



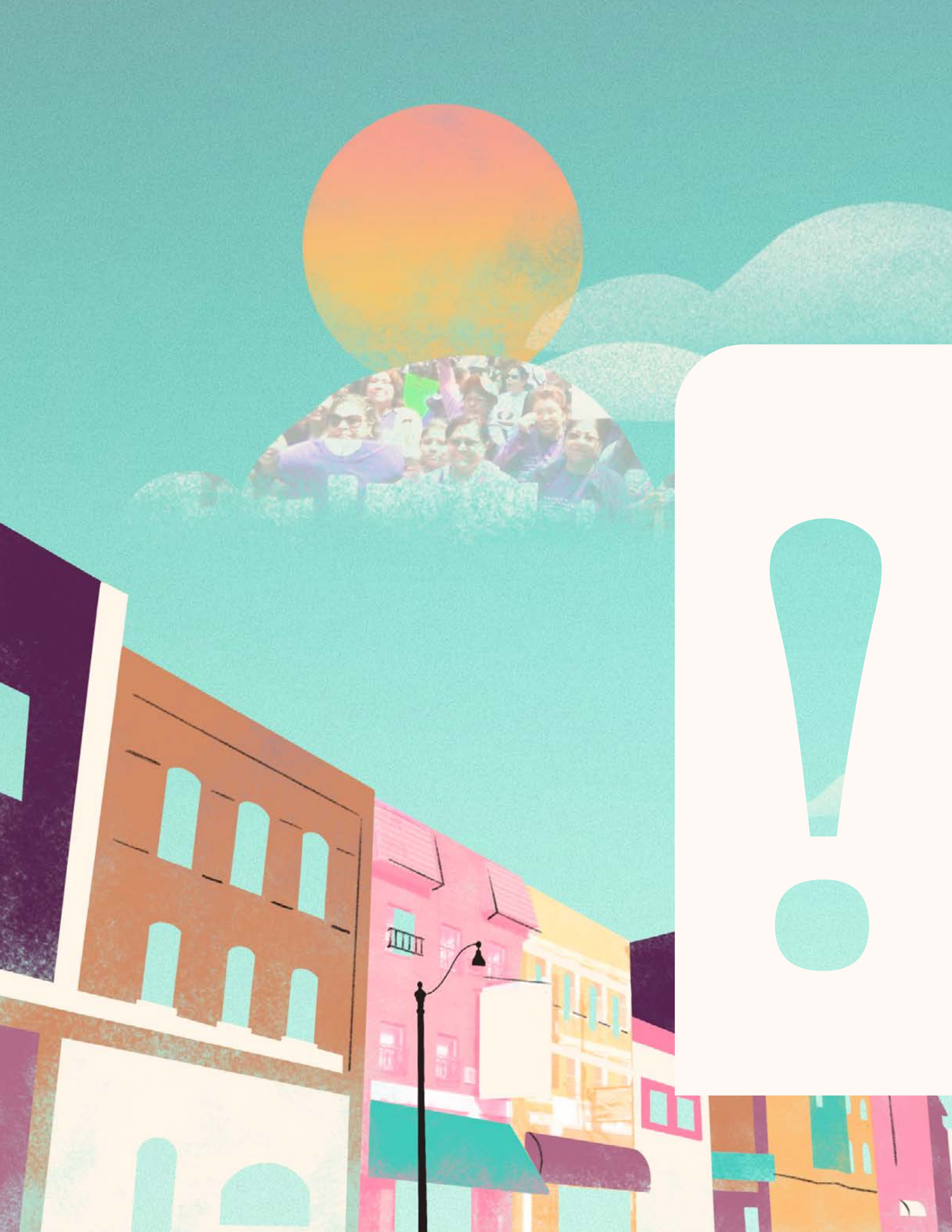
¡Actívate!

A community-data driven plan to
help Latinas and their families thrive.



MUJERES
LATINAS EN ACCIÓN
EMPOWERING LATINAS AND THEIR FAMILIES
— EST. 1973 —








Executive Summary

Founded in 1973 in the Pilsen neighborhood of Chicago, Mujeres Latinas en Acción (Mujeres) is the nation's longest standing Latina-led organization that provides community services that empower Latinas and their families, supporting them as they heal, thrive, and lead. Mujeres is known for providing services in English and Spanish through a variety of programs to the community, including Domestic Violence, Sexual Assault, Empresarias del Futuro (Entrepreneurs of the Future), Community Engagement & Mobilization, and Parent Support. Each program offers unique and specific services to meet the needs of community members. Like Mujeres' programs, *¡Actívate!* is informed by the voices of Mujeres' community, utilizing a grassroots approach at identifying needs.



What is *Actívate*?

In partnership with Great Cities Institute at the University of Illinois Chicago, *¡Actívate!* is a community-based project which gathered data and lived experiences of community members, informing the advocacy priorities of Mujeres.

Data was gathered through focus groups, interviews, and community needs assessment surveys on the following issues: **immigrant justice, economic justice, women's health, and gender-based violence**. This project involves contributions from Mujeres' leadership and staff, community members, partner organizations, and Great Cities Institute (GCI). This project will inform Mujeres' advocacy priorities at the local, state, and national level and shape Mujeres' long-term advocacy trajectory.

Since our early days of creating safe spaces for youth escaping violence, Mujeres' founders and early staff saw how women became emboldened as they recognized their own strength and worked together to lift their voices. This is what is at the heart of *¡Actívate!*. Mujeres listened to the community and in order to amplify their voices, we need stakeholders, like you.

¡Actívate! is composed of both qualitative and quantitative data. For the qualitative data, Mujeres and GCI conducted twelve focus groups, nine of which centered on Mujeres' community members (those who have participated in at least one program of Mujeres) and three of which centered on staff of Mujeres and staff from our partner organizations. For the quantitative data collection a community needs assessment survey was developed and distributed to Mujeres' community members, who answered questions pertaining to issues of housing, access to health care, the judicial system, and other community services. After data-collection and analysis was completed with GCI's collaboration, Mujeres' staff and leadership analyzed data to develop initial advocacy and policy recommendations. A key next step will be to present the data analysis and advocacy recommendations back to community leaders of the organization to hear their insights on the data collected. Mujeres' staff along with community leaders will prioritize key campaigns.

Policy & Advocacy Recommendations

In collaboration with GCI's data collection and analysis, key issues emerge from the community needs assessment survey & focus groups.

The following specific pieces of legislation that have been proposed seek to address some of the issues:

1 IL Healthy for All Medicaid Expansion.

2 IL Medical Debt Bill that requires hospitals to automatically screen patients for financial assistance for medical bills.

3 Federal Health Equity Access under the Law (HEAL) Act that removes barriers to healthcare for immigrants nationwide.

1

The need to remove barriers to U visa approvals.

2

The need for increased and consistent translation and interpretation within court systems for survivors of domestic violence and sexual assault.

3

The need for a non-police emergency crisis response, especially for immigrant and first-generation Latina survivors of gender-based violence.

4

The need for access to health insurance and the issue of medical debt, both of which disproportionately impact low-income, Latina immigrants.

5

Housing insecurity, exacerbated by the COVID-19 pandemic.

6

The need to address barriers to healthcare for patients.

Introduction

Latinas living in the United States, particularly those who are immigrants, occupy a unique and vulnerable position. However, Latinas cannot be solely reduced to the vulnerabilities they experience; Latina and immigrant communities resist systemic oppression through creative manners of resistance, including community grassroots organizing and intra-communal solidarity.

Historically, both Latina and immigrant voices have been structurally disavowed from the public and political sphere, particularly when it concerns policymaking. The systems that make up the germane issues such as education, access to health care, immigration status, civil rights, and liberties—at the state and federal level—do not center the specific needs of Latina and immigrant communities, despite the fact that there are over 23 million immigrant women in the United States, 46% of whom are undocumented (Migration Policy Institute, 2018). At the same time, Latinas are overrepresented in low-wage jobs, often in the sectors of care, domestic work, and janitorial services (Khattar et al., 2022). Thus, Latinas are relegated as both integral and invisible to the social fabric of the United States: while Latina, immigrant labor is positioned as indispensable to the social and economic system of the United States, the humanity and concerns of said Latina immigrants is diminished and trivialized.

Despite the troubling statistics, Latinas still assume an active role in their self-determination. *¡Actívate!* is a direct reflection of that, as Mujeres' community members offer their powerful testimonies and lived experiences that challenge dominant narratives within the United States. The experiences of Mujeres' Latina and immigrant communities emerge as complex, heterogeneous, and irreducible to just one single issue or platform; even so, salient themes emerge among our community members that will ultimately inform Mujeres' advocacy platform. **Said themes dictate the pillars of Mujeres' advocacy as well as the structure of this paper: immigrant justice, economic justice, women's health, and gender-based violence.** Each section contains a literature review of each issue, an in-depth examination and analysis of Mujeres' data collected alongside GCI, and the resultant policy and advocacy recommendations.

¡Actívate! will advance with the following sections: the introduction, methodology, economic justice, immigrant justice, women's health, gender-based violence, and the conclusion. Data-collection and interviews were conducted during the Fall of 2021 and thus during a phase of COVID-19 where vaccine access was a critical issue. Now, as COVID-19 vaccines are more widely available than at the time of these interviews, certain attitudes and pre-occupations of our members may have shifted. Nonetheless, COVID-19 remains a challenge, especially as it pertains to Latine/x and immigrant communities of color; as a global pandemic, it is understood that COVID-19 exacerbated the structural inequalities that marginalized communities continue to face. As it will be discussed further in this paper, particularly in the sections of economic justice and women's health, COVID-19 relegated vulnerable communities to an even more perilous status concerning economic security and access to healthcare.

