THE GENDER DISADVANTAGE

Why Inequity Persists

Report on Illinois Poverty March 2019

HEARTLAND ALLIANCE
# TABLE OF CONTENTS

Executive summary: The intersection of gender and poverty 3
Quick facts: Gender inequity by the numbers 6
Drivers of gender inequity 9
Looking forward 14

## PROFILES OF WOMEN IN POVERTY

- Women of color 20
- Low-wage working women 23
- Immigrant women 25
- LGBTQ women and gender non-conforming people 27
- Women in prison 30
- Women who are trafficked 32
- Intimate partner violence and poverty 34
- Women experiencing homelessness 37

Glossary of key terms 40
Report information 47
Poverty does not treat everyone equally. Women, children, gender minorities, and people of color are often the hardest hit. And while women in poverty experience the same issues that all people in poverty experience—income inequality, unemployment, poor health, violence, trauma, and more—the odds are often uniquely stacked against them in gendered ways.

There are 6.5 million women and an estimated 50,000 trans people living in Illinois. They are a driving force in our economy and care for our children, sick, and elderly, and yet continue to face discrimination and inequitable opportunities. This year’s annual report on poverty in Illinois shows how gender, gender identity, and gender norms shape experiences of poverty for women and gender minorities—and how women who have other marginalized identities experience even more inequity. If we want to dramatically reduce poverty, improving the well-being of women—particularly women of color—would deliver the biggest return.

Gender discrimination harms people who exist outside of the traditional gender binary. In 2015, 21% of trans Illinoisans lived in poverty, compared to 13.6% of Illinoisans overall. Employment discrimination and harassment are rampant, resulting in disparate economic outcomes for many trans Illinoisans. And crisis levels of violence against trans people, especially trans women of color, erodes their core human rights, threatens their lives, and exposes them to trauma.

The damage from intersecting oppressions is profound: systemic sexism, racism, transphobia, homophobia, xenophobia, ableism, worker exploitation, mass incarceration, and gender violence work together to set back women and gender minorities. And these systemic forces have marginalized people across generations, deepening inter-generational gaps in poverty, wealth, and other outcomes. Economic disparities beget inequities in health, nutrition, housing, and more. In order to address the gender poverty and wealth gap, our solutions must also tackle inequities for people of color, immigrants, low-wage workers, LGBTQ people, and others.

In some ways, women today are achieving parity with men at historic levels: women are achieving higher levels of education than men; Congress has record numbers of woman legislators; and Chicago is on the cusp of electing its first black woman mayor—the largest American city to do so. This progress makes the deep, entrenched disparities highlighted in this report stand out even more starkly. With women taking unprecedented leadership in government, business, and other sectors, we are at a unique moment in time to tackle the root causes of the issues that continue to keep women and gender minorities at a persistent disadvantage.
10 KEY FINDINGS:

1. Women and gender minorities have complex, overlapping experiences of poverty based on their many identities. These identities are not static: people may travel in and out of them over the course of their lives.

2. Women of color fare worse than white women on almost every domain: they’re paid less, have less wealth, are more likely to be low-wage workers in jobs that lack key benefits, have poorer health outcomes, higher incarceration rates, experience domestic violence, and have worse economic outcomes when experiencing disability.

3. Single mothers are deeply and uniquely impacted by poverty. They experience significant economic shocks after childbirth that linger throughout their lifetime, are pushed into poverty by child care costs, and are harshly penalized by the safety net.

4. Gender disparities in job quality and workplace conditions are significant. Women experience high rates of wage inequities and wage violations, and make up a larger percentage of the workforce in sectors that lack key benefits and make it difficult to balance caretaking and work. Immigrant women are at high risk of workplace exploitation. Even though women have better education outcomes and lower unemployment rates than men, they are still more likely to live in poverty, raising concerns about job quality.

5. Workplace discrimination and harassment are key drivers of economic gender inequities. Women experience higher rates of discrimination and harassment on the job than men, and gender non-conforming people face higher rates of employment discrimination and harassment than cisgender people.

6. The unequal distribution of unpaid care seeds many other disparities. Women spend significantly more time on unpaid care work than men. While this care labor is crucially important on a household and societal level, it is most often not compensated and makes it harder for women to engage in the labor force, pursue educational opportunities, or be more visible in public life. It also means that caregivers lack the important benefits that come with work, such as paid time off, retirement savings, access to the Earned Income Tax Credit, and more.

7. Poor health and poverty are a vicious cycle for women—and the policy infrastructure that supports women’s health is under attack.

8. Trauma puts women at risk of experiences that could further traumatize them—incarceration, domestic violence, homelessness, and trafficking. Continued re-traumatization makes it hard to move out of poverty.

9. Gender discrimination and disparity extends beyond the gender binary. Gender non-conforming people experience high rates of poverty, poor physical and mental health, workplace discrimination, violent victimization, sexual assault, homelessness, and trafficking.

10. Social norms and policy infrastructure conspire to reinforce gender disparities. Gender norms color everything from a person’s own perception of themselves and their opportunities, to how they are treated by other people, to how public policy and business practices treat people based on their gender.
GUIDE TO THE REPORT

This report is intended to show the breadth of poverty experiences for women and gender minorities, and allow readers to dig deeper into the issues relevant to them.

We begin with a visual overview of Illinois gender inequity by the numbers. While we use Illinois data where we can, limitations on the availability of public data and research at the state level—especially disaggregated by gender—led us to present national data for some issues that strongly impact women’s well-being, but do not have local data available.

Next, we delve into the drivers of gender inequity—ranging from gender norms and misogyny to structural policies and practices. Wondering where to go from here? We recommend systemic changes that would advance gender equity. Finally, we present a series of snapshots of the different ways poverty impacts women and gender minorities.

If you’re looking for a fuller understanding of the issue, we encourage you to read the report front to back. But if you’re pressed for time, the report is designed to make it easy for you to access just what you need.
QUICK FACTS:
GENDER INEQUITY
BY THE NUMBERS

ILLINOIS POVERTY
RATES BY GENDER AND
RACE

Black people and Latinas have the highest
poverty rates, ranging from two to three
times higher than white men’s poverty
rates.10

Black
Latino
White
Illinois

Men
11%
8%
13%
24%

Women
14%
10%
17%
28%

Illinois
13%

ILLINOIS LGBT POVERTY

More than 1 in 4 LGBT Illinoisans earn <$24,000,
compared to less than 1 in 5 non-LGTB Illinoisans.11

One in five trans people in Illinois live
in poverty.12

WHAT DOES IT MEAN TO
LIVE IN POVERTY?13

2017 FEDERAL POVERTY
THRESHOLDS (WEIGHTED AVERAGE)

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Extreme Poverty (0-49% FPL)</th>
<th>Poverty (50-99% FPL)</th>
<th>Low Income (100-199% FPL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$6,244</td>
<td>$12,488</td>
<td>$24,976</td>
</tr>
<tr>
<td>2</td>
<td>$7,939</td>
<td>$15,877</td>
<td>$31,754</td>
</tr>
<tr>
<td>3</td>
<td>$9,758</td>
<td>$19,515</td>
<td>$39,030</td>
</tr>
<tr>
<td>4</td>
<td>$12,547</td>
<td>$25,094</td>
<td>$50,188</td>
</tr>
</tbody>
</table>

For more data on poverty in Illinois and the Chicago region, click here.
ILLINOIS GENDER WAGE GAP

For every dollar earned by white men, Latina women earn 50 cents, black women earn 63 cents, and white women earn 76 cents.\textsuperscript{16}

U.S. GENDER WEALTH GAP

The gender wealth gap is even more pronounced than the gender wage gap.\textsuperscript{14}

VIOLENCE

Women experience violent crime at a similar rate as men in the U.S.\textsuperscript{18}

In Illinois, women experience intimate partner violence at a higher rate in their lifetimes than men.\textsuperscript{19}

EDUCATION

Women have higher high school graduation rates than men in Illinois.\textsuperscript{16}

College-educated men the U.S. in their 20s earn $4,400 more per year than similarly-credentialed college-educated women.\textsuperscript{17}
**ILLINOIS POVERTY BY HOUSEHOLD TYPE**

Female-headed households have much higher poverty rates (26%) than male-headed (13%) or married couple families (4%).

<table>
<thead>
<tr>
<th>Household Type</th>
<th>Illinois</th>
<th>White</th>
<th>Latino</th>
<th>Black</th>
<th>All Households</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married-couple family</td>
<td>4%</td>
<td>3%</td>
<td>8%</td>
<td>7%</td>
<td>10%</td>
</tr>
<tr>
<td>Male householder</td>
<td>13%</td>
<td>11%</td>
<td>13%</td>
<td>22%</td>
<td>18%</td>
</tr>
<tr>
<td>Female householder</td>
<td>29%</td>
<td>26%</td>
<td>29%</td>
<td>35%</td>
<td>30%</td>
</tr>
</tbody>
</table>

**U.S. FOOD INSECURITY BY HOUSEHOLD TYPE**

Women-headed households with children have the highest food insecurity rates. One in three women-headed households with children are food insecure, compared to one in six households with children overall.

