low-income women, are often disproportionately impacted by sexual violence and IPV (Staggs & Riger, 2005). One study reported that while women with a history of IPV had significantly higher healthcare utilization and costs compared with those who did not report histories of IPV, the frequency and cost burden of IPV-related healthcare also continued “long after IPV ended” (Rivara et al., 2007). The potentially devastating lifelong effects of gender-based violence on physical and mental health are clear. Health analyses have long noted the associations between sexual violence and chronic disease (Santaularia et al., 2014). These include HPV infections that are at a high risk of becoming cervical cancer (Wingood, DiClemente, & Robinson, 2009) as well as connections to long-term disability and other high-cost health impacts. Yet despite widespread acceptance that healthcare access is a social determinant of health, populations of color, gender minorities, and Native American/Alaska Native populations continue to face significant obstacles to healthcare access. These include denial of care, lack of access to health coverage, and limited access to medical facilities in rural areas.

Research has shown that financial barriers to healthcare access are associated with poorer mental and physical health among Black women survivors of sexual violence (Fedina et al., 2019).

The evidence is clear that survivor-related costs impact different populations at different scales and magnitudes, which widens the inequality gap in health outcomes.

COVID-19 is intensifying this gap and highlighting the danger of not attending to the high cost of SV and IPV, particularly for marginalized populations. The pandemic has also interrupted the safe implementation of clinical care for survivors. This extends to the ability to safely seek care, conduct follow-up visits, maintain therapeutic practices, and prioritize the wellness and healing process of survivorship. The pandemic is also compounding the life-course ramifications of delaying treatment. Mental health services, which are especially important for the treatment of trauma, are often financially inaccessible for low-income survivors (Rodriguez, Valentine, Son, & Muhammad, 2009). They become even more inaccessible during a financially costly public health emergency. Having access to asset-generating social goods like education can offer protection against the high-cost burden associated with SV and IPV treatment. Interruptions to education in emerging adulthood due to violence can thus produce costly downstream effects throughout one's life.

Food and Housing Insecurity

Insecurity in population health research is defined as the lack of ability to obtain or sustain resources necessary for one's well-being, such as food and housing. Its inverse, security, is seen as a "prerequisite for health" (Coupland, 2007). Concerns about being unable to afford enough food, worries about going hungry, frequently having to skip meals, or being unable to access adequate nutrition have all been identified as features of food insecurity (Anderson, 1990). Housing insecurity is described more broadly to include not just unhomed or underhomed status, but concerns about the ability to afford or maintain housing, such as difficulty paying mortgage, rent, or hotel bills. Structural factors such as neighborhood redlining and race-based denial of home loans specifically prevent marginalized populations from benefiting from health protections associated with housing security (Stahre, VanEenwyk, Siegel, & Njai, 2015).

Food and housing insecurity are real-world metrics of *health inequality* that pose special obstacles for survivors. One study found that "women who experienced IPV in the last year had almost four times the odds of reporting housing instability than women who did not experience IPV" (Pavao et al., 2007). Further, data from the 2010 National Intimate Partner and Sexual Violence Survey show that women who reported housing insecurity in the prior 12 months were significantly more likely to have also experienced all forms of IPV, including sexual violence (Breiding, 2017). FreeFrom's recent (2020) research affirms this finding, showing that:



FOOD &
HOUSING
INSECURITY

Survivors are on average

4 times more likely

to have experienced material hardship in the form of food or housing insecurity in the past year than the average American adult.

Thanks to this research, we know that many survivors were already facing housing insecurity and other significant obstacles to financial well-being before the pandemic began. Of the survivors that received cash grants from FreeFrom's Safety Fund initiative during the pandemic, the top ways they reported spending the money were on necessities including food, household items, utilities, transportation, and housing costs. Increased expenses due to COVID-19 ranked after the above categories, iterating again that financial instability among survivors predates the pandemic. We also know that housing is a *critical component of recovery from violence* for survivors of IPV. Having a safe place to live when leaving an abuser usually means having access to economic resources that enable safe housing options, particularly in higher-income neighborhoods with higher rates of residential stability and lower affordability for marginalized populations (Bonomi et al., 2014). In a cross-sectional study using multilevel modeling to investigate IPV among 2,887 low-income U.S. pregnant women, residential instability was shown to be positively associated with increased IPV risk (Li et al., 2010). The findings from this survey add to this picture by looking at how survivors of color are faring with respect to food and housing security.

Economic Abuse

One of the most well-documented features of gender-based violence is economic abuse (EA). Also known as financial abuse, economic abuse refers to the act of controlling a person's ability to use, access, or acquire financial resources, or pressuring a person to take on debt (Adams & Beeble, 2019; Tolman, 2011; WHO, 2002). In IPV, this can take many forms such as a harm-doer pressuring a survivor to take out home, student, car, or cash/paycheck advance loans; requiring a survivor to turn over their paychecks; limiting a survivor's access to cash; or incurring credit card debt in a survivor's name without their knowledge or consent, among other things. Human trafficking and forced sex work, non-consensual pornography, and other financially exploitative forms of sexual violence are all, by definition, EA. EA is especially harmful for undocumented and underdocumented populations. These include those who have “fallen out of status” in ICE documentation, whose primary source of financial security may be cash-based, and for whom reporting mechanisms for abuse are limited. Financial abuse is thus important to understand because along with negatively impacting survivors' economic and psychological well-being, it creates *significant barriers to their ability to access help*. It intersects with financial insecurity and survivor-related costs in ways that amplify the toll of SV and IPV in survivors' lives. This intersection can be seen in one of the study's key findings: survivors of color are at greater risk than white survivors of halting their education during the COVID-19 pandemic, and this is especially true for those who have experienced financial abuse.

It is incredibly expensive to experience IPV, and its scale and magnitude in the U.S. are staggering. Consider that in a study of 103 domestic violence survivors, *all but one (99%)* had experienced economic abuse (Adams et al., 2008).



INTIMATE PARTNER
VIOLENCE IN THE U.S.

Smith et al., 2018; King et al., 2019

1 in 4 — VS — **1 in 2**

women will
experience IPV

trans people will
experience IPV

LGBTQ+ youth especially at risk of experiencing IPV (Whitton et al., 2019). Despite evidence that IPV is a structural economic issue, survivors of EA still face social stigmas surrounding their ability to break free and achieve economic independence from harm-doers. Such stigmas are based on misconceptions about the nature of economic entanglement used by harm-doers to exert control over their victims and to reinforce dependency pathways that prevent EA victims from achieving economic independence. Not only do survivors face challenges maintaining consistent employment due to experiencing abuse, but they are having money stolen from them at significant amounts on a regular basis. Of survivors from the FreeFrom study who reported experiencing economic abuse (96%), they estimated having an average of \$1,280 stolen from them and were restricted on how they spent an additional \$1,090 of their own money each month as a form of control by their harm-doer (Doyle, Durrence, & Passi, 2020).