Ultimately, Mujeres' community members inform the trajectory of *¡Actívate!*: qualitative and quantitative data emerge from the willingness of our community members to speak to the conditions with which they contend and the creative decisions they make to access community resources, despite structural discrimination. The data illuminates to what extent Mujeres' community members face issues concerning healthcare, housing, policing, immigration status, and gender-based violence (a non-exhaustive list). Throughout the project, the data informs the recommendations, signaling that all advocacy recommendations were formed as a direct result of community members' lived experiences. As Mujeres reaches its 50th anniversary, our advocacy work continues to be grounded in the needs of our communities.

Methodology

¡Actívate! combines the existing literature on gender-based violence, women's health, economic justice, and immigrant justice alongside the invaluable lived experiences of Mujeres' community members. In this paper, Mujeres' community members signify all participants who contributed to either the focus groups and/or community needs assessment survey, whereas Domestic Violence and Sexual Assault participants refers to individuals who have participated in Mujeres' Domestic Violence and/or Sexual Assault programs, respectively. Participants' names were omitted to protect their identity, and no other identifiable information will be provided of Mujeres' community members. Likewise, the names of Mujeres' staff and partner staff will be obscured to protect their identities. Opinions of partner organizations' staff do not necessarily reflect the values of their employers.

GCI assisted with facilitating the focus groups, data collection and analysis, as community-based data is derived from the following: focus group interviews of Mujeres' community members, direct interviews with Mujeres' staff and partner organizations' direct service providers, and finally a community needs assessment survey that was completed by people affiliated with at least one Mujeres program. Celina Doria and Frania Mendoza Lua, doctoral candidates at the University of Chicago's Crown Family School of Social Work, Policy, and Practice, completed *¡Actívate!*'s literature review.

Care and intentionality were present throughout the collection of both qualitative and quantitative data for Mujeres' community members. Focus groups with Mujeres' participants from the Domestic Violence and Sexual Assault programs were facilitated by a professional mental health counselor as well as research experts from GCI. Furthermore, they included necessary referral services and/or follow-up care for participants.

The interview questions were carefully developed to avoid subjecting participants to potentially painful experiences or memories, and participants answered questions at their discretion, as no questions were mandatory.

Participants were given full informed consent of the potential rewards and risks for participation. In the cases where participants were triggered by the subject material of the interview, they were provided with follow-up services by a professional direct service provider. Participants were informed that they could end their participation at any point in either the community needs assessment survey or the focus groups without repercussion. In development of this project and as an organization providing services in the realm of gender-based violence, an ethical approach to data-collection was of utmost concern, present at every stage of data-collection and analysis.

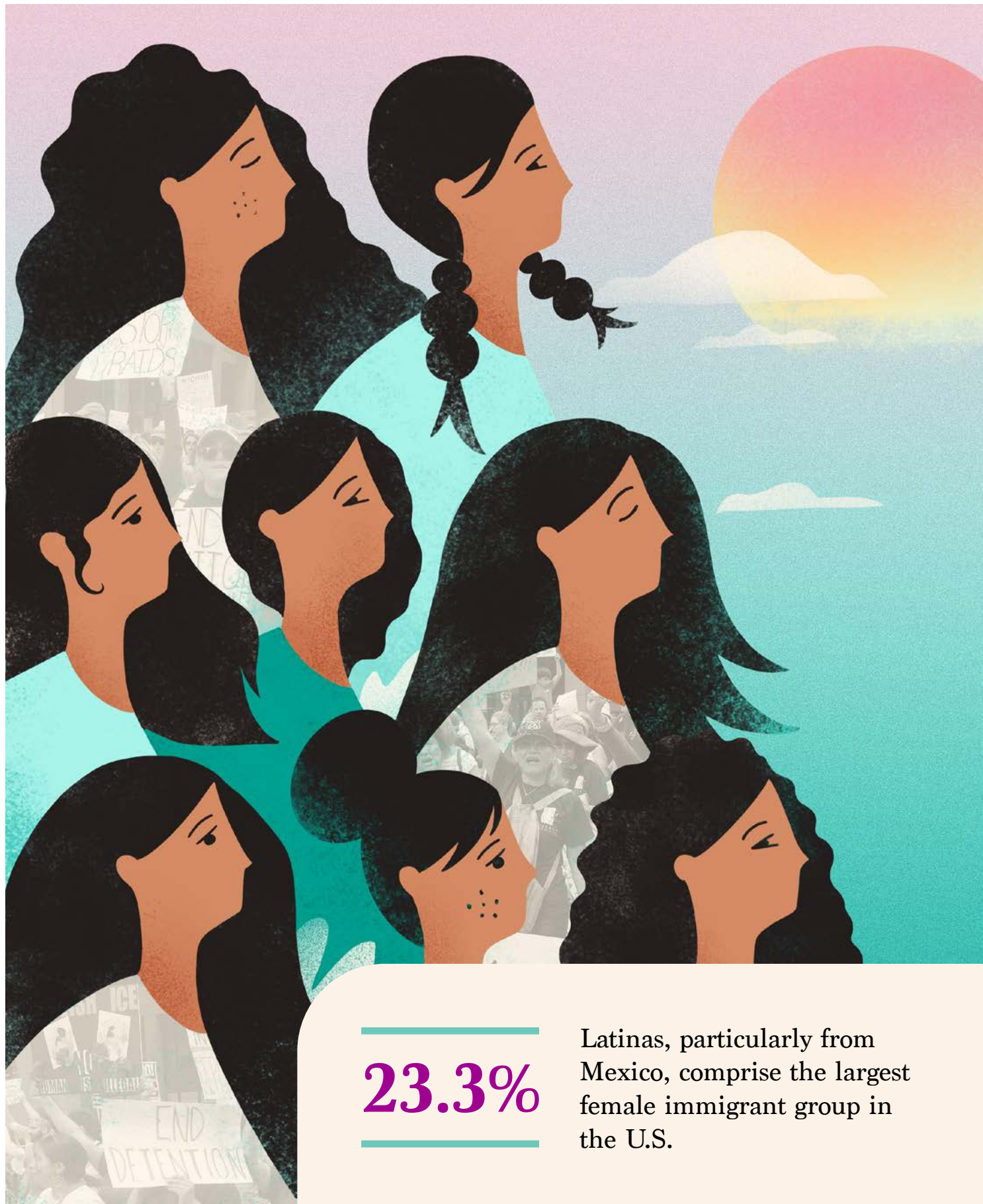
From September 27th, 2021 through November 3rd, 2021, focus groups were conducted via Zoom with participants of each program of Mujeres. Focus groups were conducted in both English and Spanish, at the discretion of the participants. Furthermore, participants were compensated with \$30 gift cards for their time and participation. Similarly, Mujeres' staff focus groups were conducted via Zoom with direct service staff of Mujeres and were conducted from November 10, 2021 to November 15, 2021. There was additionally one focus group conducted with staff from partner organizations, that was held on November 19, 2021 via Zoom. Additionally, three interviews were conducted via Zoom from November 19th, 2021 to November 29th, 2021 with staff from partner organizations who were unable to attend the focus group. Partner organizations were determined based on information received from direct service staff on organizations closely aligned with Mujeres' objectives and/or who serve as common referral agencies for staff members and participants of Mujeres. Two interviews with Mujeres' direct service staff were conducted via Zoom between November 30th, 2021 and December 1st, 2021 with staff who were unable to attend the focus groups.

In addition to the focus groups, the community needs assessment survey was distributed in both English and Spanish, and was broadly distributed amongst participants using the services of Mujeres. In total, the survey received 168 total responses, and respondents received \$30 gift cards. The community needs assessment survey is organization wide, and it is not separated by programs. However, certain questions were cross-tabulated: e.g. for community members who had an experience with the police, their subsequent responses were analyzed specifically for attitudes towards police officers.

Please Note: To recognize the diverse expressions in the Latine community, the descriptor *Latine/x* will refer to the larger community—i.e. immigrants and first-generation individuals of Latin American heritage or origin—while *Latina* will refer to the specific concerns of self-identified female and Latina-identifying participants of Mujeres' programming.

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23.3%

Latinas, particularly from Mexico, comprise the largest female immigrant group in the U.S.

Immigrant Justice

Immigrant justice constitutes an integral component to the work at Mujeres, as a majority of Mujeres' participants are either born outside of the United States or identify as first-generation.

Mujeres will never ask community members to disclose their immigration status. However, when we support survivors of domestic violence and sexual violence, we recognize the increased likelihood that we are supporting immigrants or those from immigrant families, who often comprise the most vulnerable populations of survivors. This section of *¡Actívate!* thus combines the existing literature on immigrants and undocumented individuals who must navigate the intricacies of the local, state, and federal levels of government with the lived experiences of Mujeres' community members.

As of 2018, there are more than 23 million immigrant women in the United States, 46% of whom are undocumented (Migration Policy Institute, 2018). Latinas, particularly from Mexico, comprise the largest female immigrant group in the United States representing 23.3% of all female immigrants in 2018 (American Immigration Council, 2020). Given the growing numbers of immigrants in the United States, particularly from Latin American countries, federal and state institutions have taken an increasingly active role in setting policy agendas that support or restrict immigrants' daily lives depending on their legal status. These policies have impacted Latina immigrants with precarious legal statuses and U.S.-born Latinas alike, shaping their attitudes towards health and health utilization, police, and workforce participation.