<table>
<thead>
<tr>
<th>Household Type</th>
<th>United States</th>
<th>With children</th>
<th>Without children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male head of household</td>
<td>17%</td>
<td>22%</td>
<td>11%</td>
</tr>
<tr>
<td>Female head of household</td>
<td>32%</td>
<td>22%</td>
<td>11%</td>
</tr>
<tr>
<td>All households</td>
<td>14%</td>
<td>14%</td>
<td>14%</td>
</tr>
</tbody>
</table>

**ILLINOIS SEVERE RENT BURDEN**

Female-headed family households are far more likely than other household types to pay more than half of their income towards rent in Illinois. Two in five female-headed family households are severely rent burdened, compared to one in five male-headed family households and 15% of married-couple households.
The research and data in this report show realities that are born of deeply entrenched misogynist beliefs and systems of oppression throughout our society. Misogyny permeates attitudes, ultimately influencing policy, business, and personal behavior, and results in inequitable outcomes for women, ranging from higher poverty rates to lower pay and wealth to sexual harassment and assault. Social scripts and expectations about what women and men should do and how they should act—that is, gender norms—are an underlying force behind the inequities we see in this report.

Gender norms—such as a woman’s place being in the home, the default role of woman as caretaker, and stigma against women taking certain jobs—are remarkably consistent across cultures. These trends hold true in the U.S., where women spend disproportionate time on unpaid care work and are underrepresented in traditionally male (and higher-paying) professions and roles, as well as in elected office. Without a critical mass, women seeking to defy gender norms may be punished socially or in the workplace, ultimately reinforcing gender norms.

In young adolescence—a period conceptualized as a “gender intensification period”—boys and girls face increasing pressure to conform to gender norms. Teens absorb these roles from all sides, whether through their parents’ behavior and expectations, messages received from school and peer dynamics, portrayals of acceptable male and female behavior in popular media, or observation of gender representation in various professions. At this young, impressionable age, gender roles shape the choices people make—whether to take advanced math, where to apply for college, declaring their aspirations for a future career. For example:

- Gender norms can discourage girls from pursuing STEM education.
- Trans youth face bullying related to their transgression of gender norms at school, resulting in missing many days of school, feeling unsafe in the classroom, and psychological distress.
- Gender norms can also perpetuate intimate partner violence, with feminine norms of passivity and dependence and masculine norms of aggression and dominance putting women at risk of abuse.
- Women of color face oppressive social scripts about how they should act and behave not only regarding their gender, but regarding their race as well. For example, the stereotype of the “angry black woman” can result in harsher disciplinary actions towards black girls in school.
WORKPLACE HARASSMENT

Despite advances in the workplace, harassment and discrimination still impact how women are treated in the hiring process, how they advance in their careers, and how they are compensated. During the hiring process, women compete for lower-paying jobs. A significant body of evidence shows that female applicants are often passed over when applying for “male” jobs, and face stereotypes from hiring managers that could hurt applications for high-status positions. Once women do get hired, over half of U.S. women report experiencing some sort of behavioral mistreatment in the workplace. Trans people also report extremely high rates of workplace harassment.

Women face the risk of retaliation for reporting harassment and assault in the workplace. More than two-thirds of workers who filed sexual harassment complaints with the Equal Employment Opportunity Commission (EEOC) between 2012 and 2016 say they experienced retaliation, from losing their job to transfers to losing support at work. Almost all of the people in that group ended up leaving their jobs because conditions were unbearable. Workplace cultures can label the person who reported as difficult or over-sensitive, harming their professional reputation. Between 2017 and 2018, sexual harassment complaints to EEOC rose almost 14% and complaints of retaliation increased 5%. And less than one in four workers who file harassment complaints received monetary compensation, often under $10,000. Changing the culture of sexual harassment and gender inequity in the workplace is incredibly difficult when employees are punished for using the tools at their disposal for recourse. Not surprisingly, only a small fraction of the over half of women who experience workplace harassment report it.

WORKPLACE DISCRIMINATION

Workplace discrimination is a factor in the gender wage gap. Even controlling for measurable qualifications, women still earn less than men. Women-dominated professions have lower median earnings than men-dominated professions, and gender-based pay disparities are highest within the highest-paying occupations. Men earn more than women, even in woman-dominated professions like nursing. And while women in the U.S. working full-time, year-round earn 81 cents for every dollar a similarly employed man makes, this understates the extent of the gender wage gap by looking only at income at a point in time. Looking over a long span of a worker’s career—15 years—women earned just 49 cents for every dollar a man earned. Women are more likely to temporarily leave the workplace than men and are significantly penalized for doing so. At every step along the way, employment discrimination poses barriers to work for women and contributes to unequal pay.

Gender norms color everything from a person’s own perception of themselves and their opportunities, to how they are treated by other people, to how public policy and business practices treat people based on their gender. Given the pervasiveness of gender norms and how they shape life outcomes, interventions that aim to end gender inequities without taking into account the difficult work of changing gender norms are likely to come up short.
HOW POLICIES AND PRACTICES CONTRIBUTE TO GENDER DISPARITIES

The snapshots that follow are not intended to be an exhaustive list of systems that marginalize women and gender non-conforming people, but simply to demonstrate how laws, social norms, and private sector behavior work together to reinforce gender poverty disparities.

UNPAID CARE WORK AND THE DEFINITION OF WORK

As a society, we have made decisions about who counts as a worker and who doesn’t. Important benefits follow worker status—such as labor protections and rights, tax credits, and unemployment insurance. Some of those who fall outside of this worker status enshrined in our laws and regulations still conduct socially valuable labor and yet lack compensation, protection, and benefits.

Outside of the paid workplace, there are significant inequities in the distribution of unpaid care labor between men and women. Women spend 1.6x more time on household activities than men, and 1.9x more time on caring for household members than men. While this care labor is crucially important on a household and societal level, it is most often not compensated and makes it harder for women to engage in the labor force, pursue educational opportunities, or be more visible in public life. It also means that caregivers lack the important benefits that come with work, such as paid time off, retirement savings, access to the Earned Income Tax Credit, and more. In Illinois, family caregivers provided an estimated $18.5 million of caregiving labor to adults with disabilities in 2013. The UN identified gender inequities in unpaid care work as a barrier to fulfillment of women’s human rights, particularly for women living in poverty.

REPRODUCTIVE FREEDOM

Reproductive freedom is closely tied to women’s economic security. Research finds that increasing women’s ability to plan their families increases the likelihood of attending and completing college, workforce participation, economic stability, and outcomes for children. And rates of unintended pregnancy are more than five times higher for women in poverty than high-income women. Women who are denied abortions are more likely to be in poverty, less likely to be employed full time, and are more likely to be on public assistance than women who can access abortions. Publicly funded family planning services play a major role in helping women, especially low-income women, avoid pregnancies they did not want or plan for. Without these services, the unintended pregnancy rate in the U.S. would have been 68 percent higher. Protecting and expanding reproductive rights improves economic and health outcomes for women. Unfortunately, these rights are seriously threatened by federal and state policy agendas.

FAMILY AND MEDICAL LEAVE

Family leave is rarely paid and infrequently taken in the United States, posing barriers to both caretaking and employment. Only 1 in 7 U.S. civilian workers had paid family leave benefits in 2016, and only half of first-time mothers are able to take paid family leave. Inadequate family leave can push families into poverty, harm women’s attachment to the labor force, and produce worse outcomes for children. The economic stability of families declines in the months before and after a birth, especially among less-educated parents and single mothers living alone. On average, family incomes decline by 10 percent from pre-pregnancy to the month of birth. This decline is
even steeper for single mothers living alone—42 percent. Maternal and child health can suffer with inadequate maternity leave. Low-wage workers, in particular, are disparately impacted by the lack of paid family and medical leave, since they are less likely to have those benefits at their workplace and have fewer financial resources to spend on caretaking, either for their children or for sick family members (see section on low-wage workers for more). Low-income people have disproportionately high caregiving needs for all kinds of family members, not just children, and caregiving often falls to women.

CHILD CARE EXPENSES

A significant number of families with young children fall into poverty or face barriers to employment due to child care expenses. Roughly a third of families with young children are pushed into poverty by child care expenses, particularly families with three or more children, headed by a single parent, and those with heads of household who are black, Latino, did not graduate high school, or who are not working full-time. More than 40 percent of single mothers living in poverty pay for child care; for a third of these mothers, child care costs consume more than half of their income. And child care subsidies are under-utilized; less than one in four eligible children received subsidies, and those who do typically receive them for a short amount of time. Low-income families rely on parental child care (26 percent) at a higher rate than middle-income (20 percent) and higher-income families (14 percent). Child care is particularly difficult for parents with nonstandard or unpredictable work schedules that may not allow them to plan in advance or work during hours that a child care center is open; indeed, hours outside of a 9 to 5 schedule are the norm, not the exception, in many industries. Half of women who work nonstandard hours rely on family members as the sole form of child care, compared to less than 30 percent of women who work standard hours. In the face of high costs and the difficulty of meeting unpredictable child care needs, low-income parents may choose to leave or reduce engagement in the workforce, raising the likelihood of living in poverty.

SAFETY NET

The social safety net in the U.S. is often structured in punitive ways, with the stated goal of incentivizing people to work. Research suggests that these punitive measures are more likely to keep people with less social capital in poverty than to push them up the economic ladder. Not completing high school increases your likelihood of living in poverty in the U.S. by 16.4 percent, compared to less than 5 percent in other industrialized nations. Single mothers in the U.S. have the highest employment rates of single mothers in affluent Western nations, but the highest level of poverty. In other nations, higher job quality and stronger social supports for single mothers (such as guaranteeing a standard of living in the absence of child support) improve their economic security. While single motherhood is often a scapegoat for women’s disproportionately high poverty rates, simulations suggest that women’s poverty in the U.S. would still be higher than other wealthy nations even if our single motherhood rate were as low as theirs—suggesting that U.S. social policy is inadequate to keep single mothers out of poverty.