The additional structural barriers created by a public health emergency with unprecedented economic tolls on IPV survivors cannot be overstated. In its IPV and COVID-19 perspective piece, the New England Journal of Medicine warns of the “pandemic within a pandemic” that looms behind COVID-19 and IPV rates: “For many people who experience IPV, the financial entanglement with an abusive partner is too convoluted to sever without an alternative source of economic support. *The pandemic has exacerbated financial entanglement* by causing increased job loss and unemployment, particularly among women of color, immigrants, and workers without a college education” (Evans et al., 2020). It is clear that economic independence is a critical factor in recovery from violence and in violence prevention.

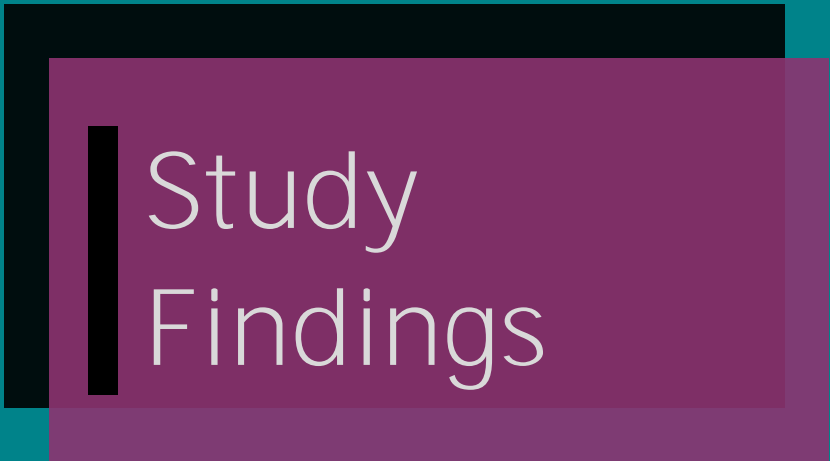
Slow Violence

Slow violence refers to administrative processes that tend to go unnoticed as harmful but that can have significant policy and structural impacts for a given population down the line. It has been used to analyze the impact of gentrification and housing dispossession on communities of color (Pain, 2019) as well as environmental and social damages wrought by corporate failures of environmental stewardship and social responsibility (Gamu & Dauvergne, 2018). In the context of gender-based violence in the U.S., the concept of slow violence can be useful for identifying patterns of social divestment from survivors' well-being, which result in preventable group harms. Examples include the defunding of violence-prevention programs, cuts to the Bureau of Justice Statistics (BJS), which undermine its ability to generate accurate counts of the incidence and prevalence of SV and IPV in marginalized populations, and continued underfunding of victim services.

Slow violence is not accidental, though it can be made to appear so. It is also not 'slow' in the rate at which it can affect rapid change. A single policy rollback can seem inconspicuous if it is disconnected from broader patterns of policy decisions that result in measurable outcomes at the level of populations, paving the way for broad-reaching structural changes that distribute harm unevenly and strengthen inequality without any clear crimes being committed against specific populations. This is how white supremacy and misogyny can be operationalized through administrative processes. The Trump administration's deregulatory agenda is a case in point.

In April 2019, the Trump administration quietly changed the definition of sexual assault and domestic violence to narrow the scope of who could be included under those definitions and to criminalize only those aspects of violence that result in felony or misdemeanor offense. Economic abuse, emotional abuse, verbal abuse, coercion and manipulation, and other non-contact forms of violence are now removed from the Department of Justice's definition of "Domestic Violence." It has repeatedly ignored research that links uses of non-contact force and coercion to patterns of repeat sexual assault and evidence that up to 90% of campus rapes are perpetrated by serial offenders (Lisak et al., 2011; Lisak & Miller, 2002). At the same time, it has rolled back Title IX protections for campus sexual assault survivors and issued extensive guidance on **women's reproductive rights issues that severely undermine survivors' health, safety, and access to justice.** It has done this alongside a clear program of gender discrimination and racial injustice. In the midst of a global pandemic that disproportionately impacts communities of color and marginalized populations, the Trump administration has removed critical nondiscrimination provisions from the Affordable Care Act that ensured that healthcare providers could not turn away care-seekers on the basis of their sex or gender identification. This follows a systemic pattern of undermining the safety and well-being of those who experience SV and/or IPV that constitutes active and continuing harm. In an unprecedented move, the American Bar Association adopted a resolution in August 2020 that took sides on competing Senate reauthorization bills for the Violence Against Women Act (VAWA). Its aim was to reject Republican-led efforts to remove nondiscrimination mandates from VAWA and thereby weaken its ability to provide outreach services to underserved communities.

Slow violence escapes liability through administrative manipulation of procedural channels. It also describes an administrative structure of policies and practices that *fail to respond to preventable harms* by socially divesting from survivors' demonstrated need for resources. It is especially harmful when it comes to sexual violence because it intersects with known socio-structural inequalities that amplify the impact of public health emergencies on underserved communities. Our research findings are situated in this context of ongoing structural injustice and disproportionate harm to communities of color.



Study Findings

1 Survivors of color are especially at risk of facing pronounced food and housing insecurity during the COVID-19 pandemic.

Resource insecurities during COVID-19 among survivor essential workers



**FOOD
INSECURITY**

Essential workers of color 83.6%
vs
White essential workers 54.1%



**HOUSING
INSECURITY**

Essential workers of color 78.7%
vs
White essential workers 56.9%



**BOTH FOOD
AND HOUSING
INSECURITY**

Essential workers of color 75.4%
vs
White essential workers 44.0%



**HIGH
ECONOMIC
INSECURITY**

Essential workers of color 50.8%
vs
White essential workers 24.8%

8 out of 10

essential workers of color were facing food insecurity, compared to **5 out of 10** white essential workers.

8 out of 10

essential workers of color were facing housing insecurity, compared to **6 out of 10** white essential workers.