**As of 2018, there are more than
23 million immigrant women in
the United States.**

1. There are key distinctions between certain terminology employed in this section; standardized definitions will be provided for clarity. This project defines "immigrant" as anyone who moves to a foreign country with the intention of permanent relocation (Merriam-Webster, 2022). In this context, immigrant refers to Mujeres' community members who were born outside of the United States but have since permanently relocated to the United States. This definition includes all community members, irrespective of their documentation status. In connection, "undocumented" is an umbrella term that defines any person living within a country without required, state-approved documentation for residency. Lawful permanent residents—most referred to in the context of green-card holders—refer to non-citizens who have permanent, state-approved residency. Lastly, "citizen" refers to a legally recognized person who is subject or national to a defined state or commonwealth (Merriam-Webster, 2022). From a legal perspective, citizens hold the most privilege in accessing government resources such as economic or housing assistance, as many of these resources typically require citizenship or lawful permanent residency. As a result, immigrants—especially those who may lack documentation—face considerable barriers to accessing these resources.

Although U.S.-born Latinas are not subject to immigration deportation, many are embedded in communities targeted by immigration policy and enforcement (Viruell-Fuentes, 2007). Growing research has found that in contexts in which legal status is conflated with ethnicity, those who speak the same language or share similar physical similarities with undocumented immigrants could be the target of profiling and harassment or feel directly threatened by immigration enforcement (Armenta, 2017; Asad & Clair, 2018). Novak et al., 2017 has found that irrespective of legal status, infants born to Latina mothers had a 24% greater risk of low birth weight after an immigration raid. Furthermore, Alsan & Yang, 2018 found that Latine/x U.S. citizens respond to recent immigration enforcement by reducing their safety net participation, such as state and federal public health insurance programs, due to fear of revealing non-citizens in their networks. Such information points to hesitancy to utilize institutional resources because of the perceived jeopardy due to their immigration status.

Indeed, the current state of immigration enforcement impacts documented, undocumented, and U.S.-born Latinas alike (Menjívar et al., 2018). However, for undocumented individuals, everyday interactions with public institutions, services, and public officials, particularly police, may increase fears of deportation. For example, scholars have found a decline in healthcare utilization and Medicaid participation where local police coordinate enforcement operations with federal immigration authorities where there is a high deportation rate (Rhodes et al., 2015). Similarly, Becerra et al., 2017 found that Latinas with a greater fear of deportation reported less confidence that police would not use excessive force, felt less confidence that police and the courts would treat Latine/x fairly, and yet were more likely than Latino men to report to police that they have been victims of crime. Lastly, Cavanagh et al., 2020 found that Latinas who lived in high resources neighborhoods viewed the police and courts as effective, fair, and lawful, regardless of documentation status; however, undocumented women living in low resourced neighborhoods viewed the police and courts more negatively than documented women in low resource neighborhoods. However, it is key to contextualize that a vast majority of Mujeres' community members come from working-class backgrounds.

These findings suggest that there are important relationships between immigration enforcement and neighborhood policing that need to be explored given that they have implications on Latina decision-making around access to safety-net resources.

Data from focus groups and the community needs assessment survey point to a complicated relationship between police and Latine/x, immigrant communities. Data gathered from focus groups reflect a spectrum of attitudes towards the police. On one hand, virtually every focus group referenced either their immigration status, race, gender, and native language as factors that deleteriously impacted their relationship to the police. On the other hand, a few participants voiced pleasant experiences with the police and felt that they were justly treated. In the community needs assessment survey, the following information was found:

Q.22

If you had to call the police, how was your experience with the police?

Responses	Percent
Indifferent	41.3%
Negative	21.3%
Positive	37.5%
Total	100%

Respondents (n=80)

Source: Needs Assessment Survey. Tabulations by Great Cities Institute, University of Illinois at Chicago

Nonetheless, when asked if one would prefer to see someone else other than law enforcement respond to an emergency—e.g. social worker or trained mental health advocate—71.3% chose “Yes,” while 21.9% have no preference, and 6.9% chose, “No, I would rather have law enforcement respond directly.” (Needs Assessment Survey, 2021). Finally, 77% of participants responded “No” when asked if they fear calling the police due to immigration status, while 23% answered, “Yes.” See the table below:

Q.24

If you were facing an emergency (such as a domestic violence situation or mental health crisis), would you like to see someone else other than law enforcement respond, such as a social worker or trained mental health?

Responses	Percent
I don't have a preference	15.6%
I don't have a preference one way or the other	6.3%
No, I would rather have law enforcement respond directly	6.9%
Yes	71.3%
Total	100%

Respondents (n=160)

Source: Needs Assessment Survey. Tabulations by Great Cities Institute, University of Illinois at Chicago

While the survey and focus groups with Mujeres’ community members point to a spectrum of attitudes towards police, direct service professionals—such as counselors, legal advocates, and therapists—tend to view the police with a more critical, often negative, lens. Such data, combined with the prevailing literature that indicates structural discrimination by police against immigrant communities of color, point to the need for alternatives to the police, particularly when concerning

emergencies such as instances of domestic violence or mental health crises. Indeed, the question of policing overlaps advocacy issues concerning both immigrant justice, women's health, and gender-based violence, as immigrant survivors of color cannot dependably rely upon the institution of policing to defend or protect them. In some cases, as a direct service provider at a partner hospital pointed out in a focus group, police can exacerbate a situation, often contributing to a culture of victim-blaming and uncertainty:

“I've worked with some clients where law enforcement will arrive and they [the survivors] have been marked or treated as if they were the person who has caused harm, or they might be criticized for some of the behaviors they had...if there's an argument and they're defending themselves, they'd be questioned as well.”

In these scenarios, police enforce a culture of shame and victim-blaming that discourages survivors from seeking out resources and often leads to internalizing and justifying abuse as deserved.

Opinions about police are directly informed by our community members' personal experiences with the police. For many working-class Latina immigrants, there is a clear understanding that the police as an institution exist to serve and protect a privileged sect of the United States, to which they do not belong. When asked why one would fear calling the police, a focus group participant responded, “Because we are immigrants, we are not a part of the American system.”² Focus groups that interviewed survivors of domestic violence and/or sexual assault tended to view police officers unfavorably, pointing to the inconsistencies and roadblocks that police officers often presented when filing legal restraining orders, or in worst-case-scenarios, siding with the abuser. However, in focus groups where Mujeres' community members came from all parts of programming (e.g. Parent Support Program, Community Engagement and Mobilization), participants tended to have a more neutral attitude towards police. Nonetheless, the prevailing data from the Needs Assessment Survey and focus groups suggest that Mujeres should advocate for alternatives to relying solely on the police when confronted with domestic violence situations or mental health crises.

The same restrictive immigration policies that shape access to health and safety net programs also impact their access to jobs that can ensure their ability to care for and protect their families.

Finally, Latinas, especially of Mexican origin, represent the largest proportion of low-wage immigrant women workers in the United States (American Immigration Council, 2017). Latina immigrants with an undocumented status and low levels of state-recognized education and English face limited employment options in physically demanding jobs that pay low wages without employer-sponsored health insurance benefits (Straut-Eppsteiner, 2020). The existing literature corroborates Mujeres' community members' experiences in the economic sector as immigrants. Participants understand the intricacies and barriers of working as immigrants and are well aware that many employers exploit them due to their immigration status.

2. The original quote in Spanish reads: “Porque somos inmigrantes, no somos parte del sistema americano.”

When asked whether her immigration status poses a barrier to the workplace, a participant responded in a focus group,

“**Yes, it’s a barrier to employment because they don’t give you benefits, many employers want to pay you less, you work more, you lack insurance, they take out money for social security, but where does this money go? You reach the age of retirement, but you will receive no benefits.**”³

The same participant indexes the numerous points of exploitation that occur to workers who may be undocumented: lack or refusal of workplace benefits, lower salaries, lack of insurance, and paying for social security but without the ability to reap its benefits at retirement. In tandem, 47.7% of Mujeres’ survey respondents state that their immigration status is a challenge to seeking employment. Such information demonstrates Mujeres’ community members’ awareness and active resistance to exploitative employment practices due to their immigration status.

Additionally, immigrant women in new destinations have less access to the kin networks on which poor U.S.-born women so often rely for childcare (Boushey, 2003), and face barriers to child care subsidies (Matthews et al., 2018). Therefore, it is important to consider how legal status shapes the job and employment options for Latinas, including wages and occupations, as they have implications on the decisions Latina women have on what jobs they will take in order to protect and provide for themselves.