One key social support that benefits single mothers and families in poverty is Temporary Assistance for Needy Families (TANF). TANF is a block grant program that replaced Aid to Families with Dependent Children in 1996. With greater state flexibility in implementing TANF, many states have chosen to restrict access to the program. As a result, TANF usage has been steadily declining. In 1995 – 96 in Illinois, there were 87.5 families receiving TANF for every 100 families with children in poverty. Today, only 13 families receive TANF for every 100 families with children in poverty. And the amount of cash assistance is far below what families need to meet their basic human needs or move out of poverty—in Illinois, TANF assistance is just 30% of the poverty line for a family of three (average payment of $520 per month). Illinois increased TANF amounts slightly,
marking the first increase in ten years and only the second increase since 1996. Over 95 percent of adult TANF recipients in Illinois are women.59

WEALTH AND RETIREMENT SECURITY

While the gender divide in income is large, women have even less wealth relative to men. For every dollar of assets a single white man owns, single black women have one cent and single Latina women have less than one cent of assets.60 And despite gains made by women approaching retirement age on education, credit, and employment equity, single women aged 45 – 65 have actually lost substantial amounts of wealth over the past twenty years—particularly black and Latina women in this cohort.61 These wealth gaps are born of generations of systemic discrimination and policies that restricted access to wealth-building mechanisms such as education, employment, homeownership, and credit.

The gender wealth divide translates into a gender retirement savings gap. Women are falling behind men on each leg of the “three-legged stool” of retirement savings (pension plans, Social Security, and personal savings). Women are less likely to work in fields that offer pensions, raising the likelihood that they will need to rely upon savings and Social Security to survive in retirement.62 And since women work fewer years, are more likely to work part time, and earn less than men, they have less income to devote to saving and forfeit more Social Security benefits.63 Employment discrimination pushes older women workers to leave the workforce earlier than intended. Older women workers—particularly black and Latina women—are more likely to be involuntarily separated from their jobs than similar white and male workers. Older women workers also have more difficulty finding new jobs after job loss than older male workers, putting them at risk of needing to retire earlier than desired or planned for.64 This retirement savings gap is crucially important: women live longer and have higher healthcare expenses on average than men do, and therefore need to save a higher percentage of their income.65 As a result of these pressures, women are 80 percent more likely than men to live in poverty in retirement.66

IMMIGRATION

The U.S. immigration system is structured to reinforce gender-specific roles for women and men. The historical barriers and gender-biased immigration processes in the U.S., coupled with pervasive structural barriers in countries of origin (e.g., lack of access to education and income inequality) reinforce the practice of women relying on men to petition on their behalf. This has ramifications for immigrant women’s ability to work outside the home, assert their daily independence, and their ability to leave an abusive spouse/partner. Department of Justice (DOJ) leadership has upended longstanding case law67 to make it even more difficult for survivors of domestic violence to establish eligibility for asylum.68

These policies and practices—whether driven by legislation, regulation, business practices, or personal interactions—have concrete effects on the daily lives of the different groups of women we’ll explore in the following pages.
Women experience the same issues that we highlight every year in our reports on poverty—
income inequality, unemployment, poor health, violence, and more—but often amplified and
manifested in gendered ways. This is particularly true when women have other marginalized
identities.

The forces that result in gender inequities have been in effect for generations, and are woven deeply
throughout our policymaking, private business practice, and personal attitudes and behaviors. Far-
reaching systemic change, in addition to incremental victories towards equity, is needed in order to eliminate disparities for
women and gender minorities.

When designing programs and developing policy to address poverty and inequity, impacted people and communities—
women, gender minorities, people experiencing poverty, etc.—must have a seat at the table. The most effective solutions will
be those informed and led by people with first-hand knowledge of poverty and inequity. At the same time, we should build the
capacity of organizations grounded in, and led by, communities of color that are working to advance gender equity and end poverty
in their communities.

MULTIFACETED POLICY CHANGE IS ESSENTIAL TO REDUCE GENDER INEQUITY. These 10 sets of
recommendations reflect what we can do here in Illinois to disrupt the drivers of inequity.

1. Address discrimination head on to increase opportunity and fairness

Strengthen protections against retaliation for workplace harassment claims and increase penalties
for employers. This would help change workplace cultures away from tolerating sexual harassment
and assault, and better protect workers when harassment and assault does happen.

2. Increase income to foster economic security and strength

Prohibit employers from asking a prospective employee’s pay history. This would stop a practice
that perpetuates gender pay inequities. Employers should also audit staff salaries across functions
and gender to understand the scope of current gender pay gaps, set goals to eliminate them, and
take action towards doing so.

Modernize and expand the Earned Income Tax Credit. This would expand participation in the labor
market for single mothers® and provide important cash assistance to people providing valuable,
though not traditionally compensated, labor—largely women. Illinois should broaden eligibility up
the income chain as well as include low-income caregivers and students, increase the amount to
address rising cost of living, and deliver payments periodically throughout the year instead of in
one large lump sum. This program does more to end child and family poverty than any other.

3. Increase wealth building opportunities

Increase pathways to retirement savings. Increasing the amount that women are saving for
retirement will go a long way towards reducing poverty rates for older women. A new retirement
savings program, Illinois Secure Choice, will help women have more access to employer-based
retirement savings accounts. While enormously important, increasing access to retirement savings accounts is only the first step to increasing retirement savings for women. The recommendations to reduce the income and caregiving gaps above will make it easier for women to save more for retirement.

**Offer matched emergency savings plans at workplaces.** This would make it easier for women to avoid dipping into retirement savings or seeking high-cost credit to weather emergencies.

4 Change the structure of work to foster stability and success

**Require minimum paid sick time for workers statewide.** This would reduce the need for workers to choose between going to work sick (or being left without childcare options for a sick child) and risking their income or job. Paid sick days should be usable for the employee's own physical or mental health, care for a family member, attending medical appointments, or the need to take off work due to domestic violence.

**Require fair scheduling by employers.** This would especially help low-income women who struggle with finding consistent childcare due to variable schedules. It would also help them plan other appointments, education, or a second job. Stable scheduling helps employers improve worker productivity and increase sales.

**Improve family and medical leave policy.** This would enhance employment stability for low-income women, reduce costs for employers by improving employee retention and morale, improve health outcomes for women and their families, and reduce family stress. Women are more likely to return to work after childbirth when states have paid leave programs, and the positive effects are strongest for low-income women—including reducing poverty rates.

5 Recognize and value the vital role of caregiving for families and our economy

**Expand the availability of subsidized childcare and the child and dependent care tax credit.** This would make it easier for working mothers to find quality childcare in the absence of informal childcare arrangements and would make it more likely for working mothers to become employed, stay employed, and have high-quality jobs, as well as improve child well-being.

**Policy should position care work as a social and collective responsibility, rather than an individual one.** Women spend a disproportionate number of hours engaging in unpaid care relative to men. This makes it harder for them to pursue educational, civic, and employment opportunities. As such, policy should not exclude people from social programs on the basis of paid employment status and should ensure an adequate standard of living for unpaid caregivers. Policies should also support men’s ability to provide caregiving—for example, paid paternity leave—in order to redistribute unpaid care responsibilities among women and men. Investments in quality subsidized childcare, elder care, and disability support can reduce the unpaid care burden as well.

6 Ensure health care access, meaningful coverage, and support

**Expand and protect Medicaid.** Over 760,000 women aged 19 – 64 have public health insurance coverage in Illinois. Medicaid helps women meet crucial medical needs, covering nearly half of all births in the U.S. and three-quarters of publicly funded family planning services. Medicaid is the largest source of mental health services for low-income women and must be protected.
In addition to building on our Medicaid foundation, dedicated funding for enrollment assistance is needed to help increase enrollment in both Affordable Care Act plans and Medicaid, leading to improved health and financial security for Illinois families. Finally, eligibility systems reforms are immediately needed to reduce coverage loss and improve how people across the state get enrolled and stay enrolled in Medicaid.

**Defend women’s reproductive rights.** This is critical to enabling women to fulfill their human rights and achieve economic security. Illinois should continue to protect women’s access to contraception, abortion, and information about sexual health and family planning.

**Ensuring pre-existing condition protections and maternity benefits are provided in the individual insurance market.** The Affordable Care Act prohibited discrimination based on preexisting conditions, including charging women more for coverage. It also established maternity care as a required benefit for all plans. The state should prioritize preventing and reversing the erosion of these protections through regulating low-quality insurance products and working to protect the ACA.

**Support the health needs of trans people.** While it is illegal in Illinois to deny health insurance to people on the basis of gender identity, many insurance providers do not cover treatment related to gender transition. Medicaid in Illinois expressly prohibits coverage of transition-related medical procedures. This prohibition should be removed so that low-income trans Illinoisans can meet their health and medical needs.

**Provide meaningful, responsive supports for lower-income women to build upon**

**Strengthen Temporary Assistance to Needy Families (TANF).** TANF provides income supports to children and families with limited or no income, meaning they must make TANF stretch far to cover basic needs. The amount needs to be increased in Illinois. In addition, TANF has a Family Violence Exclusion that makes it easier for survivors of domestic and family violence to access TANF benefits; this exclusion needs to be implemented consistently and expanded to other public benefits programs.

**Tailor SNAP outreach to increase food security.** This would particularly benefit groups of women who are currently under-enrolled, including women in college, elderly women, immigrant women, women experiencing homelessness, and women exiting prison. Targeting outreach strategies and program design to the needs of these communities—for example, by implementing a restaurant meals program, streamlining application procedures, and enrolling people in SNAP before they leave institutions—would do much to reduce food insecurity for low-income women.