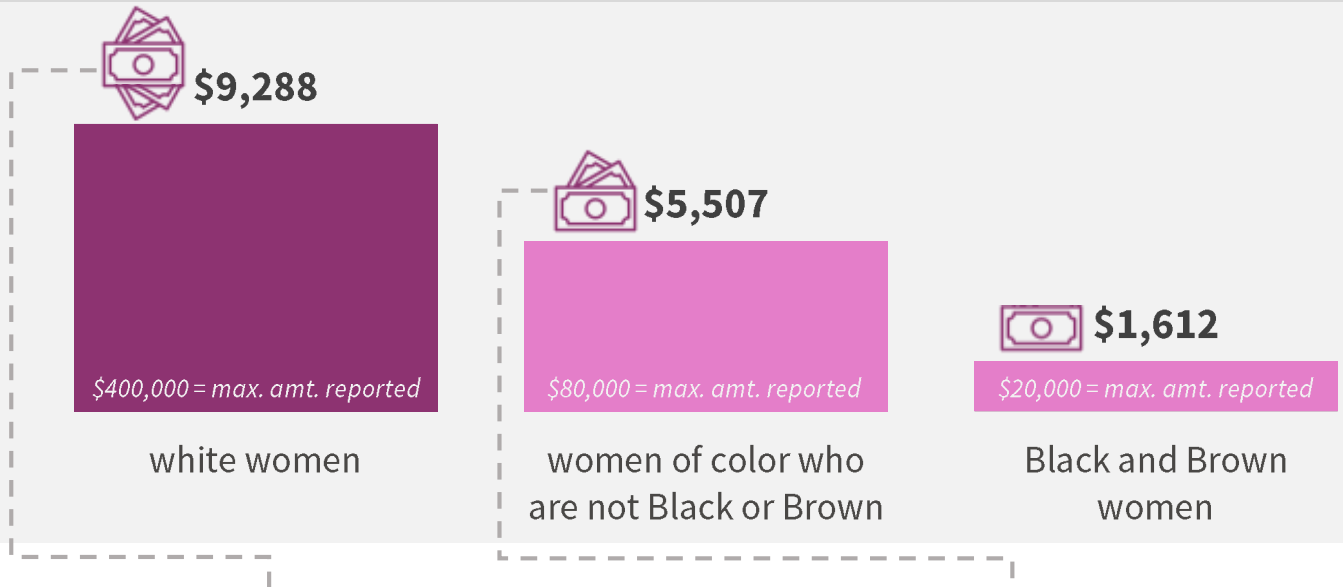
Nearly twice as many

survivors of color essential workers experienced high economic insecurity during the pandemic compared to white survivor essential workers.

Only 13.1% essential workers of color report experiencing neither food nor housing insecurity during COVID-19 compared to **33.0%** of white essential workers.

2 Financial insecurity is greatest among Black and Brown women survivors.

Average amount of financial resources among survivors



White women had **5.76 times** the average amount of financial resources that Black and Brown women had.

Women of color who are not Black or Brown had **3.42 times** the average amount of financial resources that Black and Brown women had.

3 Survivors who lack financial resources during the COVID-19 pandemic are at greater risk of returning to a harm-doer.

Average amount of financial resources accessible by women survivors who:



Women survivors who reported likelihood of returning to an abusive partner had **fewer than half** the financial resources on average than women who reported no likelihood of returning to an abusive partner.

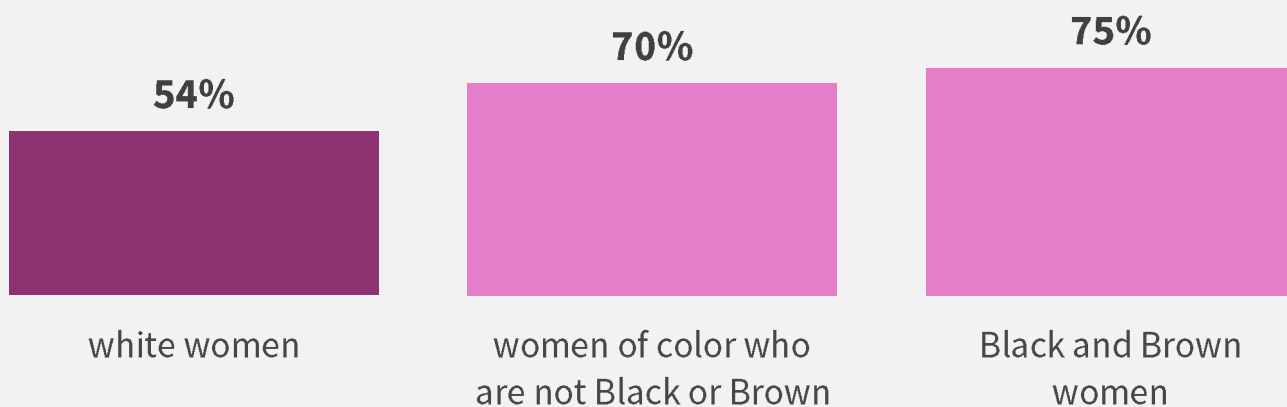
4 Experiencing landlord sexual coercion is associated with a greater risk of food and housing insecurity.



Survivors who experienced landlord sexual coercion were **38.7%** more likely to experience food and housing insecurity than those who did not.

5 Survivors of color are at greater risk than white survivors of halting their education during the COVID-19 pandemic. This is especially true for those who have experienced financial abuse.

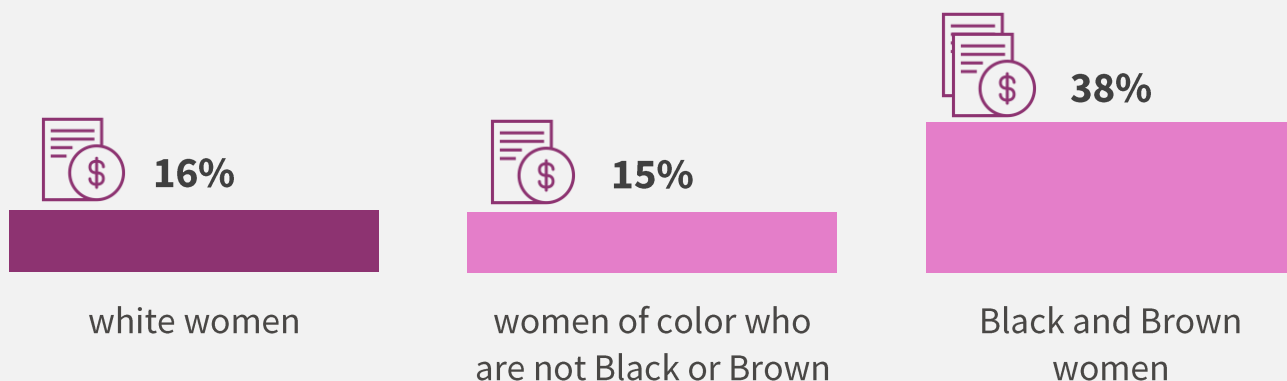
Survivors who experienced financial abuse and reported that their financial situation would likely cause them to stop or change their education, or other training programs:



A higher proportion of Black and Brown women survivors of color who experienced financial abuse reported that their financial situation would likely cause them to stop or change their education, or other training programs when compared to the proportion of other women of color survivors and their white women counterparts.