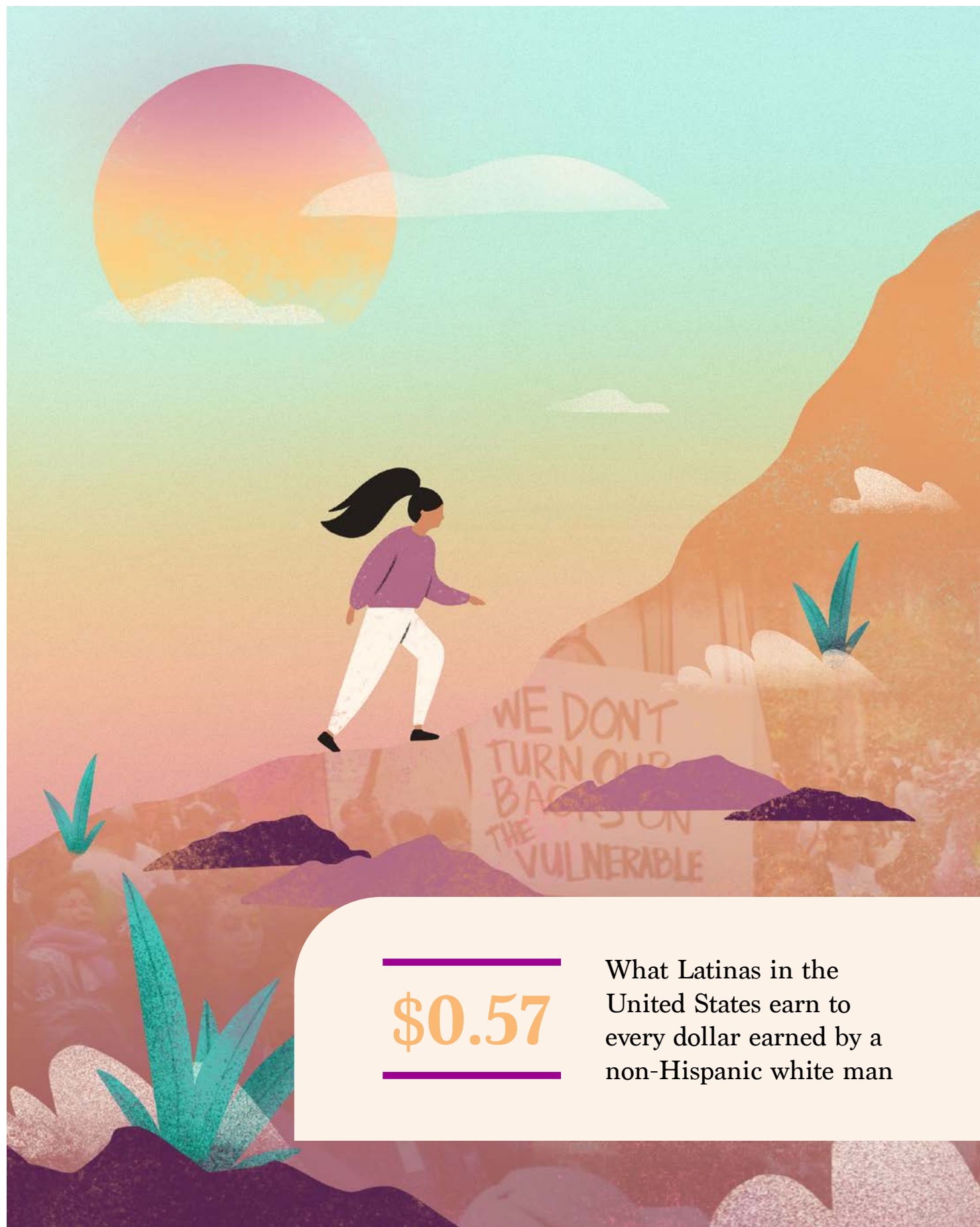
Policy/Advocacy Recommendation:

Recommendation 1: Advancing Comprehensive Immigration Reform, particularly as it relates to (a) improving VAWA (Violence Against Women Act) and the process for obtaining U visas and (b) the court process for obtaining orders of protection. VAWA and U visas can be improved in the following ways:

- a. Reduce the backlog of U visas through hiring additional visa adjudicators.
- b. Cook County Courts should increase the availability of multilingual services, including but not limited to hiring more interpreters and translators in multiple languages.

Recommendation 2: Advancing an Alternative Response to Police, arguing that investment in community-led efforts for violence prevention and the use of “non-police crisis response such as trained social workers, paramedics, and peer-support workers” (Collaborative for Community Wellness, 2022) are more effective for supporting immigrant survivors of violence. The work of Collaborative for Community Wellness Campaign which advocates for non-police response for mental health crises, and which seeks to expand local expenditure on professional mental health resources is a strong example of an alternative.

3. The original quote in Spanish reads: “Si es una barrera para el empleo porque no te dan todos los beneficios, muchos empleos te quieren pagar menos, trabajas más, no tienes seguro, nos descuentan el cheque de seguro social, y ese dinero para donde se va? Llegas a la edad en que te vas a retirar, no recibes ningún beneficio.”



\$0.57

What Latinas in the United States earn to every dollar earned by a non-Hispanic white man

Economic Justice

Economic justice is central to justice for Latina immigrant survivors of violence as financial independence is an undeniable issue for survivors seeking independence and autonomy.

In the context of Mujeres' community members, many of whom are Latina immigrants, the overlap between economic justice and supporting survivors of violence is evident: Latinas in the United States earn 57 cents to every dollar earned by a non-Hispanic white man (Gould, 2019) while one-in-three Latinas have faced intimate partner violence at some point in their life (CDC, 2017). Economic justice becomes a crucial aspect of survivor empowerment as we understand that financial stability drastically improves a survivor's ability to leave an abusive situation. Indeed, financial or economic assistance was listed as a key factor in every focus group—both with community members and direct service providers—as one of the top necessities for communities. In fact, every direct service provider—either staff at Mujeres or a partner organization—pointed to the importance of economic assistance as a key issue for our communities, exacerbated by the pandemic.

While narratives around financial literacy and economic empowerment are shifting, Latinas still face remarkable barriers, demonstrated by the fact that they must work 11 months longer to earn the pay equivalent of a non-Hispanic White man (Gould, 2019). These inequalities are compounded exponentially when considering immigration status, putting Latina immigrant survivors at multiple intersections of marginalization. As a result, economic justice must address immigrant justice and gender-based violence—other central advocacy themes explored throughout *¡Actívate!*.

Economic justice is an undeniable necessity of our Latine/x and immigrant communities, and thus informs our advocacy priorities.

Latinas, particularly immigrant women, are more likely to encounter challenges related to lack of access to formal financial services than other women (Bullock, Toolis, Sencion & Cadenas, 2020).

Some of these challenges include but are not limited to: costs associated with banking accounts, language barriers, lack of social security number, “red tape” to accessing cash quickly, and perceived discriminatory treatment often due to race or immigration status.

Banking—as an institution—may be perceived as an unwelcoming and discriminatory space for Latinas and immigrants, who may prefer to rely on direct cash or alternatives to formal banking (Bullock et al., 2020). In one case, a focus group participant who works with a partner organization, commented on her past client’s informal arrangement for meeting housing and economic needs during the pandemic:

“ I had one client, for example, that used all his savings for the first six months to cover food, childcare, and utilities. And even though he knew that the utilities would not be disconnected, he did not want them to get so high that he would not be able to pay them. Then he worked out a deal with his landlord to work on the weekends, to make repairs on the building so that he would get a discount on rent. After the savings account was depleted [during the pandemic] he stopped banking. So when he applied for rental assistance we also referred him to a couple of organizations, including Ladder Up to talk about filing taxes and banking again because he may need it for different purposes... He used to only use [his savings account] pay his rent really...He left banking, because it was no longer suiting his purpose.”

In this instance, a community member works out an informal deal with the landlord after depleting his savings due to the economic hardships caused by COVID-19; once his savings were depleted, he no longer felt that banking was useful, and he instead turned to alternative strategies for economic subsistence. While he was able to temporarily address this issue through an agreement with the landlord, without a written contract the landlord still retains the contractual advantage over the tenant and thus is a less stable long-term solution.

It is estimated that Latine/x immigrants, particularly immigrants from Mexico, are more likely to be underbanked and to use alternative financial sources (Northwood & Rhine, 2017). One study about low-income Latina mothers’ experiences with financial services found that the majority of Latinas in their sample had bank accounts but remained underbanked (Bullock, Toolis, Sencion & Cadenas, 2020). In other words, these women had access to formal bank accounts, but frequently sought financial services from alternative providers (e.g., cash advance loans) due to perceived barriers associated with mainstream financial services. Research finds frequently cited barriers to formal financial services to include “fees and unexpected charges, uncertainty regarding interest

rates, lack of a Social Security number, needing cash quickly, perceived discriminatory treatment, and fear of deportation due to undocumented status” (Bullock, Toolis, Sencion & Cadenas, 2020, p. 136). As the literature clearly suggests, immigrant and undocumented Latinas face particular barriers to accessing mainstream financial services, further limiting their economic well-being and autonomy.

These barriers to accessing formal financial services have led many low-income Latinas to utilize alternative financial services, such as money transfers, pawn shops, and payday loans (Bullock et al., 2020). These services are considered predatory because of their exploitation of borrowers’ capacity to repay loans, excessively high fees and interest rates, and frequently misleading terms and conditions (Bullock et al., 2020). Furthermore, these predatory lending services are often disproportionately located in predominantly low-income, Black, and Latino neighborhoods, explicitly targeting financially-vulnerable communities (Hill & Kozup, 2007). Despite claims that these alternative financial services assist unbanked and underbanked populations to meet their credit needs, research clearly suggests that these predatory practices perpetuate further economic vulnerability (Lim et al., 2014).

Similarly, Latina survivors of intimate partner violence (IPV) face additional challenges to achieving economic justice. Latina survivors of IPV may have been subject to various forms of economic control and employment sabotage—such as having existing funds or savings depleted by the perpetrator or not being allowed to obtain a drivers’ license or access automobiles—resulting in increased difficulty to leave abusive relationships, as well as long-term financial instability (Davila, Johnson & Postmus, 2017; Galvez et al., 2011).