**Increase Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program uptake and retention.** This would improve food access and health outcomes for mothers and young children. Illinois should streamline eligibility determinations through the use of adjunctive eligibility; increase flexibility in the use of WIC food benefits; increase support for breastfeeding mothers; collaborate with existing early childhood programs; and invest in the health, quality, and consistency of program administration.

**Increase resources for affordable housing.** This would significantly improve the financial stability of the 37% of single female-headed households in Illinois who pay more than half of their income towards rent. While the federal government provides a significant proportion of affordable housing resources, it is essential that the state also commit to addressing the affordable housing crisis faced by Illinois families. Housing is a jumping off point for safety and stability, and opens the doors to opportunity in many ways.
Prevent and respond to violence to create a culture of safety and well-being

Strengthen and grow trauma-informed mental health and violence prevention and intervention programs. These are needed to support victims of gender-based violence, including intimate partner violence, sexual assault, sexual harassment, and other traumatic experiences. Women and gender minorities who have experienced trauma need services that understand the effects of trauma and help them heal so that they can break the cycle of poverty and trauma. Our public systems must provide high quality mental health services and targeted programs to address traumatic experiences so that women have the tools and support to overcome these challenges.

Support flexible and responsive intimate partner violence services. This includes support for childcare, credit and asset building, housing, education, food, employment, and cash assistance. Survivors have a diverse range of needs when they are looking to heal from intimate partner violence, especially when they experience other inequities due to poverty, race, ability, and more. Time limits on services harm survivors’ ability to recover and should be removed. Service providers need the flexibility to be innovative and nimble in meeting survivors’ needs. Further, equitable access to services for survivors of domestic violence must be expanded. Research shows that communities of color and low-income communities experience high rates of domestic violence and yet have low physical access to services.

Allocate funding for services specifically for survivors of trafficking. This would allow providers to better meet survivors’ unique needs.

Enhance protections for immigrant women and survivors of trafficking

Boost protections against wage theft. This would particularly help immigrant women and women in the informal economy who are disproportionately at risk of wage theft. Illinois should give workers tools to collect their stolen wages and prevent employers from evading their debts by moving assets or declaring bankruptcy. These measures would create incentives against wage theft for employers and ensure workers have recourse in the event that it does happen.

Increase oversight and regulation of fields that have higher incidences of workplace violations and labor trafficking. These include childcare, construction, and landscaping. This would protect the rights of the most vulnerable workers.

Support pathways to citizenship. This includes increasing support for equal access to justice, legal services, protection, and supports for immigrants. The state should also continue to grow protections in public spaces to limit inquiries about immigration status.

Increase stability and open doors to opportunity. Illinois resident students who are ineligible for federal financial aid should be eligible for state and institutional financial aid at all institutions of higher learning in Illinois. Undocumented students would be major beneficiaries from this change, given their ineligibility for federal aid. Further, we need to provide undocumented immigrants legal protections against unscrupulous landlords that may attempt to use the climate of fear within immigrant communities to avoid legal obligations to maintain properties adequately, or harass and intimidate immigrant tenants.
10 Address the cycle of hardship perpetuated by justice system involvement

Remove barriers to employment for people with criminal records. This would help women with records reintegrate into their communities, find and maintain employment, and increase housing stability. Employers should be prevented from refusing to hire or firing someone because of their criminal history unless convictions have a direct relationship to the employment sought.

Remove “collateral consequences” laws that pose barriers to housing, education, and training for people with criminal records. This would make it easier for women with records to prepare for quality employment and maintain housing stability.

Reform the criminal justice system. We need to ensure fair and equal law enforcement, eliminate mandatory minimum sentences, advance comprehensive sentencing reforms, and eliminate solitary confinement. These measures would make prison more humane for women, reduce the disproportionate impact of the War on Drugs for women, and make it easier for women to reintegrate into communities.

Looking Forward
The pages that follow lift up how gender inequity plays out for different groups of women and gender minorities, and illustrates how intersectional oppressions compound hardship. You’ll also hear powerful stories from women that illuminate how systemic barriers translate into real-life harm.

Of course, most people don’t fit neatly into the categories we highlight. Someone may be a member of many groups at once, or travel through them over the course of her lifetime. As you read, we urge you to keep in mind how social forces—from public policy to personal discrimination—conspire to restrict the well-being of those with multiple historically oppressed identities on many different fronts.

We designed these pages so they can live on their own as fact sheets. We encourage you to use them to spread the word about how poverty can keep women and gender minorities from achieving their full human rights.

- Women of color: 20
- Low-wage working women: 23
- Immigrant women: 25
- LGBTQ women and gender non-conforming people: 28
- Women in prison: 31
- Women who are trafficked: 33
- Intimate partner violence and poverty: 35
- Women experiencing homelessness: 38
On nearly all indicators of well-being that show a gender disparity, the disparities are even more pronounced for women of color. Throughout our nation’s history, white Americans crafted public policy that advanced their interests and grew their own wealth at the expense of others. While some of these policies may not still be on the books, the effects persist today: for generations, white people were able to pursue education, purchase property, run businesses, and pass on wealth to their children, while people of color could not. Women of color profoundly experience this legacy of legal racism and ongoing structural racism in addition to sex discrimination.

Women of color are more likely to live in poverty than men of color and white people. This is influenced, in part, by the race-gender wage gap. Of all major race and ethnic groups, Latina women have the lowest median earnings. The wage gap between white women and black women has been growing. Wages for white women and black women were near parity in the 1970s, but by 2015, black women’s wages were 19 percent lower than white women’s. In fields that had the greatest wage growth for women and female-dominated industries, white women experienced more wage growth than black women. Differences in factors like education and work experience explain only a third of the black-white women wage gap. This suggests that, for example, increasing educational attainment for black women will not be enough to eliminate the black-white women’s wage gap; factors like workplace discrimination drive a significant portion of the gap. These pay gaps have ripple effects on black women’s families; eight in ten black women are either the sole earner or earn at least 40 percent of the household income.

There are also differences in economic mobility—that is, the likelihood you’ll earn income higher than your parents’ income—between black and white women. Looking at individual earnings, black and white women have a similar likelihood of moving out of poverty. However, looking at family income, white women in families have a higher likelihood of moving out of poverty than black women. This may be because black women are more likely to be married to black men, who have lower likelihood of moving out of poverty. The myriad social issues depressing black men’s income—mass incarceration, educational inequities, discrimination, and more—impact the poverty status of the women in their families, too.

Women of color are at risk of facing both racism and sexism in the workplace. Women of color report experiencing workplace harassment at a higher rate than men of color and white men and women. This harassment can have negative
psychological and work-related outcomes, including pay gaps and lack of workplace advancement. Black and Latina women in Illinois have higher teen birth rates than white women.

Black women face inequities in job quality. Nearly a third of black women work in the service sector, which often has low wages and lacks key benefits such as sick time. In Illinois, the tipped subminimum wage is just $4.95 per hour. At all education levels, black women are concentrated in lower-wage jobs.

Women of color have poorer health than white women. Black (24%) and Latina (32%) women in Illinois are more likely to report poor health status than white women (16%). In Illinois, black women have higher HIV rates per 100,000 women (588.2) than Latina (127.8) and white (31.9) women. Black women across the country are more than three times as likely as white women to die in childbirth; rates of complications in Illinois hospitals who primarily serve black patients were 11 percent higher than in other hospitals.

Disparities in access to care are a likely contributor to inequitable health outcomes for women of color. Nearly a quarter of Latina women in Illinois do not have a personal doctor, compared to 12 percent of black women and 10 percent of white women. Immigration laws that prevent insurance coverage for recent immigrants, as well as fear of immigration enforcement, could contribute to the disproportionately high percentage of Latina women without doctors.

Black women in Illinois have higher rates of death in childbirth than white and Latina women.

Disparities in access to care are a likely contributor to inequitable health outcomes for women of color. Nearly a quarter of Latina women in Illinois do not have a personal doctor, compared to 12 percent of black women and 10 percent of white women. Immigration laws that prevent insurance coverage for recent immigrants, as well as fear of immigration enforcement, could contribute to the disproportionately high percentage of Latina women without doctors.

Black women in Illinois have higher rates of death in childbirth than white and Latina women.

Disparities in access to care are a likely contributor to inequitable health outcomes for women of color. Nearly a quarter of Latina women in Illinois do not have a personal doctor, compared to 12 percent of black women and 10 percent of white women. Immigration laws that prevent insurance coverage for recent immigrants, as well as fear of immigration enforcement, could contribute to the disproportionately high percentage of Latina women without doctors.

Black women in Illinois have higher rates of death in childbirth than white and Latina women.

Disparities in access to care are a likely contributor to inequitable health outcomes for women of color. Nearly a quarter of Latina women in Illinois do not have a personal doctor, compared to 12 percent of black women and 10 percent of white women. Immigration laws that prevent insurance coverage for recent immigrants, as well as fear of immigration enforcement, could contribute to the disproportionately high percentage of Latina women without doctors.

Black women in Illinois have higher rates of death in childbirth than white and Latina women.

Disparities in access to care are a likely contributor to inequitable health outcomes for women of color. Nearly a quarter of Latina women in Illinois do not have a personal doctor, compared to 12 percent of black women and 10 percent of white women. Immigration laws that prevent insurance coverage for recent immigrants, as well as fear of immigration enforcement, could contribute to the disproportionately high percentage of Latina women without doctors.

Black women in Illinois have higher rates of death in childbirth than white and Latina women.