6 Black and Brown women survivors are at the greatest risk of being unable to pay multiple bills due to the financial impacts of COVID-19.

Survivors who were unable to pay multiple bills due to COVID-19



The proportion of Black and Brown women survivors who were unable to pay multiple bills due to COVID-19 was **more than twice** that of survivors who were white women or non-Black or Brown women of color survivors.

Qualitative Findings

Participants shared a range of qualitative responses that depicted experiences of resource needs for survivors under COVID-19. Some recurring patterns include the following experiences:



Survivors reported the following resources to be of greatest importance:

Child support payments	Unemployment assistance due to sexual harassment
Student loan debt relief	Hazard pay for essential workers
Job opportunities for safe work	Health insurance and sick day pay
Access to critical and family therapy	Relief from 401k tax withdrawal penalty
Car payment and transportation	Relief for undocumented and underdocumented individuals and families



For financial liabilities of greatest concern due to past inability to pay or anticipated inability to pay:

Credit card bills	Car payment and repair bills	Student loan, tuition, and educational materials
Health, house, car, and life insurance	Groceries	Moving expenses
Legal fees	Gas and electric	Counseling fees

Participants also had the opportunity to answer open-ended questions that paint a compelling picture of what economic hardships survivors are facing during COVID-19. These were some of their answers:



I am about to be **foreclosed on and be homeless.**



The roof is caving in and my house is filled with mold, but **I have nowhere to go.**



I'm not sure what to do.



I have nowhere to go and no money to move.

The findings in this section highlight the important role of financial assets in recovery for survivors, as well as the intensification of needs for survivors during health crises.



About the Survey

History

The idea for this study first came from in-house conversations at ‘me too.’ during the early months of the COVID-19 pandemic. In April 2020, ‘me too.’ pivoted research efforts on the epidemiology of systemic sexual violence in order to respond to the unique set of challenges survivors face in a global pandemic. Staff spoke with policy experts, medical professionals, public health experts, and most importantly, survivors, to create an integrative platform for healing and change that provided trauma-sensitive toolkits for survivors and their families. Staff took notice of the Coronavirus Aid, Relief, and Economic Security (CARES) Act’s failure to provide *any direct funding* to address the needs of sexual assault survivors and of the Act’s insufficient allocation of resources needed to meet the increased demand for domestic violence support services during COVID-19. Social investment in resource-based support for survivors is critical to mitigate the disproportionate impacts that unemployment, financial hardship, underhousing, stress, and quarantine take on survivors, many of whom face quarantine with their harm-doers. Preliminary conversations about these issues solidified the call to action for research and information on how sexual assault and intimate partner violence survivors faced decreased ability to engage in recovery activities due to COVID-19 and what the future impacts of divesting from survivors during this critical time could cost society. Drawing on literature reviews and preliminary studies of our own, the research team (assembled by ‘me, too.’’s Principal Researcher on Gender-Based Violence, Elena Ruíz) identified four critical areas of action-research:



Housing



Education



Finances



Health

Through meetings with ‘me too.’ leadership, the area of *finances* arose as a focal point for this survey. At the time, FreeFrom (freefrom.org) was piloting a grant program to provide emergency relief funds to survivors of IPV during COVID-19. FreeFrom had just launched a Safety Fund that disbursed over \$266,000 in much-needed aid to survivors (their report, *Survivors Know Best*, can be found [here](#)). Together, we developed a survey focused on the *economic impact of COVID-19* on survivors of sexual and intimate partner violence. We took this to be one of the many necessary steps in addressing the systemic and structural inequalities that survivors of SV and IPV face not only on a daily basis but especially during a global pandemic.

Research Process

Our collaborative research process had three phases: *qualitative investigation, instrument development and implementation, and data preparation and (quantitative and qualitative) analysis*. Each of these stages involved methodological innovation to address the lack of research and measurement metrics on **the intersections between systemic racism, sexual violence, and the pandemic's impact on financial well-being**. We began our qualitative investigation by conducting literature reviews across the primary life-course pathways that produce adverse outcomes in survivors' lives and did extensive research on how survivors of SV and IPV tend to fare in public health emergencies. The evidence was clear: public health emergencies *compound* vulnerabilities for survivors (Buttelli & Ferreira, 2020; Cange & McGaw-Césaire, 2020; Roure, 2019). Nowhere was this more evident than in the emerging public health literature on natural disasters. For example, after hurricane Maria devastated Puerto Rico, the number of women killed by an intimate partner doubled. This mapped onto alarming reports from around the globe warning of increases in the number and frequency of femicides, sexual abuse, and intimate partner violence cases during the early months of 2020 while under COVID-19 mandated quarantines. Cases were doubling and even tripling in places where poverty and other socio-structural determinants of health made inhabitants especially vulnerable. We were concerned that early reports on increases of domestic violence were failing to take into account the emerging research on structural racism and racial inequality in disease burden and health disparities with respect to COVID-19. Our research and first-hand experience working with survivors told us that not attending to the nexus between sexual violence and structural racism can be deadly, specifically in ways that harm communities of color and secondary survivors and negatively impact the health of communities in which survivors live and work.

Our research employed an *intersectional framework*, which understands structures of oppression as overlapping, co-creating and mutually reinforcing one another.

(Bowleg, 2008; Cho, Crenshaw, & McCall, 2013; Cole, 2009; Collins & Bilge, 2016; Collins, 2019; Hancock, 2007; May, 2015; Moradi & Grzanka, 2017; Rosenthal, 2016; Ruíz, 2017).

Hypothesis and Instrument Development

In collaboration with data scientists from FreeFrom, we developed an anonymous 21-question survey comprising open-ended and closed questions related to financial well-being under COVID-19, resource needs, and concerns. IRB (full board review) approval was obtained prior to start date (MSU study ID: 00004572, "Investigating Financial Burden for Survivors of Sexual and Intimate Partner Violence during the COVID-19 Pandemic in the U.S.", Dr. Elena Ruíz, PI). Our primary goal was to measure respondents' attitudes towards existing resource allocation, distribution, and needs for additional resource-based support for survivors in the wake of the COVID-19 pandemic. We sought to collect data on financial conditions faced by survivors of SV and IPV in order to understand how these conditions are impacted by the COVID-19 pandemic, as these data are hard to come by, particularly for populations of survivors of color. The measures of food insecurity, housing insecurity, and economic insecurity were adapted from a study that examined economic insecurity among survivors of SV and IPV (Breiding, Basile, Kleven, & Smith, 2017).