Controlling behavior that seeks to limit a survivor’s economic independence is considered financial abuse, a common technique by perpetrators of violence.

NNEDV (National Network to End Domestic Violence) states that financial abuse “includes behaviors to intentionally manipulate, intimidate, and threaten the victim in order to entrap that person in the relationship. In some cases, financial abuse is present throughout the relationship and in other cases financial abuse becomes present when the survivor is attempting to leave or has left the relationship” (NNEDV, 2019). NNEDV states that financial abuse is reported in 99% cases of domestic violence (2019). Financial abuse is often interwoven with other forms of control, particularly to immigrant survivors who may contend with fears of deportation or mistreatment due to their immigration status. Coupled with the fact that some homes have a sole financial owner—most often the perpetrator—this can create a dire and tenuous situation for a survivor. Indeed, a direct services provider at a partner hospital indicates how financial abuse manifests in her clients’ lives, sharing with the focus group that many of her clients are kept intentionally unaware of available funds, or they are given a fixed allowance at the whim of the perpetrator. In these scenarios, survivors are denied any financial security and kept intentionally dependent upon the perpetrator as forced dependency.

To address issues of economic empowerment and financial literacy, trainings has emerged to address Latina survivors' financial well-being and have been shown to increase the economic self-efficacy and empowerment of women survivors of IPV (Postmus et al., 2013).

Mujeres increases economic empowerment through our Latina Leadership Program, Empresarias del Futuro (Entrepreneurs of the Future) Program and Survivors' Financial Wellness Program.

Since its inception in 2012, Empresarias del Futuro (EDF) has graduated over 500 participants, who have successfully completed the program's financial literacy and entrepreneurship workshops. Many of these women have gone on to start their own small businesses in the communities where they live. While EDF is open to any community member, Mujeres' Survivors' Financial Wellness is geared specifically toward survivors learning to increase financial stability. This program provides culturally relevant and accessible training to Latina and immigrant survivors and distributes direct monetary incentives to increase access to savings accounts and knowledge of credit and tax filing—all attributes key to financial literacy. By providing cash incentives for completing certain bank-oriented tasks, survivors learn to navigate banking as an institution and are rewarded for their efforts, directly increasing economic independence. Unsurprisingly, financial security is a critical step towards a survivors' advancement, as it provides the necessary means to support oneself.

The intersection between domestic violence and housing insecurity remains a crucial issue for survivors of IPV as housing is reported to be one of the major barriers that prohibits a survivor from leaving an abusive situation (NNEDV, 2016). The question of housing poses a two-fold issue as survivors must contend with the following: a) the availability and ease of access of affordable, adequate housing and b) the threat of homelessness as a form of control by a perpetrator of violence. This issue directly pertains to economic justice as all survivors—irrespective of their immigration status, language ability, marital status, etc.—are deserving of affordable, safe, and accessible housing. Affordability of housing remains a key issue, particularly in Chicago, as renting prices have soared in traditionally working-class neighborhoods, including predominantly Latine/x and immigrant neighborhoods such as Little Village, Pilsen, and the neighboring suburb of Cicero. The vast majority of Mujeres' participants reside in the southwest neighborhoods of Chicago, as well as the surrounding Chicago suburbs.

A focus group participant, who had spent the majority of their life in one apartment, commented on a landlord's mistreatment and displacement of her:

“ For 50 years I lived in the same apartment we took care of all the maintenance needs ourselves... they told me they would sell me it [the apartment, but then] they never said anything, they sold the apartment to another landlord. I was paying \$750 and later they charged me \$1,400, the new landlord was horrible...I tried to find an apartment, [everything was] very expensive, we bought in Midway. I felt discriminated against by those same landlords, they were all white, I felt completely upset. They have completely displaced us.”

4. The original response in Spanish reads: “Por 50 años viví en el mismo apartamento, nosotros hacíamos todo, después de que se murió el señor me dijeron que me la va vender, nunca me dijo nada, vendieron la casa, y pagaba \$750 y luego me cobró \$1400, este displacement esta horrible, trate de buscar un apartamento bien caro, compramos en Midway. Sentí discriminación de los mismos dueños, que son puros personas blancas, me sentí completamente displacer, nos han desplazado demasiado.”

In this scenario, the landlord lied to the tenant, sold the building, and the rent was nearly doubled. The tenant was forced to move out after such a steep price adjustment; an incident which indicates the issue of gentrification in these neighborhoods and the subsequent lack of affordable housing. Such a trend enforces an unjust displacement of community members who have been living in their respective neighborhoods for decades, and the issue is compounded when many community members lack access to credit-scores, social security numbers, and other materials that are often required for new rental applications. The community member also points to racism as a motivating factor for mistreatment, highlighting the dynamic that the landlords were white and the tenants were people of color. Consequently, many community members must contend with the compounding effects of racism, classism, and gentrification in securing the basic right of housing.

In tandem with community members' opinions, both Mujeres' staff and Mujeres' partner organizations recognize affordable housing as a key issue of immigrant, women, and survivors' justice.

Direct service providers—those who provide professional services including but not limited to legal aid, mental health services, and other forms of advocacy—point to housing as a recurrent theme for immigrant and survivor communities.

Insufficient affordable housing was exacerbated by the pandemic, which caused more financial instability and thus issues with housing payments. One service provider shared in a focus group that immigrants face additional barriers to renting: lack of “proof of income” is a crucial issue as many working-class immigrants rely on informal forms of payment or one person is the sole provider for a home. As such, “proof-of-income” in the most common form of a W2 or ticket-stub is often not available and presents a barrier to rental applications. Furthermore, the focus group participant explained, that some forms of subsidized or affordable housing require social security numbers or proof of legal residency status, presenting barriers to those who may lack legal documentation; many undocumented survivors are referred to temporary shelters. Many undocumented survivors are referred to temporary shelters but lack safety nets or resources for accessing long-term housing or rental assistance due to their immigration status.

From community members' perspective, there are too many unjust barriers related to housing: price, unreasonable renter's requirements, racial discrimination, and discrimination against single mothers. In a focus group, a participant shares the barriers she experienced during a rental application:

“ **3 months of [rent] requirements, credit check, high payments...they ask you how big is your family... [I was discriminated against] with my daughter in special education.**⁵”

Such rental requirements point to unreasonable requests, a credit score that many community members may not have access to, and discrimination based on the size or needs of a family.

Similarly, in another focus group, a participant was asked by a landlord for a license, letters of recommendation, and other requirements for a rental application; yet another community member indicates discrimination and requirement of a State ID due to assumptions about her immigration status. Virtually all focus groups explained a challenge relating to accessing housing through issues of affordability, rental requirements, language barriers and/or landlord discrimination. The need for affordable housing is very clearly a community necessity and recurrent issue.

Policy/Advocacy Recommendation:

Recommendation 1: Increase funding at local and state level, including to the Illinois Immigrant Services Line Item in the state budget, which provides direct cash assistance to immigrants in the form of citizenship application assistance, English classes, DACA and citizenship waivers, and other resources for immigrants throughout Illinois. In the 2023 Illinois Legislative Session, Mujeres, along with the Illinois Coalition for Immigrant and Refugee Rights (ICIRR) and other immigrant-serving organizations, advocates for a \$53 million demand, an increase from the Illinois General Assembly's historic approval of \$38 million, which still falls short of the needs of immigrants and undocumented persons living in Illinois.

Recommendation 2: Increased direct housing assistance provided by other state and local government agencies without the barriers of formal leases agreements and extensive paperwork and/or credentials that leaves vulnerable families at a disadvantage (like Mujeres and other trusted community-based organizations were granted during the height of the pandemic). Trusted community-based organization with established compliance records and vetted risk-assessments, can work closely with government agencies to assure the accountability of these resources, while leveraging their standing in the community to respond to the growing needs.

5. The original response in Spanish reads: “3 meses de requisitos, crédito, pagos muy altos...te preguntan cuanto son de la familia, a mi me pasó [la discriminación] con mi con mi hija de educación especial.”

Recommendation 3: Develop a dedicated revenue stream to provide permanent, affordable housing ensuring resources are made available to the undocumented population. Such as Illinois Housing Council's strategy to address a permanent solution to affordable housing through the Build Illinois Home Tax, providing a tax credit for owners of low-income/affordable housing. Additionally, Bring Chicago Home addresses Chicago homelessness by developing a dedicated revenue stream via a restructuring of the Real Estate Transfer Tax (RETT). Bring Chicago Home would modify the RETT to include a one-time tax on properties sold within Chicago to create a substantial and legally dedicated revenue stream to provide permanent, affordable housing for people experiencing homelessness.

Recommendation 4: Expand programming that supports Latina financial growth, literacy, and empowerment. Community-based programs, such as Mujeres' programming that addresses the issue of economic justice through the Empresarias del Futuro (Entrepreneurs of the Future) and Survivors' Financial Wellness can help support the pathways for financial stability. Addressing Latina economic empowerment through popular-education modalities, outside of conventional formal education institutes, can foster growth on topics related to personal and professional development, business acumen, and financial literacy. Empresarias support one another in their cohorts and graduate with the toolset to establish their own small businesses. We urge government and private funders to financially support programming that provides economic empowerment to historically underserved communities, including Latine/x and immigrant populations.