Disparities in access to care are a likely contributor to inequitable health outcomes for women of color. Nearly a quarter of Latina women in Illinois do not have a personal doctor, compared to 12 percent of black women and 10 percent of white women. Immigration laws that prevent insurance coverage for recent immigrants, as well as fear of immigration enforcement, could contribute to the disproportionately high percentage of Latina women without doctors.

Black women in Illinois have higher rates of death in childbirth than white and Latina women.

Disparities in access to care are a likely contributor to inequitable health outcomes for women of color. Nearly a quarter of Latina women in Illinois do not have a personal doctor, compared to 12 percent of black women and 10 percent of white women. Immigration laws that prevent insurance coverage for recent immigrants, as well as fear of immigration enforcement, could contribute to the disproportionately high percentage of Latina women without doctors.

Black women in Illinois have higher rates of death in childbirth than white and Latina women.

Disparities in access to care are a likely contributor to inequitable health outcomes for women of color. Nearly a quarter of Latina women in Illinois do not have a personal doctor, compared to 12 percent of black women and 10 percent of white women. Immigration laws that prevent insurance coverage for recent immigrants, as well as fear of immigration enforcement, could contribute to the disproportionately high percentage of Latina women without doctors.

Black women in Illinois have higher rates of death in childbirth than white and Latina women.

Disparities in access to care are a likely contributor to inequitable health outcomes for women of color. Nearly a quarter of Latina women in Illinois do not have a personal doctor, compared to 12 percent of black women and 10 percent of white women. Immigration laws that prevent insurance coverage for recent immigrants, as well as fear of immigration enforcement, could contribute to the disproportionately high percentage of Latina women without doctors.

Black women in Illinois have higher rates of death in childbirth than white and Latina women.

Disparities in access to care are a likely contributor to inequitable health outcomes for women of color. Nearly a quarter of Latina women in Illinois do not have a personal doctor, compared to 12 percent of black women and 10 percent of white women. Immigration laws that prevent insurance coverage for recent immigrants, as well as fear of immigration enforcement, could contribute to the disproportionately high percentage of Latina women without doctors.

Black women in Illinois have higher rates of death in childbirth than white and Latina women.

Disparities in access to care are a likely contributor to inequitable health outcomes for women of color. Nearly a quarter of Latina women in Illinois do not have a personal doctor, compared to 12 percent of black women and 10 percent of white women. Immigration laws that prevent insurance coverage for recent immigrants, as well as fear of immigration enforcement, could contribute to the disproportionately high percentage of Latina women without doctors.

Black women in Illinois have higher rates of death in childbirth than white and Latina women.

Disparities in access to care are a likely contributor to inequitable health outcomes for women of color. Nearly a quarter of Latina women in Illinois do not have a personal doctor, compared to 12 percent of black women and 10 percent of white women. Immigration laws that prevent insurance coverage for recent immigrants, as well as fear of immigration enforcement, could contribute to the disproportionately high percentage of Latina women without doctors.

Black women in Illinois have higher rates of death in childbirth than white and Latina women.

Disparities in access to care are a likely contributor to inequitable health outcomes for women of color. Nearly a quarter of Latina women in Illinois do not have a personal doctor, compared to 12 percent of black women and 10 percent of white women. Immigration laws that prevent insurance coverage for recent immigrants, as well as fear of immigration enforcement, could contribute to the disproportionately high percentage of Latina women without doctors.

Black women in Illinois have higher rates of death in childbirth than white and Latina women.

Disparities in access to care are a likely contributor to inequitable health outcomes for women of color. Nearly a quarter of Latina women in Illinois do not have a personal doctor, compared to 12 percent of black women and 10 percent of white women. Immigration laws that prevent insurance coverage for recent immigrants, as well as fear of immigration enforcement, could contribute to the disproportionately high percentage of Latina women without doctors.
As a woman of color, Heartland employee Zelda* has experienced job discrimination from past employers, witnessed her mother and father work long hours to try and make ends meet, and so much more.

“My mom worked all of the time. I wasn’t able to be a kid. I had to take care of my brothers while my mom was working and they were just so attached to me that even when she got home, I was with them,” Zelda says.

Despite her parents’ hard work, Zelda and her family lived in confined government-subsidized housing and struggled with poverty.

“We lived in a small kitchenette that my parents divided with a sheet and my siblings and I were on one side and my parents on the other, right off the kitchen, and then we had the bathroom. My parents were on government assistance and people made fun of us a lot for, you know, using the government cheese and powdered milk... We went without a lot and we struggled. I wish that there would have just been some place for me to go to talk about the stress I was going through.”

This cycle of poverty followed her into adulthood as she started her own family.

“Even as an adult, we lived paycheck to paycheck, and you are always working to make money but it just was never enough, no matter how hard we were working.”

Zelda said that oftentimes, she felt that what was expected of her was just to continue this cycle of poverty, because for women of color like her, that was the only opportunity available to survive.

“Growing up as a black woman, I just felt like I was expected to just stay in the neighborhood and live off the government. No one told me that there was another way. There wasn’t supports to say, hey, there’s more to life than living like this.”

*Zelda is a pseudonym
Low-wage working women are profoundly impacted by gender inequities since they have fewer financial resources available to balance work and family needs or weather difficult patches. In addition, many low-wage jobs are poor quality and lack key benefits, such as paid family and medical leave, putting women at risk of losing their jobs if they get sick or have caregiving needs.

The low-wage workforce is predominantly made up of women, especially women of color; two-thirds of low-wage workers are women, and half of low-wage workers are women of color. Most low-wage working women (90%) are beyond their teen years, and four out of five have a high-school diploma or higher. Many low-wage working women are the breadwinners in their households—65 percent do not have a second income in their family. Low-wage working mothers, in particular, have lower family incomes than low-wage working women overall.1

Many low-wage jobs are low quality: that is, they lack important benefits and include unpredictable schedules. In Illinois, an estimated 44 percent of workers lack paid sick time at their employer.2 Low-wage workers are even more deeply impacted: over 80 percent nationwide lack paid sick time at work.3 This means that low-wage workers must choose between showing up to work sick and jeopardizing their and others’ health, or risking their employment and pay. Forty percent of low-wage workers work nonstandard hours, with single mothers earning less than $20,000 per year being twice as likely as other workers to work nonstandard schedules.4


While the widespread lack of caregiving supports in the U.S. poses difficulties for all women workers, low-wage women workers particularly struggle to balance work and caregiving responsibilities. Low-wage workers are less likely than higher-wage workers to qualify for the Family and Medical Leave Act (FMLA) to care for their own health or family members’ health since they are more likely to stay at jobs for less than a year, work for small employers, or work part-time, and 45 percent of employers do not offer unpaid family leave to employees of less than a year outside of FMLA. Workers with wages in the bottom tenth of the income distribution had low rates of access to paid family leave (4%) and paid personal leave (9%). It’s harder for low-wage working women to pay others for caregiving, and low-wage workers are more likely than high-wage workers to be caring for a family member who is sick. If a family member becomes ill, low-wage workers are likely to struggle with caregiving in addition to work: 71 percent lack sick days that can be used for caring for family. High caregiving needs, coupled with poor job benefits, can result in low-wage workers disrupting their workday due to family responsibilities, putting themselves at risk of sanctions or job loss.

Women’s earnings from work are more vulnerable to wage theft and violations than men’s earnings are. Women are more likely to experience a violation of minimum wage laws than men are, and of women who are eligible for overtime, 83% experienced overtime violations (compared to 73% for men).

Faced with unpredictable work schedules, poor job quality, the high cost of child care, and conflicts between caregiving and work, some low-wage workers choose to leave the workforce or work less. Women workers with less than a high school education were two and a half to four times more likely to quit their jobs after the birth of a child than a woman with a bachelors’ degree, and three times more likely to be fired. This can have profoundly negative effects on workers’ economic security, as well as that of their family.

Women lost $79/wk ($4,120 annually)

Men lost $58/wk ($3,037 annually) to wage theft

A significant number of women of color in Illinois, particularly Latina and Asian women, are immigrants. Seven in ten Asian women and one-third of Latina women in Illinois were not born in the U.S. Of that group, 40 percent of foreign-born Asian women and two-thirds of foreign-born Latina women are non-citizens.

Non-citizen women experience poverty at rates that are 1.5 times higher than native-born women. Immigrant women, especially those who are undocumented, face particular barriers to economic security, including limited work opportunities and access to the safety net.

Immigration status can pose serious barriers to finding quality jobs. Some immigrant women may not have work authorization, and even those who do may find it difficult to find an employer willing to sponsor their visa (and if they do, the visa may not be approved). Women who are not U.S. citizens are overrepresented in the low-wage workforce (in 2015, 2 in 5 immigrant women earned less than $20,000 per year). Immigrant women largely work in domestic, healthcare, and service industries, and make up half the workforce of those grading and sorting agricultural products, appearance workers (such as hairstylists and cosmetologists), and housekeepers. Most low-wage immigrant women workers are from Latin America.

Non-citizen women in Illinois have higher poverty rates than native-born women and all men.

Immigrant women are at higher risk of experiencing workplace violations. If workers are undocumented, they may fear reporting violations and run the risk of deportation. Undocumented women are more likely than undocumented men to experience wage violations (such as wage theft or being paid less than minimum wage). Over half of undocumented women in one study experienced minimum wage violations, compared to one-quarter of documented foreign-born women and 18 percent of native-born women. Part of the reason for the high rate of wage violations among undocumented women is that they are more likely than undocumented men to work in industries, such as child care, that experience high rates of wage violations. Undocumented women are also more likely than documented women to work in the informal labor market.