Our hypothesis was that the COVID-19 pandemic would have disproportionate financial impact on survivors of sexual and intimate partner violence and that these effects would be magnified for survivors of color.

Between June 23, 2020 and July 27, 2020 the survey was distributed online through a link generated by Qualtrics, an online survey platform. The link was available on the 'me too.' official website: <https://metoomvmt.org/>, and was distributed via social media platforms, e.g., Twitter. A total of 737 individuals consented to participate in the study. All participants were 18 years or older.

Quantitative Analysis

SPSS version 23 and Excel were used to code for variables of interest (IBM Corp, nd; Microsoft Corporation). Final analyses were performed on SPSS version 23.

Qualitative Analysis

Final analyses were performed using an intersectional framework for public health research (McGibbon & McPherson, 2011).

Demographics of Participants

737 surveys completed. Demographics presented below represent all survey participants.

GENDER

Category (choose all that apply)	Percent
Woman	91.9
Man	3.7
Transgender	0.9
Cisgender	10.0
Genderqueer/genderfluid	1.8
Non-binary	2.7
I prefer to self-describe	1.6
Prefer not to answer	0.7

AGE

Category	Percent
18-24	16.8
25-29	13.0
30-39	22.0
40-49	20.2
50-59	15.3
60-64	6.2
65+	6.4

ESSENTIAL WORKER STATUS

Category	Percent
Yes	29.9
No	65.7
Did not know	3.1
Prefer not to answer	1.2
Missing	0.1

RESIDE IN THE UNITED STATES

Category	Percent
Yes	87.0
No	12.1
Prefer not to answer	0.8
Missing	0.1

RACE/ETHNICITY

Category (choose all that apply)	Percent
Alaska Native/Native American	4.1
Asian	4.2
Black/African Descent	13.6
Brown Latinx	3.3
Hispanic	10.3
Middle Eastern	1.9
Native Hawaiian or Pacific Islander	0.4
White	67.8
I prefer to self-describe	6.9
Prefer not to answer	2.4

SEXUAL VIOLENCE SURVIVOR

Category	Percent
Yes	84.7
No	10.2

3.4% missing, 1.2% preferred not to answer, and 0.5% did not know.

RELATIONSHIP VIOLENCE SURVIVOR

Category	Percent
Yes	66.1
No	25.9

3.5% missing, 1.4% preferred not to answer, and 3.1% did not know.

SEXUAL AND/OR RELATIONSHIP VIOLENCE SURVIVOR

Category	Percent
Yes	89.1
No and/or I don't know	6.5

4.3% did not answer or preferred not to answer.

Demographics of Participants (Survivors Only)

Demographics presented below represent the 657 surveys from survivors only.

GENDER OF SURVIVORS

Category (choose all that apply)	Percent
Woman	93.2
Man	2.3
Transgender	1.1
Cisgender	10.8
Genderqueer/genderfluid	1.8
Non-binary	2.9
I prefer to self-describe	1.5
Prefer not to answer	0.6

AGE OF SURVIVORS

Category	Percent
18-24	17.5
25-29	12.9
30-39	22.1
40-49	19.5
50-59	16.3
60-64	6.1
65+	5.6

ESSENTIAL WORKER STATUS OF SURVIVORS

Category	Percent
Yes	29.1
No	67.1
Did not know	2.7
Prefer not to answer	0.9
Missing	0.2

RACIAL ANALYSIS CATEGORIES OF SURVIVOR ESSENTIAL WORKERS

Category	Percent
White essential workers	63.0
Essential workers of color	37.0

RACE/ETHNICITY OF SURVIVORS

Category (choose all that apply)	Percent
Alaska Native/Native American	4.0
Asian	4.0
Black/African Descent	13.2
Brown Latinx	3.3
Hispanic	9.6
Middle Eastern	1.7
Native Hawaiian or Pacific Islander	0.5
White	70.6
I prefer to self-describe	6.4
Prefer not to answer	2.3

RACIAL ANALYSIS CATEGORIES OF WOMEN SURVIVORS

Category	Percent
White women	63.1
Black or Brown women	18.9
Women of color, not Black or Brown	13.6
I prefer to self-describe	2.3
Prefer not to answer	2.0

RESIDE IN THE UNITED STATES (SURIVORS)

Category	Percent
Yes	87.1
No	12.0
Prefer not to answer	0.8
Missing	0.2



Moving
Forward

Predictive Value of Findings

One thing we know about disasters is that they not only exacerbate the impacts of structural inequalities, they entrench them. They also remove many of the safety nets available and limit the exit strategies out of situations produced by interlocking structural oppressions. The value of education as a possible pathway of economic mobility, for instance, is well-established. The COVID-19 pandemic has disrupted educational opportunities across populations, but the effects on education for women of color survivors has been especially pronounced. A full three quarters of Black and Brown women survivors who had experienced financial abuse reported that the financial effects of the pandemic were likely to cause them to stop or change their education or other training programs. The pandemic is acting as a conduit for the harms of structural oppression. It is amplifying and exacerbating the material harms caused to women of color by the intersection of patriarchy and racialized capitalism. And it is removing and blocking many of the already very limited ways to escape the racial, economic, and gender-based harms that are available to those made most vulnerable by systems of exploitation and abuse. **Decades of gains in trauma-informed responses to gender-based violence are being slowly but surely stamped out and will continue to be obliterated if we don't act now.**

In light of this, what does it mean to talk about the cost of inaction? Failing to act right now to address and repair these harms means condemning entire generations to poverty, racial exploitation, and gender-based violence. These realities are produced by the intersections of structural racism with capitalism and heteropatriarchy. Systems of oppression are not just patterns of inequality--they are stable, resilient, self-correcting structures that manifest harmful material consequences for the most vulnerable across our social institutions. And the pandemic is currently strengthening and shoring up the systems of oppression that structurally produce these harms predictably and reliably for particular populations. Given what we know about how structures of oppression work, we can only expect these harmful outcomes to be reproduced and magnified for generations to come--**if we don't act now. The need for strategies of material harm reduction and financial resource transfers has never been greater and the stakes have never been higher.** Failing to invest in the futures of Black and Brown women and girls will lead to known and preventable harms. We need action plans that move our society forward in producing *real commitments* to the economic freedom and holistic well-being of survivors of IPV and SV.

Some of our calls for healing and change are shared on the next page.