34.4%

of Latina women in the United States have experienced some form of intimate partner violence in their lifetime

Gender-Based Violence

Latina and immigrant women lie at multiple intersections of vulnerability regarding gender-based violence, a form of violence “that is rooted in exploiting unequal power relationships between genders.”

Gender-based violence can impact anyone, and can include intimate partner violence and family violence, elder abuse, sexual violence, stalking and human trafficking (ENDGBV, 2022). Mujeres provides resources for survivors of gender-based violence—including domestic violence and sexual assault—and recognizes the multiple forms of marginalization that our community members face due to their immigration status, race, language, and so forth. The existing literature points to the unique barriers Latina and immigrant women face when seeking social safety services after experiencing gender-based violence, and interviews with community members who have shared their experiences in illuminating the structural barriers they faced seeking support. In connection, multiple sources have confirmed a spike in domestic violence as a consequence of mandatory social isolation during the earlier stages of the COVID-19 pandemic (Bettinger-Lopez & Bro, 2020) (Bright et al., 2020). Bettinger-Lopez and Bro provide a grave framework for understanding the direness of the situation, referring to the coterminous issues of domestic violence and COVID-19 as a “double pandemic” (2020).

In the United States, one in four women experience some form of intimate partner violence (IPV)—including physical abuse, verbal abuse, economic control, stalking, and sexual assault—during their lifetime (Gonzalez, Benuto & Casas, 2020). Similarly, it is estimated that nearly one in three (or 34.4%) of Latina women in the United States have experienced some form of IPV in their lifetime (Smith et al., 2017). Although Latinas experience similar rates of violence as other racialized groups, the extant literature suggests that Latinas are more likely to experience more serious forms of IPV (Bonomi et al., 2009). Latinas, for example, are more likely to die by intimate partner homicide than non-Hispanic White women (Harper, 2017). Furthermore, undocumented and immigrant Latina women experience particular vulnerabilities which place them at higher risk for experiencing IPV. For example, the lack of legal documentation status is often used as a tool of power and control against undocumented Latinas, further perpetuating experiences of violence (Rajaram et al., 2020). This overlaps with our advocacy about immigrant justice, as immigrant survivors of violence contend with both the threat of immigration status and physical violence from perpetrators of abuse.

Undocumented and immigrant Latina women experience particular vulnerabilities which place them at higher risk for experiencing IPV.

Although Latinas may not experience higher rates of IPV compared to other women, they are disproportionately affected by its impacts (Alvarez & Fedock, 2018). Compared to non-Latina survivors of IPV, Latina women report higher rates of poor physical health and psychological distress—especially symptoms of depression and post-traumatic stress disorder (Cuevas, Sabina, & Picard, 2010).

The existing literature reflects the experiences that Mujeres community members shared during their interviews, as mental health was identified as a key concern, both by participants and direct service providers.

In a focus group, a direct service provider at a partnering organization cited anxiety as a key mental health concern that patients would bring up, amongst other chronic conditions such as diabetes, kidney disease, and cancer. However, the process for receiving health care at clinics for these clients—many of whom were Latina immigrants—did not include a trauma-informed response when being treated for injuries that may have been related to domestic violence and/or sexual assault. Shared in a focus group by the direct service provider was an anecdote of a patient who came for treatment for a cut on her arm. The patient received treatment for the wound, but was referred for services outside of the clinic and ultimately did not follow up on the referrals: the patient did not receive a trauma-informed delivery and was simply handed a half-sheet of potential organizations, with no explanation of implications, nor explicit mentioning of domestic violence as a potential issue. In many cases, a nominal screening occurs, but there is rarely a trauma-informed delivery that builds trust or connects potential survivors to life-saving resources, explaining when, where, and how to access said resources. Coupled with the fact that many of the people seeking care come with varying documentation status, different language needs, distinct cultural needs, and/or working class backgrounds, Latinas are overall less likely to utilize formal support services compared to other women survivors of IPV. Thus, connecting Latinas to formal support services emerges as a critical issue—and ensuring said services meet the cultural and linguistic needs of Latinas—as use of these resources has been shown to reduce repeat victimization, increase safety, and improve health outcomes (Bridges et al., 2018).

Latinas who have experienced sexual violence in particular are at greater risk of developing negative reproductive health outcomes, such as sexually transmitted infections (STIs), HIV infections, and other gynecologic injuries (Fortuna et al., 2019; Grace, 2020). In addition to physical and mental health concerns, a growing number of studies have indicated that Latinas who have experienced IPV are at high risk for substance abuse, injury, and homicide (McFarlane et al., 2005). Compounding these vulnerabilities, the extant literature cites various barriers to help-seeking for Latina women, including but not limited to immigration status, language barriers and general lack of knowledge of resources, feelings of shame and isolation, and lack of financial resources (Mowder et al., 2018). A direct services provider employed at a partnering hospital shared that survivors who are under or uninsured can be referred to several different clinics to

meet various needs such as physical, mental and/or sexual health. However, during earlier stages of the pandemic, access to decentralized health care—multiple clinics that offer specialized care at free or reduced prices for uninsured patients—presented the issue of transportation and the persistent issue of cultural sensitivity in providing specialized health care (A. Carlin, Personal Communications). While the advocacy issues around gender-based violence and women’s health naturally overlap, the women’s health section will continue to investigate the structural inequities regarding survivors’ access to all health care.

As touched upon in the section pertaining to immigrant justice, critical issues arise in the treatment of survivors of violence through policing and the judicial system. As the extant literature suggests, some formal support systems—such as the criminal and legal systems—may do more harm than good to Latina survivors of IPV, particularly those who are immigrants and undocumented, exacerbating barriers to those seeking help. For example, undocumented women are often afraid to call the police or file for a protection order due to abuse unless they have had a previous, positive interaction with police; in this case, they were “likely to use the criminal justice system as a resource” (Messing et al., 2015, p. 217; see also Messing et al., 2017). Yet the likelihood of immigrant and undocumented women having positive interactions with the police is low given fears of deportation, racial bias, and discrimination (Messing et al., 2015).

The qualitative data informed by Mujeres’ focus group with survivors of domestic violence and/or sexual assault corroborate the literature’s findings: many immigrant Latinas are reluctant to call police for crises, particularly ones involving instance of domestic violence and/or sexual assault.

For instance, one focus group participant shared an abusive domestic situation in which her abuser threatened her, utilizing her immigration status as a manipulation tactic. Eventually, she contacted the police for support—after learning of her legal rights—but was then reprimanded by the police, who took sides with the abuser. In this instance, policing explicitly sides with the perpetrator of harm, discriminating against a survivor for their immigration status and language capabilities, contributing to a punitive and victim-blaming stance. In spite of these obstacles, this interviewee shared: “Now I know that I have a voice, even if I’m an undocumented person. I have rights as well. In the past, I felt discriminated against⁶”.

6. The original response in Spanish reads: “Ahora ya sé que tengo voz aunque sea una persona indocumentada. Yo tengo derechos tambien. En el pasado me senti discriminada.”

Another focus group participant shared her experience of police mishandling her case of domestic violence:

“My recent experience, I filed a report of domestic violence. The report has several incidents regarding the father of my children, and his violence and alcoholism... he threw the phone at my face; I filed the report with a friend who helped me. They [the police] came and told him to leave and he pretended to not understand. Since he was skinny, they didn't force him to leave. The next day, he still didn't leave, so I went to the police station, and they said that the officer put down that I was not going to press charges.”⁷

Similar to previous scenarios, this instance demonstrates a mishandling that can further impacts the survivor of domestic violence. It is unsurprising to Mujeres, that 71% of community members prefer an alternative to calling the police during emergencies, according to the community needs assessment survey.

For undocumented survivors of violence, the provisions included in the Violence Against Women Act (VAWA), such as the U visa, have provided life-saving support for some immigrant survivors of IPV (Rajaram et al., 2020). In theory, the U visa provides a lifeline service as undocumented survivors can file for legal residency—if they are 1) victim of a “qualifying crime” and 2) have suffered substantial mental and/or physical abuse as a result of the crime and 3) are willing and able to document the crime and aid authorities in prosecution (U.S. Citizenship & Immigration Services, 2023). In practice, the qualifications required to apply for U visas still present barriers for immigrant women from seeking help. For example, women are required to present official documentation, such as a police report or protection order, in order to apply for the visa. Yet, fearing police involvement due to risk of deportation, in addition to fears of retaliation from the perpetrator, many immigrant Latinas are unable to pursue support through these formal protections. In certain cases, many immigrant survivors hesitate to involve the judicial system for fear of putting a perpetrator of harm at risk of deportation.

There are many complex and nuanced factors that lie at the intersections of immigration status and intimate-partner violence that present both cultural and institutional barriers to the U visa for immigrant Latinas.

In one focus group, an attorney supporting survivors of domestic violence and sexual assault stated that there are a dozen successful petitions filed related to either the U visa or VAWA compared to hundreds of survivors who still needed that relief. Latina immigrant survivors of violence who were successful in filing for a U visa often received assistance from organizations to navigate the bureaucracy. For those who did successfully complete a U visa petition, the current backlog poses another pressing concern: wait times are easily over 5 years for approval, a focus group participant who works with survivors disclosed. Due to these barriers, many Latinas—particularly immigrant and undocumented Latinas—are more likely to utilize informal strategies to escape or alleviate IPV, such as relying on friends and family for support (Mowder et al., 2018).