Minimum wage violations are experienced by

- Undocumented women: 51%
- Documented foreign-born women: 24%
- Native-born women: 18%

1 Author’s analysis of data from U.S. Census Bureau’s American Community Survey 1-year estimates program, (2017).
4 Ibid.
Delilah* is a participant in Heartland Alliance’s asset building program, which supports individuals in working towards financial stability. She experienced the difficulties of trying to create a new life for herself when she arrived to the United States at 18 years old.

“I moved in with a family, taking care of their kids—looking to find new opportunities. When somebody says ‘I’ll bring you to the US,’ you just think you’re going to live the American dream. But you don’t know about the culture, the system, or immigration. Then I got here, and at the beginning, you don’t know that there’s a system. You don’t know you need a Social Security card and things like that. The longer you go, the more challenging it is. And you don’t realize you are vulnerable.”

Delilah said that the only resources she felt were available to her at the time were the ones that the families she worked for could provide.

“I moved in with another family into Chicago, and they allowed me to stay without paying. They told me about some local ESL classes. I started there and began going to college from there. Any little bit of money people would give me, I would save for my education. When you are undocumented, people who are kind to you have their intentions. As a woman, you have to be careful. You are in a vulnerable situation. You are constantly taken advantage of because of the situation you are in. There is a different level of freedom when you are financially free and stable.”

Delilah realized she needed an education if she wanted to reach her goals: “It was about four or five years in, I decided I wanted to go to school—and that’s when I realized I needed to be documented.”

“I’m now working with LAF to get my green card. Somebody connected me to the Kovler Center. I was just going there to talk about stress and hoping to find medical help. They let me know that what had happened in the past was not right.”

*Delilah is a pseudonym
Discrimination based on sexual orientation and gender identity results in significant inequities in economic outcomes. LGBTQ Illinoisans have higher unemployment rates and lower incomes than non-LGBTQ Illinoisans. Lesbian women (particularly black lesbians) are more likely to live in poverty than heterosexual women. One in five trans Illinoisans live in poverty, and one in ten are unemployed (both rates higher than for cisgender Illinoisans). This trend of poverty disparities for trans people holds true nationwide as well.

Trans people in Illinois experience barriers to employment:

- 15% lost a job
- 28% were fired, denied a promotion, or were not hired


**Employment discrimination and barriers play a large role in economic disparities for LGBTQ people.** Extraordinarily high rates of LGBT people report experiencing harassment or discrimination, much of it in the workplace.

Significant percentages of LGBTQ people report that their sexuality was a factor in being fired or denied employment (8 to 17 percent), being denied a promotion or given a negative performance review (10 to 28 percent), being verbally or physically assaulted (7 to 41 percent), and receiving unequal pay or benefits (10 to 19 percent).

In Illinois, 15 percent of trans people lost a job and 28 percent were fired, not promoted, or not hired due to their gender identity. There is consistent evidence from experimental studies that sexual orientation discrimination occurs in the workplace.

---

8. Bias in the workplace: Consistent evidence of sexual orientation and gender identity discrimination; Sexual Orientation Discrimination in Hiring; Documented Evidence of Employment Discrimination and Its Effects on LGBT People.
These employment barriers result in pay disparities for trans people. One study comparing transgender to cisgender siblings (therefore ensuring that they had similar resources and experiences in childhood) found that, even though the trans siblings were more educated, they earned less than the cisgender siblings.9

LGBT people are disproportionately victims of violence. Experiencing violence is often traumatizing, and unaddressed trauma can keep or push people into poverty by making it hard to succeed at school and at work.10 One-quarter of LGBTQ youth experienced sexual violence, and 18 percent experienced physical violence.11 Trans and gender non-conforming people experience violence at high rates, especially trans people of color.12

Rates of homelessness and housing barriers are disproportionately high among trans people. 1.5 percent of the people experiencing homelessness in Chicago are trans, which is three times higher than the 0.5 percent of the city's population who are trans.13 Nearly 1 in 4 trans people in Illinois report being evicted due to their gender identity. Just 2 in 5 trans people in Illinois report owning a home, compared to 61 percent of the general population.14

Gender non-conforming and trans immigrants are among the most vulnerable immigrant groups to marginalization, systematic exclusion from immigration legalization processes, and inhumane treatment in immigration detention. These immigrant groups often face violence and threats from their family members, fellow citizens, or their own governments, prompting them to seek asylum.15 However, based on the trauma they endured, trans asylum seekers may not be open about the persecution they faced in their home country for fear of suffering the same fate in the U.S. Furthermore, immigration detention is an especially dangerous and dehumanizing experience for trans and gender non-conforming immigrants. A recent report shows that LGBTQ immigrants in federal detention centers are 97 times more likely to be sexually assaulted than other detainees.16

LGBT people have unique mental and physical health needs. Nearly half of trans people in Illinois report having attempted suicide at some point in their lives, which is 28 times higher than the general population's rate.17 LGBTQ youth are at a higher risk of health issues than non-LGBTQ youth, including substance use, STDs, obesity, anxiety, depression, and cardiovascular disease.18 Unfortunately, LGBTQ people often receive poorer quality healthcare due to stigmas about the needs of their community.19

---

19 Ibid.
Eva is a trans queer femme participant at Town Hall, Chicago’s first LGBTQ-friendly senior housing development opened by Heartland Alliance and Center on Halsted. Once she made the decision to seek resources to transition in 2009, she struggled to find proper healthcare and safe housing options.

“Finding the right medical assistance was hard, but when I found Howard Brown Health, it got easy real fast. I was afraid to even talk to a regular doctor because of just the fear and the stigma. But once I started going to Howard Brown, I was able to start hormones around Thanksgiving 2009,” Eva says.

Though Eva was on the path to transitioning and receiving the medical resources she needed, she was facing an unsafe and unreliable housing situation: “I was living in a seedy transient SRO [single room occupancy] and that was scary. At the SRO I would get creepy looks and some people would be outright negative towards me or try and hit on me because there is an assumption that a transgender woman, or a queer femme, is always into men and that is not always the case.”

Eva’s fear for her safety even led her to make different choices about how she traveled through her building: “At the SRO, I lived on the 5th floor and I was too scared to take the elevators. I was scared I would get trapped in there with someone, but in the stairs, I could run. I faced abuse and had things thrown at me.”

Even now, she thinks about her safety when she travels throughout the city: “I have my safety zone. From downtown Evanston to like the South Loop, that is my area. I may slip out to other neighborhoods but I just don’t go that far. I have confidence now that has been built up, but when I first came out I felt like everyone was staring at me.”

When it comes to ending poverty in Illinois, Eva thinks it will take a long time to achieve. In the meantime, she believes people experiencing poverty still should be able to live in safety and dignity: “I may be living in poverty and I’m queer femme, but look at the dignity I am living in. If you have a positive attitude and positive places you can fall back on like Heartland Alliance, Howard Brown, and Center on Halsted, you can be okay and still have dignity.”
A growing number of women are entering prison. Many women who go to prison are poor and leave prison facing the prospect of living in poverty. And women of color are more likely to be impacted by incarceration than white women—black women are twice as likely to be imprisoned as white women. Nearly two-thirds of women in state prison and over half of women in federal prison are mothers, which means that their incarceration leaves behind children who will be missing a caretaker and creates traumatic experiences for women trying to maintain connections with their children. Over 60 percent of incarcerated parents are imprisoned more than 100 miles away from their children.

Women are more likely than men to end up in prison for crimes driven by economic need. Women are more likely than men to end up in prison for property crimes, which are often motivated by poverty or substance use, and drug crimes. Indeed, 37 percent of women in prison had incomes of less than $600 per month prior to their arrest (compared to 28 percent of men). Women’s incomes before incarceration are lower than both men’s incomes before incarceration and non-incarcerated people’s incomes.

Women in prison had higher rates of mental health problems than men in prison. Women in prison have frequently been traumatized. Women who are incarcerated are more likely to struggle with substance use than men who are incarcerated. And women in prison are frequently survivors of trauma, which, if untreated, can have psychological effects that may raise the likelihood of both poverty and aggression. Childhood physical or sexual abuse and adult violent victimization are reported in high rates by women in prison. Experiencing violence, sexual assault, and human rights abuses, such as solitary confinement, in prison re-traumatizes women. Treatment programming for women in prison is often modeled after programming for men and does not take into account unique gendered experiences and needs.

4 Ibid.
11 Ibid.
Women who are incarcerated nationwide are more likely to struggle with substance use (60%) than men who are incarcerated (53%).


Policies in the War on Drugs that increased mandatory minimum sentences and reduced judicial discretion over sentencing resulted in longer sentences for women convicted of drug crimes. Women’s incarceration rates in state prisons grew by 888% between 1986 and 1996, compared to men’s incarceration rates growing 522%. Drug crimes can often be crimes of survival for women with substance use disorders. Women can end up in prison even for tangential relationships to drug trafficking, such as allowing a partner with drugs in her home.14

Upon release from prison, women have the deck stacked against them. Women’s trauma, mental health, and substance use needs are often inadequately treated in prison and inadequate discharge planning upon release can result in a sudden disconnect from medical care and medication.15 Laws and informal policies restricting access to public housing, rental housing, and jobs for people with criminal records make it hard for women leaving prison to move out of poverty and maintain housing stability. Illinois poses restrictions to TANF and SNAP for people with drug records, meaning that women with drug records may struggle to meet basic human needs.16 Even though maintaining familial bonds reduces women’s recidivism, women who have been incarcerated are at risk of losing parental rights as judges may use their incarceration as evidence of unfitness as a parent.17


15 Ibid.


Human trafficking involves compelling people to engage in forced labor or commercial sex. Victims of trafficking may come from other countries, or they may be trafficked domestically. Women and girls make up the vast majority of identified trafficking victims, while LGBTQ youth are more likely to experience trafficking than non-LGBTQ youth. Callers to the National Human Trafficking Hotline in 2017 most commonly identified themselves as Latino or Asian.