Action Plan

ACTION PLAN

Our calls for healing and change are highlighted in

7 KEY ACTIONS:

- 1 Change the federal definition of domestic violence to include economic abuse
- 2 Address economic abuse in Violence Against Women Act (VAWA)
- 3 Create paid and protected leave for survivors
- 4 Provide effective relief for coerced and fraudulent debt
- 5 Pass the Survivor Safety Banking Act
- 6 Identify and fund resource structures for survivors to remove barriers that impede the ability to heal from violence
- 7 Support survivor-led initiatives to end sexual violence

1 Change the federal definition of domestic violence to include economic abuse

Call on the new administration and the Department of Justice's Office on Violence Against Women to reinstitute the expansive, Obama-era definition of Domestic Violence to include non-physical violence and behaviors that encompass emotional, psychological, and economic abuse.

2 Address economic abuse in Violence Against Women Act (VAWA)

While 99% of survivors of IPV experience economic abuse, VAWA has never acknowledged or addressed it as a form of IPV. We must call on the next administration and Congress to amend VAWA to address economic abuse by:

- ▶ **Expanding VAWA's definition of IPV to explicitly include economic abuse**
- ▶ Reforming funding structures away from a law enforcement framework and towards capacity building for survivors. Divesting funding from law enforcement responses and reinvesting in programs and initiatives that help survivors build financial security involves:
 - Funding economic security programs for survivors including those that create jobs for survivors, offer credit and debt relief, and innovate to meet and support survivors in their individual circumstances
 - Funding direct unrestricted cash assistance programs for survivors
 - Removing funding restrictions on Legal Assistance for Victims Program grants which prevent attorneys from offering survivors pro bono legal representation in tort claims
 - Requiring that all VAWA grants include enough funding to pay service providers a living wage

3 Create paid and protected leave for survivors

Up to 60% of survivors lose their job as a result of IPV, and 77% of survivors report that their harm-doer has interfered with their employment. This means that in addition to finding survivors jobs, we must also support survivors in keeping their jobs once they are employed. However, no laws require that employers are trained in IPV or economic abuse, and there are no federal protections providing survivors with much-needed paid and protected leave from work to deal with any number of urgent matters relating to IPV. We must call on the next administration and Congress to create paid and protected leave for survivors by: Amending the Family Medical Leave Act to:

- ▶ Expand eligible grounds for leave to explicitly include IPV, human trafficking, sexual assault, and stalking
- ▶ Require covered employers to provide at least 10 days of paid and protected leave to deal with the consequences of abuse that does not deplete accrued sick or vacation days
- ▶ Prohibit discrimination and retaliation against employees based on their status as a survivor or their use of the leave

4 Provide effective relief for coerced and fraudulent debt

52% of survivors experience coerced and fraudulent debt averaging \$15,936 a year, with 46% reporting resulting credit damage and another 14% reporting that they were unsure about the state of their credit because they have not checked their credit score. In order to build the financial security needed to stay safe, survivors need access to effective relief for IPV-related debt and the high costs of SV survivorship. However, current federal law and the policies and practices of credit reporting agencies, credit card companies, and other creditors are designed to deal with fraud *by strangers* -- not intimate partners. We must call on the next administration and Congress to provide survivors with effective relief for coerced and fraudulent debt by:

▶ Amending the Fair Credit Reporting Act and Fair Credit Transactions Act to:

- Expand the definition of identity theft to include IPV-related coerced and fraudulent debt
- Explicitly remove requirements to file a police report before accessing relief offered under the acts and replace them with alternative certifications that survivors can access and produce without interacting with law enforcement or the courts
- Require that credit reporting agency staff is trained in IPV and economic abuse and create written protocols for dealing with IPV-related coerced or fraudulent debt
- Create an Economic Abuse Fraud Alert

▶ Expanding the Equal Credit Opportunity Act to prohibit discrimination by creditors on the **basis of someone's status as a survivor of IPV, including economic abuse**

5 Pass the Survivor Safety Banking Act

Only 21% of survivors report having access to a safe and protected bank account. Harm-doers often **actively monitor and at times even deplete survivors' online accounts**. Without access to secure and protected bank accounts, survivors are trapped in abusive situations as they try to save money by (for example) hiding cash around their home. We must call on the next administration and Congress to protect survivors when they bank by passing the Survivor Safety Banking Act (modeled after the Senior Safe Act). This Act would require financial institutions to:

- ▶ Train management and staff in how to detect, prevent, and respond to economic abuse
- ▶ Report suspected cases of economic abuse to federal authorities in order to collect and publish data
- ▶ Designate internal teams to handle survivor accounts
- ▶ Implement enhanced fraud protections
- ▶ Allow survivors to open accounts with ID and address alternatives

The Survivor Safety Banking Act would also provide financial institutions with immunity from regulatory enforcement and private causes of action related to the requirements.

6 Identify and fund resource structures for survivors to remove barriers that impede the ability to heal from violence

Survivors face many kinds of structural obstacles when recovering from SV and IPV. One socially produced obstacle is the damaging public narratives that exist about alleged metrics for survivors' credibility (such as the length of time it takes to report, or whether a report was initiated at all and to whom). These impose undue restrictions on survivors and lack a powerful *counter narrative* that is accessible, resource-driven, and informed by survivors' own experiences. We need paradigm shifts in cultural conversations about SV and IPV that undo the damage caused by the structural harms outlined in this study. *Funding survivor-led research initiatives* like this one and developing accessible terminology and resources for healing like the 'me too.' glossary, can all help offer a shared, survivor-centric approach that promotes healing from violence, especially among underserved and marginalized populations who are disproportionately impacted by violence.

Funding research is critical to understanding the scope of survivors' needs and allows us to follow the direction that the data provide.

As this report outlines, survivors need tangible resources to obtain enough independence from their harm-doer to be able to begin their journey of healing and recovery. Resource funding needs include (but are not limited to) the following priorities:

▶ Safe and affordable housing

- In October 2020, the Support Allowing Volume Exception for (SAVE) Federally-Assisted Housing Act was introduced to combat some of the economic impact of COVID-19. Though this act is not specific to survivors, focusing on improving access to affordable housing will ultimately be helpful for survivors. Extending and focusing this type of protection and accessibility for survivors beyond COVID-19 will foster survivors' capacity for gaining independence from harm-doers. Increasing housing stability and safety for survivors is known to increase self-efficacy, higher safety-related empowerment, and decreased depressive symptoms (Sullivan, Goodman, Virden, Strom, & Ramirez, 2018).

▶ Food security

- As FreeFrom's research has shown, when survivors are given unrestricted cash, many spend their grant money primarily on food. We need to trust that survivors can and will prioritize their own needs when given financial support and not continue to give them restrictions of how to spend cash assistance.