7. The original response in Spanish reads: “La reciente experiencia, tengo reporte de violencia doméstica. El reporte dice varias falta con la violencia y alcoholismo, la persona que es el papá de mis hijos, me tiró el teléfono en la cara, hice el reporte una amiga me ayudo, ellos vinieron [y] me dijeron que saliera, el se hizo el desentendido, pero como lo vieron que esta delgado nunca le dijeron que se saliera, paso el siguiente día y no se fue, y luego fui a la policía y pusieron que yo dije que no iba a pasar cargos.”

Policy/Advocacy Recommendation:

Recommendation 1: Advancing an Alternative Response to Police, arguing that investment in community-led efforts for violence prevention and the use of “non-police crisis response such as trained social workers, paramedics, and peer-support workers” (Collaborative for Community Wellness, 2022) are more effective for supporting immigrant survivors of violence. The work of Collaborative for Community Wellness Campaign which advocates for non-police response for mental health crises, and which seeks to expand local expenditure on professional mental health resources is a strong example of an alternative.

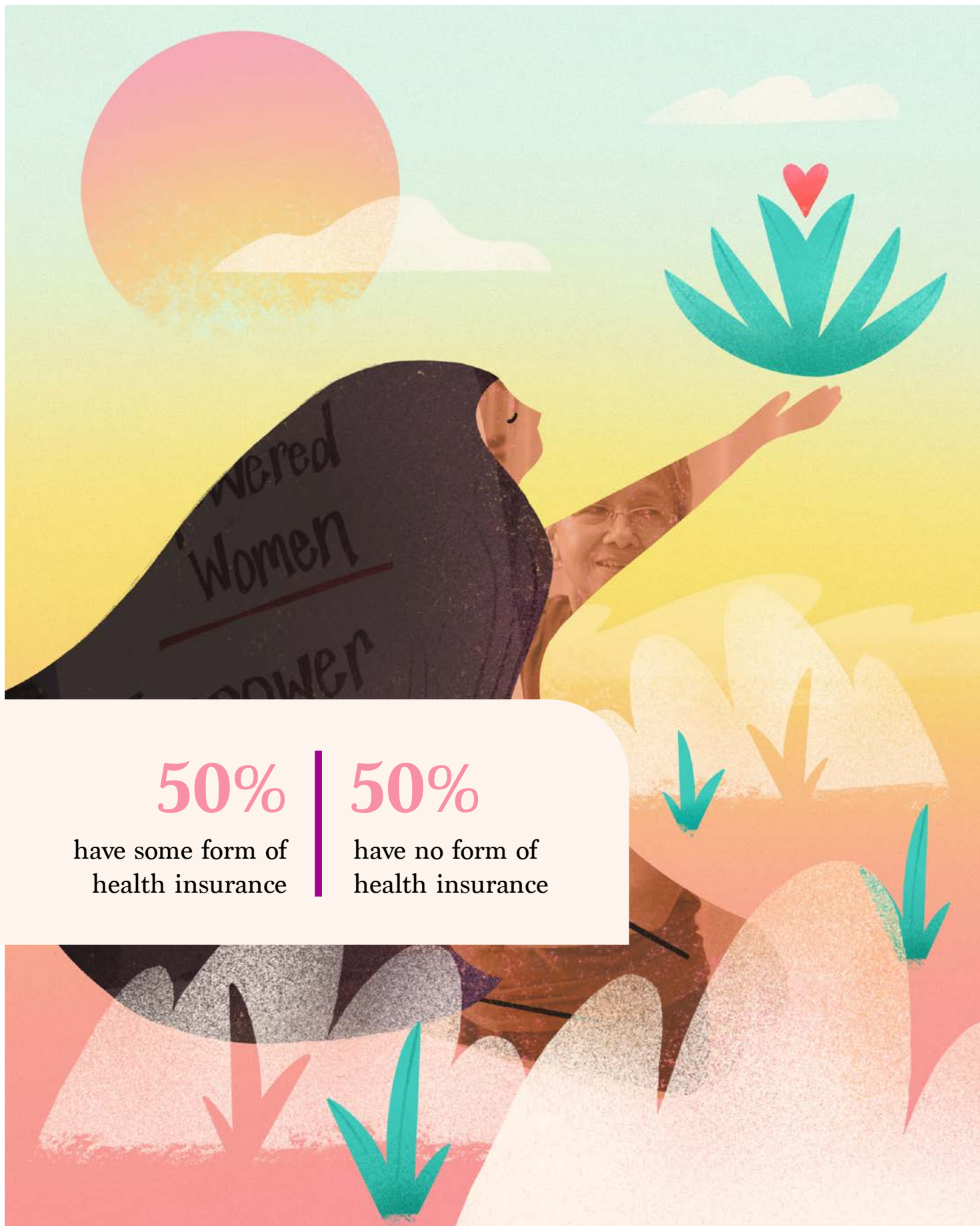
Recommendation 2: Engaging promotora models of violence prevention. Mujeres recommends engaging community-based models of violence prevention, including promotora models of rights-based education. The majority of the literature regarding violence prevention among Latinas highlights promotora models as culturally grounded ways for increasing community awareness and education (Messing et al., 2015; Serrata, Hernandez-Martinez & Macias, 2016). Such peer-led community education models have been proven to increase feelings of self-empowerment among Latina survivors of IPV, positively transforming the well-being of Latino communities (Serrata, Hernandez-Martinez & Macias, 2016).

Recommendation 3: Advancing Comprehensive Immigration Reform, particularly as it relates to (a) improving the Violence Against Women Act (VAWA) and the process for obtaining U visas and (b) the court process for obtaining orders of protection. VAWA and U visas can be improved in the following ways:

- a. Reduce the backlog of U visas through hiring additional visa adjudicators.
- b. Cook County Courts should increase the availability of multilingual services, including but not limited to hiring more interpreters and translators in multiple languages.

Recommendation 4: Long-term increased, strategic funding for gender-based violence programs and services. In 2022 Mujeres, along with other organizations across the state of Illinois, advocated for increased government support for emergency crisis, counseling, and therapy for survivors of domestic violence. The successful increase from the Illinois Department of Human Services is giving Mujeres the chance to support survivors and their families in an innovative, comprehensive way. However, this is not the case across all gender-based violence funding.

In February 2023, the three lead entities that contract with the Illinois Criminal Justice Information Authority (ICJIA) for VOCA and VAWA funds to support domestic violence, sexual assault and child abuse services were informed of cuts in available monies, resulting in a dramatic 49% cut, a \$9.5M reduction from the current \$18.8M sexual assault award to the Illinois Coalition Against Sexual Assault. These cuts will have a tremendous impact across the state of Illinois in service delivery for sexual assault survivors. While Mujeres is still in the early planning stages of what advocacy and stakeholder engagement is necessary as we move forward, one thing is clear: to comprehensively address the needs of the most vulnerable survivors and their families, funding for gender-based violence needs a long-term investment and strategy.



Women's Health

Mujeres' community members shared a wealth of information regarding the challenges they faced when seeking health care: exorbitant costs and co-pays, lack of cultural sensitivity and training by professional health care providers, difficulty in accessing specialized care due to location, and language barriers.

For immigrants, access to health care, even under Medicaid or Medicare, brings up anxieties around costs to their sponsors or risk of deportation (Ivey & Faust, 2001). In addition, COVID-19 exacerbated the underlying structural inequities that our Latine/x and immigrant communities have already been facing: lack of access to healthcare, socio-economic stability, limited familial networks, all of which became more difficult to access as a result of the global pandemic. Federal and state level support prioritized citizens and legally permanent residents in the form of stimulus checks that left out immigrant and undocumented people who lacked access to social security numbers.

Lack of insurance is critical, as lack of health insurance presents the obvious barrier of cost in the privatized system of health care within the United States.

Mujeres' community members access healthcare in various manners, often as a creative means to circumvent the structural barriers present for low-income, Latine/x, and immigrant members. This includes a combination of federally qualified health centers (FQHCs) and hospitals as Latina immigrants seek to meet their health care needs. In the community needs assessment survey, the following information related to health care access was discovered:

Q.9

If you do have health insurance/coverage, what kind of coverage?

Responses	Percent
Employer-Based Health Insurance	20.5%
Medicaid	33.3%
Medicare	34.6%
Private Market Insurance	11.5%
Total	100%

Respondents (n=78)

Source: Needs Assessment Survey. Tabulations by Great Cities Institute, University of Illinois at Chicago

Two central data points can be ascertained: half of community members lack any form of insurance, and of those community members with access to insurance, 88.5% are dependent upon health insurance from employment or the state. The lack of insurance is critical as it presents the barrier of cost in the privatized system of health care within the United States. Indeed, 38.7% of respondents answered "No" to if they received medical services from doctors; for those who responded "No," they provided the reasons for why:

Q.7

If you do not receive medical services, please select the reason(s) why
(Check all that apply)

Responses	Percent
Cost	18.9%
Mistrust in medical system	1.9%
My immigration status	7.5%
Not having insurance/or enough insurance	26.4%
Not knowing where to go to receive service	20.8%
Other	24.5%
Total	100%

Respondents (n=46)

Source: Needs Assessment Survey. Tabulations by Great Cities Institute, University of Illinois at Chicago

Lack of knowledge of healthcare clinics, underinsurance, and cost are key factors contributing to lack of healthcare access, while immigration status and mistrust arise as secondary characteristics, but nonetheless significant. The data suggesting community members' difficulty accessing health clinics and/or hospitals underscores the experiences of a direct service provider at a partnering hospital who stated in a focus group that de-centralized health care is a recurrent barrier:

Latina immigrants must travel to multiple clinics for specialized care, often lacking the time, resources, and knowledge to reach preventative and curative health care.