The majority of people identified as trafficked in Illinois are women.

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>87%</td>
</tr>
<tr>
<td>Male</td>
<td>11%</td>
</tr>
<tr>
<td>Gender Minorsities</td>
<td>2%</td>
</tr>
<tr>
<td>Missing</td>
<td>2%</td>
</tr>
</tbody>
</table>


Human trafficking exists because poverty exists. Traffickers seek out individuals who are missing something—economic opportunity, education, documented immigration status, love, support, or safety, for example. Trafficking helpline callers report high incidences of recent migration, substance use, running away and homelessness, mental health issues, and involvement in the child welfare system—all issues that can be precipitated by or compounded by poverty. To recruit victims, traffickers offer an opportunity that will fill this void. But in reality, they are coercing the individual into an exploitative situation. And traffickers commonly use tactics of economic manipulation and abuse to coerce their victims.

Even when women and girls break ties with their traffickers, it may be difficult for them to succeed in school or at work. For working-age women, they may lack a traditional employment history and will need to develop job skills and experience. Other survivors may have work experience, but if it is related to their trafficking, they cannot list it on their resume due to safety concerns. Some survivors of trafficking may have criminal records related to their time being trafficked, which poses additional barriers to employment. Trafficking survivors often need housing and financial support as they transition out of trafficking, and foreign-born survivors who may not have documented status have limited access to housing subsidies and the federal safety net (though Illinois recently expanded access to state welfare programs for foreign-born survivors of trafficking waiting on their visas).

The largest group of people identified as trafficked in the U.S. are Latino.

<table>
<thead>
<tr>
<th>Race</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latino</td>
<td>34%</td>
</tr>
<tr>
<td>Asian</td>
<td>27%</td>
</tr>
<tr>
<td>White</td>
<td>19%</td>
</tr>
<tr>
<td>Black</td>
<td>16%</td>
</tr>
<tr>
<td>Multi-Ethnic/Racial</td>
<td>4%</td>
</tr>
</tbody>
</table>


---


---

6 Ibid.
Toni* is a participant with Heartland Alliance’s Freedom From Trafficking (FFT) program. Since immigrating to the United States, she has faced homelessness, human trafficking, and mental health issues. She first encountered her trafficker when she was living in a homeless shelter.

“This dude delivered food to the shelter, too; he was actually like one would imagine a good person being: someone who donates to homeless shelters. That is how I came across him. He was just a volunteer, which is scary to me. That is an important part of sharing my story. There’s no measure for vulnerability. Just because you’re homeless doesn’t mean things can’t get worse.”

“I was taken out of the city when I was trafficked, which made it harder to find services,” Toni says. “No one was able to give me help that was going to get me out of the situation, so I didn’t tell them I was being human trafficked and I didn’t really consider myself a victim of human trafficking at that point, so even with the amount of services that are in Chicago, there is a drought in our state.”

When Toni was in her trafficking situation, her mental health suffered: “It got a lot worse. When I moved out of the city, I wasn’t able to get my medication. My mental health was definitely part of me being trafficked for as long as I was. When you are not doing well, people are more able to take advantage of you.”

After breaking ties with her trafficker, she faced the fear that he would return, but was able to begin healing: “The first few months were really hard because my trafficker is in the local area and I was just convinced that he was going to find me and things would not end well. But I got back in touch with Heartland and got a case manager.”

Toni says services are critical for survivors of trafficking looking to get back on their feet: “I cannot explain how much of a big deal it’s been working with FFT. They allowed me to get stable housing. I’ve got SNAP, Medicare, I can actually take care of myself now. A lot of services that should be available just aren’t. I’m lucky enough to have been both homeless and human trafficked and be on the other side of it so I kind of feel compelled to do something about the things that I’ve experienced that haven’t been that great.”

*Toni is a pseudonym

Some research indicates that LGBTQ people may experience intimate partner violence at higher rates than their non-LGBTQ counterparts.\footnote{The National Coalition Against Domestic Violence. (2018, June 6). Domestic violence and the LGBTQ community [Blog].} LGBTQ people may also be more at risk of experiencing other types of GBV, meaning violence directed towards them from non-partners due to their gender identity and/or sexual orientation. However, these experiences are also highly underreported.\footnote{Morton, M. H., Samuel, G. M., Dworsky, A., & Patel, S. (2018). Missed opportunities: LGBTQ youth homelessness in America. Chicago, IL: Chapin Hall at the University of Chicago; Wirtz, A., Poleat, T., Malik, M., & Glass, N. (2018, Feb.) Gender-Based Violence Against Transgender People in the United States: A Call for Research and Programming. Trauma, Violence, & Abuse.}

Intimate partner violence often results in economic instability. Economic control is a strategy frequently used by abusers. Abusers often interfere with their victims’ ability to maintain employment\footnote{Smith, S.E. (2001, November). A wolf in sheep’s clothes? How welfare reform may threaten domestic violence services. Affilia Journal of Women and Social Work, Vol. 16(4), 432-446.} by forbidding them to leave the house, causing injuries that require time away from work, or taking away resources necessary to get to work.\footnote{Dichter, M.E, Rhodes, K.V. (2011, October). Intimate partner violence survivors’ unmet social service needs. Journal of Social Service Research, Vol. 37(5), 481-498.} 64 percent of IPV victims in one study reported that their abuse made it hard for them to work.\footnote{Institute for Women’s Policy Research. (2017, August). The economic cost of intimate partner violence, sexual assault, and stalking [Fact Sheet].} Another study
estimated that IPV victims lose a total of 8 million paid work days per year in the U.S.\textsuperscript{10} Abusers may also prevent their victims from having their own financial accounts, or may ruin their credit.\textsuperscript{11} Economic dependence on their abusers is a common barrier to leaving violent relationships.\textsuperscript{12, 13}

Intimate partner violence poses barriers to success in school for young women and girls. Student survivors may have spotty attendance, struggle to pay attention in class, and are at risk of dropping out, raising the likelihood of future poverty. Illinois policies and procedures related to student survivors too often are not trauma-informed.\textsuperscript{14}

When survivors seek services, they indicate high needs for credit repair, building assets, housing, food and clothing assistance, and other financial supports.\textsuperscript{15} In Chicago, half of survivors seeking services were not employed and 44 percent had monthly incomes below $500. Despite this significant financial need, most survivors (53 percent) reported that they did not receive any kind of public assistance and 31 percent lacked health insurance.\textsuperscript{16}

Housing is also a critical need for survivors of intimate partner violence. A quarter of survivors seeking services requested shelter, and, on average, survivors spent a month in shelters.\textsuperscript{17} Permanent housing is also a critical need for survivors.\textsuperscript{18} Unfortunately, 27 percent of service providers in Chicago report that they got requests for emergency housing that could not be met, and 20 percent report getting requests for permanent housing that they could not meet.\textsuperscript{19} Even if survivors can find housing, they may have trouble maintaining it. Housing problems such as skipping bills, paying rent late, and being threatened with eviction are commonly reported by survivors in the first year after separation.\textsuperscript{20} Survivors may have to move if their abusers find out where they live. In one study, 38 percent of women reported becoming homeless immediately after leaving their partners.\textsuperscript{21} It is estimated that over 90 percent of women experiencing homelessness experienced abuse in their lifetimes.\textsuperscript{22}

In 2015 and 2016, Chicago survivors of domestic violence were most likely to report monthly incomes under $500.

\begin{table}[h]
\centering
\begin{tabular}{c|c|c}
\hline
\textbf{Income Level} & \textbf{2015} & \textbf{2016} \\
\hline
Less than or Equal to $500 & 43.8\% & 44.8\% \\
\hline
$500-$1000 & 37.0\% & 35.4\% \\
\hline
More than $1000 & 19.8\% & 19.1\% \\
\hline
\end{tabular}
\end{table}

\begin{table}[h]
\centering
\begin{tabular}{c|c|c}
\hline
\textbf{Employment Status} & \textbf{2015} & \textbf{2016} \\
\hline
Full-time & 31.7\% & 32.3\% \\
\hline
Part-time & 19.2\% & 19.5\% \\
\hline
\end{tabular}
\end{table}

In 2015 and 2016, only about one-third of Chicago survivors of domestic violence were employed full time.


11 Institute for Women’s Policy Research. (2017 August). The economic cost of intimate partner violence, sexual assault, and stalking [Fact Sheet].
17 Ibid.
21 Ibid.
Heartland Alliance employee Zelda* has faced poverty and sexual/intimate partner domestic violence. See “Women of Color” section for more on Zelda’s story.

“From five to eight [years old], I was sexually abused by a male family member and I felt like I had no one to go to. No one or nothing to support me. I wish that there would have been therapy available, but in my community, it was just looked down upon because we were told to keep it to yourself, that if you talk to someone you’re crazy—but what’s crazy is not talking to someone when things are happening to you.”

In addition to her traumatic experience as a child, she grew up to experience intimate partner violence with her longtime partner: “He was not a good person and he just beat me. But then when we had kids, he and his family became so controlling and I felt like I couldn’t even be a parent. I felt like I had nowhere else to go, so I stayed.”