▶ Childcare support

- Passing the Child Care is Infrastructure Act (H.R. 7201) is another resource funding priority for removing structural barriers to survivors' healing. The act establishes grants for childcare facilities and higher education loan repayment and creates scholarship programs for childcare educators. Providing family support to survivors is an opportunity that will allow survivors to continue their journey of economic independence by supporting a schedule required for maintaining a job.

7 Support survivor-led initiatives to end sexual violence

Interrupting the powerful intersection between sexual violence and structural racism violence requires multi-level strategies and tactics that build systems change in various ways, including policy change and institutional reform. Individuals from all social sectors can participate in supporting survivor-led initiatives like the ActToo platform, safety fund initiatives, and the Survivor's Agenda, a new international collective for sexual assault survivors that is designed to build coalition and engagement through virtual town halls, kitchen table conversations, and deep listening to survivors. Supporting survivor-led initiatives to determine specific policy changes is critical to ensuring a just system of change that is truly inclusive, supports the needs of survivors, and works to end systemic sexual violence in the U.S. and throughout the world.



References

Glossary of Terms

COVID-19: Abbreviation for “coronavirus disease 2019”. According to the Centers for Disease Control (2020), “In COVID-19, ‘CO’ stands for ‘corona,’ ‘VI’ for ‘virus,’ and ‘D’ for disease” (para. 2). It is a new disease caused by a novel coronavirus that has not previously been seen in humans and spread rapidly throughout the globe in the first quarter of 2020, thus gaining pandemic status by the World Health Organization in March 2020.

DOMESTIC VIOLENCE: A pattern of assaultive and coercive behaviors (including physical, sexual, and psychological attacks, as well as economic coercion) in which an individual establishes and maintains power and control over another with whom they have an intimate, romantic, marital, or family relationship.

ECONOMIC ABUSE: The act of controlling a person’s ability to use, access, or acquire financial resources, or pressuring a person to take on debt.

ECONOMIC INSECURITY: The material, mental, and social hardships experienced as a result of exposure to adverse economic events, or by the anticipation of the difficulty to recover from them.

ESSENTIAL WORKER: Someone who performs services that are vital to the health and welfare of a population such as healthcare, public safety, food industry, custodial work, and transportation.

FINANCIAL ABUSE: The act of controlling someone’s ability to use, access, or acquire financial resources such as cash, credit, or savings, or to pressure someone into incurring debt.

FOOD INSECURITY: According to the United States Department of Agriculture (n.d.), food insecurity is defined as, “A household-level economic and social condition of limited or uncertain access to adequate food, including access to nutrient-rich food” (para. 3).

GENDER: The socially constructed characteristics of individuals (such as women, men, boys, and girls) that ascribe normative roles, behaviors, and social expectations throughout an individual’s life, but which are not fixed, immutable, or reducible to biological categories or genetic determinants.

GENDER IDENTITY: An individual’s own sense of their gender, whether they identify with the gender they were assigned at birth, another gender or no gender.

GENDER NON-CONFORMING: Refers to practices of gender expression that do not align with normative expectations for demonstrations of gender as strictly binary under heteropatriarchy.

HEALING: The process of restoring wellness beyond physiological processes related to curing in medicine. In trauma-informed practice it is associated with themes of wholeness, identity, and narrative that support the holistic recovery of survivors of violence, including for secondary survivors and the wider net of community relationships affected by violence.

HETEROPATRIARCHY: A system of oppression that positions heterosexuality and cisgender gender identity as normative while enforcing a gender binary. It is a structural mechanism of settler colonial white supremacy that has been used to facilitate Indigenous land dispossession as well as racial oppression.

References

HOUSING INSECURITY: An umbrella term for the many obstacles people face in obtaining safe and reliable housing, including concerns about affordability, loss of housing for oneself and/or one's dependents, quality, or discrimination in redlining and mortgage discrimination.

INTERSECTIONALITY: A framework created by Black women and developed by women of color for thinking about the ways structures of oppression produce harm for marginalized populations and complex identities, including the non-accidental ways structures of oppression overlap, co-create and mutually reinforce one another to produce harm.

INTIMATE PARTNER VIOLENCE (IPV): A form of interpersonal violence. Interpersonal violence refers to violence between individuals and is subdivided into *family and intimate partner violence* and *community violence*. The former category includes child maltreatment; intimate partner violence (IPV); and elder abuse, while the latter is broken down into *acquaintance* and *stranger* violence and includes youth violence; assault by strangers; violence related to property crimes; and violence in workplaces and other institutions. IPV often co-occurs and overlaps with youth violence, elder violence, as well as sexual violence (WHO, 2002).

LIFE CHANCES: A term used in public health research and the social sciences to refer to the range of opportunities individuals have to improve or maintain their quality of life, and to theorize the disparities that exist among different populations for accessing these opportunities.

LIFE COURSE: A term used in public health research and the social sciences to refer to the entirety of a person's life context, including the entirety of developmental stages that begin at birth and the social, structural, and cultural contexts that determine a person's situation through these stages.

MISOGYNOIR: The specific forms of anti-black racialized misogyny that Black women face under white supremacist capitalist heteropatriarchy. The concept was introduced by Moya Bailey and further developed by Trudy on her blog gradientlair.com.

PATRIARCHY: A society organized through male lineage and inheritance structures that privileges men and produces social obstacles and disadvantages that reinforce male privilege.

RACIAL CAPITALISM: The intersection between race and capitalism. It describes the specific mechanisms, variables, and processes that produce economic value and wealth for white populations through the exploitation of peoples racialized as non-white through colonial categories of race and the social enforcement of those categories.

RESOURCE: A tangible good or monetary asset that facilitates effective functioning in society through access to income, savings, credit, and other financial instruments.

SECONDARY SURVIVOR: A person who is close to a survivor, such as a family member or friend, who may experience trauma or share in some of the side effects survivors of IPV and SV may experience.

SEXUAL ASSAULT: Any sexual act which is unwanted, obtained through coercion, or for which consent is not freely given.

SEXUAL COERCION: Any practices relying on manipulation, gaslighting, emotional abuse, implied threats of harm or loss, and/or use of physical force in order to pressure someone to engage in or accept sexual acts or diminishes resistance to them.

References

SEXUAL HARASSMENT: A form of sex discrimination that occurs as a result of unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature that in any way affects an individual's ability to perform their job. It violates Title VII of the Civil Rights Act of 1964. (EEOC)

SEXUAL VIOLENCE: Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work. (World Health Organization)

SLOW VIOLENCE: A form of administrative violence that describes how institutions use administrative systems to enact harm and produce barriers to equity for different populations under the guise of neutral administrative procedures.