Oftentimes, these patients simply do not follow up on the referrals due to barriers of location and time. Even for those fortunate enough to possess insurance, community members continue to face a myriad of barriers, whereby a community member shared in a focus group her experience after receiving insurance:

“ I just obtained medical insurance this year—it’s the same as if I didn’t have it. To get a doctor that speaks Spanish is very difficult, many of them have retired, the rest only have appointments in 20 days, everything takes a long time⁸.”

This participant’s experience speaks to the difficulties of obtaining medical care. Even with nominal health care insurance, there are still barriers to cultural and language accessibility and long wait times for appointments. Thus emerges two central issues: Latina immigrants (a) need more access to health care insurance and (b) need the quality of health care services to be vastly improved.

As a result of the pandemic and stay-at-home orders and recommendations, there were increased barriers to immigrant women’s health care. There were reduced in-person appointments, technological barriers to health care with the learning curve of telehealth services, along with a greater need for professional mental health services for Latine/x and immigrant communities (Garcini et. al, 2022). A direct service provider at a federally qualified health center shared her experience on community needs in our focus group:

“ Mental health over the past two years has emerged as a really big concern as the country and communities in general have learned about trauma-based care and trauma-informed services, the understanding of trauma in our communities and how we carry it in our bodies. There’s a lot of trauma, so definitely mental health services across the board are something we need.”

8. The original response in Spanish reads: “Yo acabo de obtener el seguro médico este año, es igual como si no tenía, para conseguir un doctor que hable español es muy difícil, muchos están retirados, las demás síta en 20 días, todo dura muchísima.”

Another service provider in the focus group stated that, “community members seem to want to go to community centers rather than go to a hospital that [are located] outside of the neighborhood... [and] When it comes to receiving mental health services, there’s still that stigma around mental health, a part of our culture as well.”

Medical debt is another source of stress for Latine/x and immigrant communities and directly overlaps with the issues of immigrant and economic justice. Medical debt is unique compared to other forms of debt, as it is typically unplanned. In general, two-thirds of medical debt arises from a one-time or short-term medical cost due to a sudden urgent need, e.g. emergency hospital care (Hamel et al., 2016). Other factors, such as the lack of availability of in-network health care options, the urgency of a medical issue, and cultural/linguistic barriers to receiving health care may all contribute to medical debt, particularly as one considers the needs of immigrant communities. Consequently, Latine/x patients, along with other communities of color, are disproportionately more likely to carry medical debt (Consumer Financial Protection Bureau, 2022; Hamel et. al, 2016). Like other forms of debt, medical debt can perpetuate a vicious cycle of poverty as it becomes increasingly expensive due to compounded interest and lowers one’s credit score. Mujeres’ community needs assessment survey found that over a quarter of community members struggled with some form of debt (28%). For the community members who have medical debt, nearly two-thirds (62.7%) carry \$1,000 or more of medical debt. Consequently, medical debt is an issue of economic justice, immigrant justice, and women’s health, often creating a compounded effect upon Mujeres’ community members.

Policy/Advocacy Recommendation:

Recommendation 1: Expanding healthcare for all in Illinois, irrespective of documentation status and age. Due to efforts led by Healthy Illinois that Mujeres was a part of, as of July 1st, 2022, low-income immigrants ages 42-54 have a pathway to healthcare coverage, regardless of their immigration status. As a result, an estimated 27,000 more Illinoisans have access to healthcare coverage, regardless of immigration status. While this is great progress and addresses the needs discovered in our community assessments, there is still a gap in Medicaid coverage for people who are undocumented, for those aged 19-41. According to cost estimates provided from the Illinois Department of Healthcare and Family Services (HFS), providing comprehensive health coverage to an estimated 116,300 non-pregnant adults ages 19 through 41 would cost \$203.8 million dollars, accounting for less than ½ of 1% of the Health and Human Services total state budget. In Spring 2023, Mujeres, as part of the Healthy Illinois campaign, will advocate for HB1570/SB122, a key state bill that will assure the safety net is there for the most vulnerable in Illinois.

Recommendation 2: Requiring nonprofit hospitals to pre-screen any potential financial assistance for all, in the language of their choice. As a member of ICIRR, Mujeres is advocating for individuals with incapacitating medical debt and to prevent new medical debt for vulnerable families. Much of this coverage gap—and the consequent medical debts—results from health care facilities failing to appropriately assess uninsured patients for available healthcare coverage options. In Spring 2023, we are advocating for SB 2080/HB 2719, a medical debt reduction bill to

increase patient rights to healthcare coverage and reduce medical debt in immigrant and Black communities by requiring hospitals to screen patients for eligibility for healthcare coverage through programs such as Charity Care, Medicaid, Health Benefits for Adults and Seniors (HBIA and HBIS), VTTC, and others. The bill will create standardized guidance for all Illinois nonprofit hospitals to use when serving an uninsured patient and require them to assist patients in applying for eligible healthcare coverage and financial assistance programs.

Recommendation 3: Increasing state and local government spending for the Promotoras de Salud model. As stated in the gender-based violence section, Mujeres recommends engaging community-based models of violence prevention, including promotora (community health worker) models of rights-based education. Peer-led community education models have been proven to increase feelings of self-empowerment among Latina survivors of IPV, positively transforming the well-being of Latino communities (Serrata, Hernandez-Martinez & Macias, 2016). Mujeres, like other organizations working with vulnerable communities, believes in the American Public Health Association definition of community health worker (n.d.): “A community health worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.”

In 2022, Mujeres’ *Promotoras de Salud* disseminated community education on COVID-19 testing and vaccines, reaching close to 30,000 people and directly helping close to 900 vulnerable community members access vaccines. Unfortunately, the influx of private and public funding has decreased after it enabled this effective workforce that is uniquely positioned to address women’s health initiatives.

Recommendation 4: Expanding funding for federally qualified health centers (FQHC) which are vital to supporting access to health care for Latine/x and immigrant communities. FQHCs are a vital part of the health care safety net, providing care for communities of color, people experiencing homelessness, and others who do not have regular access to health care. Esperanza Health Centers, a Mujeres partner and FQHC, operates five primary care clinics on the Southwest side of Chicago, delivering care to more than 45,000 patients annually, 89% of which were Latine/x and over 55% identified as Latinas (Esperanza Health Centers, 2022). Increased funding to FQHCs will assure that immigrant communities have access to equitable health care.

Conclusion

As Mujeres continues our advocacy, we remain an organization that recognizes our roots:

founded in 1973 by Latinas, Mujeres is and continues to be committed to empowering Latinas and their families to heal, thrive, and lead. *¡Actívate!* is a labor of community and care. It is informed and guided by the complex lives of working-class Latina immigrants who have provided their lived experiences as the source material for this critical work. This project seeks to elevate Latina and immigrant voices in an intentional manner: shining light on the structural inequalities that working-class Latinas must navigate in their daily lives while also highlighting the creative strategies they enact in order to support one another. In doing so, *¡Actívate!* holds that Latinas are active in their self-determination, fully aware of the intricate barriers they must navigate living in the United States.

¡Actívate! is a call to action. Mujeres understands that advocacy is a long-term game plan, with sudden setbacks and short-term pains, but when faced with structural barriers and disinvestment from state and local governments, we have seen how Latinas develop creative and nuanced manners of supporting one another, juntas. This is where we want you, the reader, to come in. Mujeres welcomes you to join us as we fight for these advocacy recommendations. We want you to join our community members as we hold space for them to see what these advocacy priorities for the next two years; to engage with the us and the grassroots leaders who will be amplifying the findings shared in this position paper and shape and lead each campaign that Mujeres will support.

While *¡Actívate!* marks Mujeres Latinas en Acción's investment in community-led advocacy just in time for our 50th anniversary, it is also an invitation: we invite you and the community to hold us accountable to the listen to the community and fight for immigrant health coverage, increased housing for vulnerable families, alternatives to policing, increased funding support for economic empowerment and funding for survivors and their families.

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Mujeres Latinas en Acción

Principal Writers:

Monica Paulson
Sayeed Sanchez Johnson

Additional Support:

Erika Aguirre
Neusa Gaytan
Linda X. Tortolero

Editors:

Fanny Cano
Gil Zamora

Great Cities Institute at University of Illinois Chicago

Research Leads:

Teresa Córdova, Ph.D.
Norma Hernandez

Additional Support:

Andrea Angulo
Matthew D. Wilson, Ph.D.

Literature Review by Doctoral Candidates, University of Chicago Crown Family School of Social Work, Policy, and Practice:

Celina Doria
Francia Mendoza Lua

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Kelsey Krzmarzick Design



@MujeresLatinas



@MujeresLatinasEnAccion

Pilsen HQ

2124 W. 21st Place
Chicago, IL 60608
773-890-7676

Brighton Park Office

4700 S. California
Chicago, IL 60632
773-890-8620

West Suburban Office

7222 W. Cermak Road. 509
North Riverside, IL 60546
708-442-1299

www.mujereslatinasenaccion.org

Founded in 1973, Mujeres Latinas en Acción is the longest standing Latina-led organization in the nation. Over the years we have honed our offerings including community services that empower Latinas and their families, and support them as they heal, thrive and lead.



