

# Stand Together Fund



Washington Area Women's Foundation understands the significant stress we are collectively experiencing as a result of COVID-19, and we are deeply grateful for the way in which our community has stepped up to respond to this unprecedented public health crisis.

[Early data](#) illustrates that women and girls are bearing the [brunt of this crisis](#), from shouldering the majority of caregiving to being among the hardest hit by [job loss](#). And for women, trans and gender expansive individuals of color, this impact is exacerbated by structural inequities that were in place long before this pandemic.

We are witnessing this play out in real time, whether it is how [Black](#), [Latinx](#), and [other people of color](#) have been impacted by coronavirus or the ways in which smaller nonprofits—often led by people of color—are being left out of the recovery process, further marginalizing those who face the most vulnerability—[women, girls, trans and gender expansive individuals of color](#).

For over 20 years, Washington Area Women's Foundation has invested in women's economic security. We know firsthand the unique challenges facing women and girls and are equipped to invest in solutions.

To that end, we have identified two issue areas where there are critical gaps in funding and yet the need is extraordinary—the [safety of women experiencing violence](#), and the [stability of frontline care workers](#).

## The Stand Together Fund will support:

- 1 Critical services for women who have experienced violence and abuse, such as expanded hotline capacity and telehealth visits.
- 2 Financial assistance for the caregiving workforce and organizations supporting them.
- 3 Advocacy to ensure that women and girls of color are front and center in recovery discussions.

As the pandemic moves from crisis to stabilization to recovery, we will use our expertise to adjust priority areas as needed by our community.

By making an investment in the **Stand Together Fund**, you are joining forces with the collective generosity of your neighbors, colleagues, friends, and family to ensure that women and girls are not forgotten.

## Join Us. Stand Together, So She Can Stand on Her Own.

To make a donation, click [here](#), or contact Emmy Torruellas, Vice President of Development, at [etorruellas@wawf.org](mailto:etorruellas@wawf.org).

# What our Community is Telling Us



Survivor support organizations collectively agree that extended stay-at-home orders will lead to a deluge of domestic violence incidents being reported after the orders are lifted. Particular populations—youth survivors, undocumented women, homeless women, and survivors with disabilities—face increased risks. Already, frontline organizations are reporting a tremendous increase in need, along with concerns about future access to services:

- The **DC Rape Crisis Center** expects an increase of at least 80-85 additional calls per month on their hotline for the next few months as many survivors are triggered by social isolation.
- For youth survivors, most referrals to social services typically happen through mandated reporters at school. With school closures, these youth are more vulnerable.
- **House of Ruth** has seen many of its clients laid off or furloughed. These are women who have survived domestic violence, and employment was a lifeline for them.
- Undocumented women are especially vulnerable as they are more likely to be laid off or furloughed from their jobs in the informal economy and are unable to access government services. They are also less likely to seek assistance from law enforcement.
- **Identity, Inc.** anticipates an increase in domestic violence and abuse with its clients, many of whom live in small apartments with up to two and three families sharing the space.

The majority of the care workforce (child care, elder care, in-home care, survivor support workers, etc.) in the region are women of color and the majority are earning poverty level wages, likely with little to no benefits.

Care workers are currently being given false choices—either stop working and don't get paid/lose your job, or keep working and risk your health and safety. For example:

- Early education programs throughout the Washington metropolitan region have been given the guidance to close. However, when these programs close, they are unable to collect fees and thereby continue to pay their staff. Many of these workers have been furloughed.

Cora\* is a 75 year-old family child care provider in Maryland. She is high risk for developing COVID-19 due to her age and health. She closed because she didn't want to risk her health or the health of the families she serves. Now she has no income, and she doesn't know when she'll be able to get a paycheck again.

\*Name has been changed

- Undocumented women are a critical part of the care economy, but they are not eligible for unemployment benefits.
- Care workers are at a higher risk of developing COVID-19 due to increased exposure, similar to grocery store and health care workers.



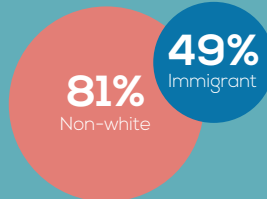
# The Numbers

## Women are more likely to work in low-wage occupations



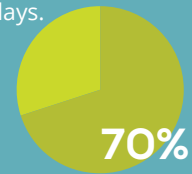
Two of every three low-wage workers in our region are women.

Most of them are immigrant and non-white.



Even in these low-wage occupations, women are paid 15% less than men.

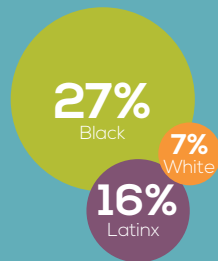
Seven in 10 of the lowest-wage workers do not have paid sick days.



## Women face increased risk of violence

Lockdowns and other restrictions create prime conditions for domestic violence because victims are stuck at home with their abusers and are cut off from family, friends, co-workers, and support services.

## Women face higher levels of poverty



Black and Latinx women face high rates of poverty in DC.

## Most frontline workers are women



73% Nurses  
52% Physicians

Women are more likely to be caregivers for the sick at home and in hospitals, being disproportionately exposed to contagion through person-to-person contact. Women are also overrepresented in essential occupations.



People over the age of 60 are also more susceptible to COVID-19 and in the District, 60 is the most common age for homeless women.

Adult women in families without homes 79%

Women of color who experience homelessness 90%



Unhoused women are among the most vulnerable to infection from COVID-19



## Reproductive health services dwindle during pandemics

Evidence from past epidemics indicate that health care systems divert resources from reproductive and sexual health care services to contain the crisis.