STRUCTURAL BURDEN: The intersection between structural oppression and population burdens in public health research. It describes the impact of overlapping structures of oppression such as systemic racism and sexual violence on populations through metrics such as loss of health from disuse, lower quality of life years, financial costs, or risk factors for worse outcomes in public health emergencies.

SURVIVOR: Someone who has experienced non-lethal sexual violence or intimate partner violence in any form and for any duration of time during any stage of their life.

SYSTEMS OF OPPRESSION: Interdependent sets of political, economic, and social practices, norms, and institutions that subordinate, harm, and exploit historically marginalized groups for the material benefit of dominant groups. Examples include white supremacy, heteropatriarchy, cis-supremacy, and ableism.

TITLE IX: 'Title nine' is a federal civil rights law passed in 1972 as part of the Education Amendments of 1972 that makes it illegal to discriminate against a person on the basis of sex in any activity funded by the federal government.

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About ‘me too.’

The logo for the 'me too.' movement, featuring the words 'me' and 'too.' stacked vertically in white lowercase letters inside a pink circle.

The ‘me too.’ movement supports survivors of sexual violence and their allies by connecting survivors to resources, offering community organizing resources, pursuing a ‘me too.’ policy platform, and working with researchers to add to the field and chart our way forward. We believe that the movement begins with connecting survivors to resources for healing, justice, action and leadership.

We affirm that empowerment happens when we lead with empathy. This tenet is upheld as part of our survivor-led healing circles, survivor leadership training and college programs.

Tarana Burke began ‘me too.’ with young Black women and girls from low-wealth communities. She developed culturally informed curricula to discuss sexual violence within the Black community and in society at large. Similarly, the ‘me too.’ movement seeks to support folks working within their communities to attend to the specific needs of their community/communities.

About FreeFrom



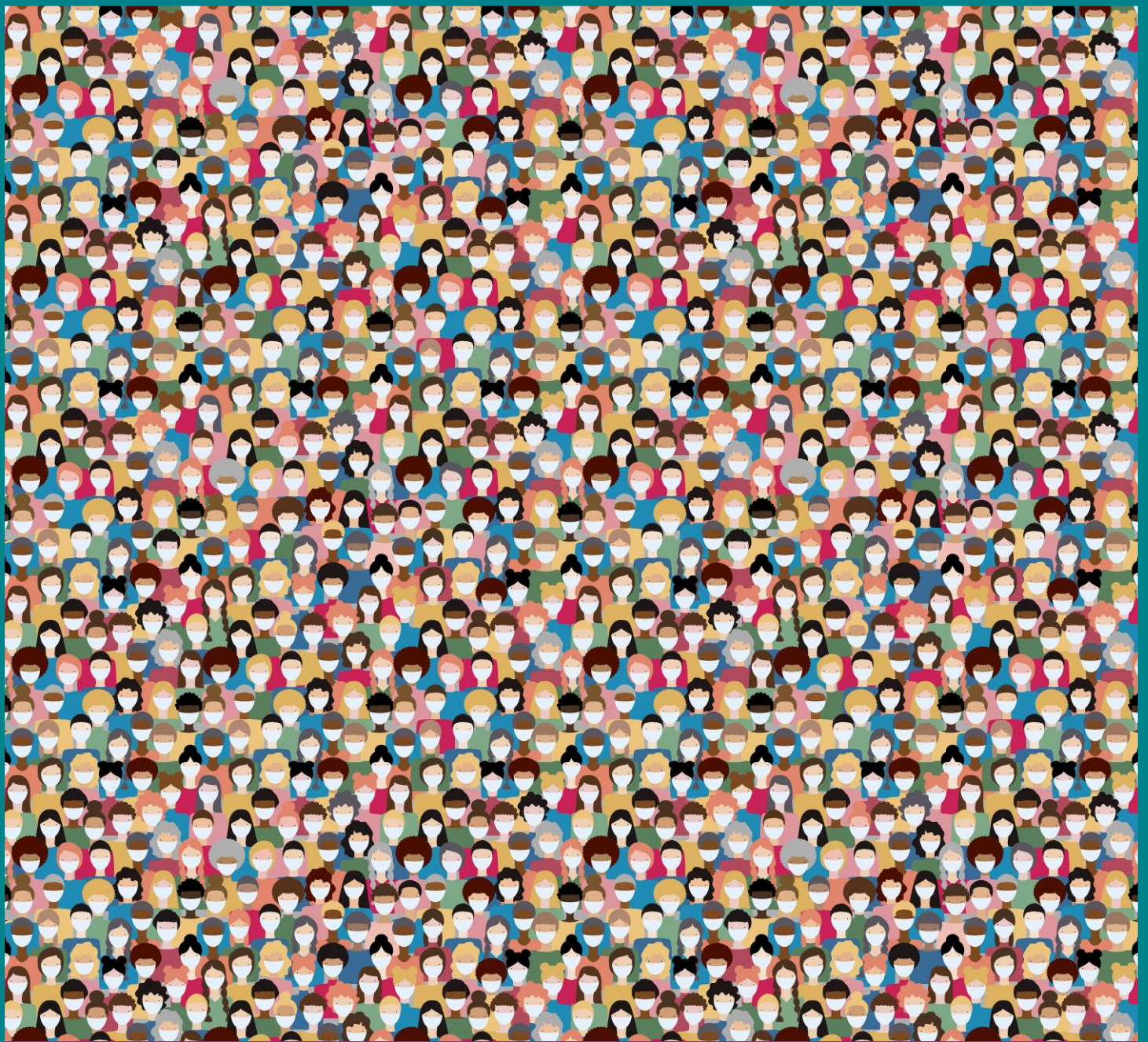
FreeFrom is a national organization, based in Los Angeles, whose mission is to dismantle the nexus between intimate partner violence and financial insecurity. FreeFrom believes in the creativity, resourcefulness, and power that each survivor has to achieve financial independence and to build communities that support individual, intergenerational, and collective healing. We also believe that intimate partner violence is a systemic problem in our society which we are severely lacking the infrastructure to address.

FreeFrom’s works to create that infrastructure by growing the capacity of the anti-violence movement, building tech resources for survivors, creating peer networks that foster survivors’ collective power, changing existing laws and advocating for the passage of new and survivor-centered laws at the state and federal level, expanding the data and research that exist to support the field, and bringing in employers, banks, and other institutions as part of the ecosystem working to support survivors’ financial security and safety.

FreeFrom is a team of survivors. We are a proudly queer, feminist, and people of color-led organization. Each of us brings unique experiences, insights, and drive to our work to end the cycle of violence.

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