This controlling and violent situation left Zelda trapped in a place where she was unable to make decisions for herself or even work to save money and move towards a safer life.

“I was in that relationship for 14 years and during that time I wasn’t allowed to work and if, for some reason, I was allowed to have a job, it wasn’t for long because I would have to call in sick all of the time because of black eyes and stitches. I couldn’t make any money for myself. He was the sole provider for myself and my kids.”

This violence impacted Zelda’s mental health: “The violence I experienced impacted me mentally because I was always in fear. I stayed because of fear. I was fearful of black eyes, fearful of broken ribs, of the having to get 12 staples put in my head again...To this day, I am fearful of men. Male service providers, doctors. I’ve even turned down a job because I found out a man was going to be my boss.”

“My goals for the future are to always be better than I was the day before. I want to keep a steady job and income and I want to write and publish a book...My goal is to also be happy and I choose happiness every day.”

*Zelda is a pseudonym
While the majority of people experiencing homelessness are men, a significant number of women experience homelessness as well. 41 percent of people experiencing homelessness in Illinois are women, and 38 percent of people receiving homeless services in Chicago are women.

Certain groups of women are at disproportionate risk of homelessness. Women veterans experience homelessness at a rate that is 2.5 to 4 times higher than their percentage of the general population. Women veterans experience sexual trauma at a rate higher than the general population, which puts them at risk for homelessness. Compared to housed women veterans, women veterans experiencing homelessness were more likely to be unemployed, disabled, low-income, less healthy, and have an experience of sexual trauma. In addition to military service, other factors—such as recent relocation, eviction, childbirth, unemployment, domestic violence, or separation from a partner—raise the risk of homelessness for women. Women under 35 in particular face risks for homelessness, perhaps due to less stable support networks or stressors imposed by parenthood (for those with young children). Mental illness and substance use raise the risk of prolonged or repeated bouts of homelessness for women. Adult or childhood experience of violence and/or trauma consistently appears as a homelessness risk factor for women.

80% of homeless adult women are in a family, compared to just 20% of homeless adult men.

Female veterans are almost 4x as likely as their non-veteran peers to become homeless.

The experience of homelessness itself can continue to re-traumatize women. Competing difficulties meeting physical and mental health needs has been shown to cause distress for black and Latina women experiencing homelessness. Women are at risk of...
experiencing sexual assault while homeless, and may turn to sex work in order to make ends meet.  

Even when in shelter, women struggle with lack of privacy, loss of personal autonomy, and threats to safety. When people experience trauma, the brain struggles to extinguish fear responses and becomes increasingly sensitive to stress. These neurological processes result in difficulty exhibiting self-control, reasoning, problem-solving, and planning—all skills that are crucial to exiting, and staying out of, poverty and homelessness. 

Women who are homeless have poorer health than women who are not. Women experiencing homelessness have higher rates of mortality, mental illness, substance use, violent victimization, poor birth outcomes, and chronic health conditions such as HIV and hypertension than women who are housed. 

Young women have particularly extreme mortality disparities—they are more than four times as likely to die as young women in general.

Women trying to find housing and stay out of homelessness struggle to do so because of systemic barriers to employment and housing. Women report experiencing discrimination from prospective landlords and employers based on intersecting identities and experiences, such as homeless status, living in a transitional living facility, criminal record, mental illness, race, single motherhood, and income source. The practicalities of finding and keeping a job are particularly difficult for women experiencing homelessness, especially those with children. Women experiencing homelessness frequently find it difficult to access reliable childcare when going on interviews or going to work, and struggle to find the resources for “professional” clothing and hygiene. Barriers to work and housing, combined with the barriers posed by past and ongoing trauma, make it challenging for women experiencing homelessness to move out of poverty.

Young women experiencing homelessness have particularly extreme mortality disparities—they are more than 4x as likely to die as young women in general.

92% of homeless mothers have experienced severe physical and/or sexual abuse during their lifetime.

63% report that this abuse was perpetrated by an intimate partner.


736.
12 Ibid.
Toni* is a participant with Heartland Alliance’s Freedom From Trafficking program. See the “Women who are Trafficked” section for more on Toni’s story.

Toni received a full ride to go to a university in Illinois. However, shortly after arriving, Toni lost her scholarship due to a sports injury: “I had some problems in school and got injured, so they tried to take my scholarship away and I ended up homeless.”

She was able to return to school but was still homeless: “It was such a contrast, because I was coming from a shelter where I’m sleeping with 50 strangers every night and trying to get my homework done and then I’m going to university in the daytime with some of the richest kids I’ve ever been around. It was challenging but I certainly think that having school while I was homeless was my saving grace because it’s important to have something to keep yourself going.”

During this time, finding resources to help her was a challenge and she sees the lack of services as one of the most crucial pieces missing in addressing homelessness in Illinois.

“Our other than the services Heartland Alliance has provided for me, I don’t see those things for people like me. It’s not there. I speak English, I’m smart, and I have a secondary education. So if you don’t speak English as your first language or haven’t been fortunate to have an education, you’re going to have an even harder time.”

Her experience with homelessness also exacerbated her mental health struggles: “Being homeless sucks. Everyone has an understanding of that. But being on a curfew, being stuck in a room with strangers you don’t know, not being able to get a good night’s sleep, that’s not good for anyone’s mental health, let alone someone with preexisting things going on. If mental health services were more available, I categorically believe that things would be better. I just don’t know how people expect people to just pull up their pants, pull up their socks and just get on with not being mentally ill anymore.”

Toni believes that homelessness can be solved if we put resources where they are needed: “I genuinely believe it’s an antidote to homelessness. Resources suck generally, but they’re so unevenly distributed throughout the city, it’s disgusting and I can’t imagine how you expect it to get better as a whole if you’re just leaving pieces unattended. It’s totally solvable. It does not need to be a problem in our city anymore. But hopefully I’ll get the chance to come and make a difference with some of that stuff once I get my visa.”

*Toni is a pseudonym
**Family and Medical Leave Act (FMLA):** FMLA entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave. [Read more](#)

**Food Insecurity:** Food insecurity is lack of access, at times, to enough food for an active, healthy life, and limited or uncertain availability of nutritionally adequate food. [Read more](#)

**Gender Binary:** Gender Binary is a system that constructs gender according to two discrete and opposite categories: boy/man and girl/woman. It is important to recognize that both cis gender and transgender people can have a gender identity that is binary. [Read more](#)

**Gender Equity:** Gender equity refers to an ideal situation in which society's systems and markets perform equally well for different gender groups. It means that our educational systems work as well for women and other gender minorities as they do for men, that our justice systems works equally well, and that our health systems work equally well.

**Gender Identity:** Gender identity is a person's innermost core concept of self which can include boy/man, girl/woman, a blend of both, neither, or many more. Gender identity is how each person perceives themselves and what they call themselves. One's gender identity can be consistent with or different than their assigned sex at birth. [Read more](#)

**Gender Non-Conforming and Gender Minorities:** Gender non-conforming (GNC) is a term that broadly refers to people who do not conform to social expectations about their gender, or people whose gender is not easily categorized. Gender minority is an umbrella term for GNC people, trans people, and others who do not fit into traditional gender categories. [Read more](#)

**Gender Norms:** Gender norms are social scripts and expectations about what women and men should do and how they should act.

**Gender Wage Gap:** The ratio of women's and men's median annual earnings. An alternative measure of the wage gap is derived from the ratio of women's to men's median weekly earnings for full-time workers. This measure communicates the difference in compensation between men and women for their labor. [Read more](#)

**Gender Wealth Gap:** The gender wealth gap is the reality that women have less access to opportunity to save, invest, and preserve financial assets so they can build a better future for themselves and their families. [Read more](#)

**Human Trafficking:** The crime of human trafficking involves the exploitation of adults through force, fraud, or coercion, and children for such purposes as forced labor or commercial sex. [Read more](#)

**Income Poverty:** Determining if an individual or family is income poor involves tallying up a family's annual income and determining if the amount falls below the poverty threshold for the family's size. If the annual income does fall below the threshold, then the family and every individual in it is considered to be in poverty. Non-relatives, such as housemates, do not count. Money income used to compute poverty status includes the following (before taxes; noncash benefits and capital gains/losses do not count): earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates and trusts, educational assistance, alimony, child support assistance from outside the household, and other miscellaneous sources. [Read more](#)

**Intimate Partner Violence:** Intimate partner violence describes physical, sexual, stalking or psychological/emotional harm (including coercive tactics) by a current or former intimate partner or spouse. It includes threatened physical or sexual violence when the threat is used to control a person's actions. [Read more](#)

**LGBTQ:** Acronym for lesbian, gay, bisexual, trans, and queer or questioning.

**Medicaid:** Medicaid is a jointly funded, Federal-State health insurance program for certain individuals and families with low-incomes and few resources. [Read more](#)

**Racial Equity:** Racial equity means that ideal situation in which society's systems and markets perform equally well for different racial and ethnic groups. It means that our educational systems work as well for black Americans as they do for whites, that our justice systems works equally well, that our health systems work equally well.
GLOSSARY

Rent-Burdened Households: Households are rent burdened when they spend over 30% of their income on housing. Households are severely rent burdened when they spend over 50% of their income on housing. Renter costs include contract rent plus the estimated average monthly cost of utilities (electricity, gas, water, and sewer) and fuels (oil, coal, kerosene, wood, etc.) if these are paid by the renter (or paid for the renter by someone else).

Reproductive Freedom: A woman’s ability to make the decision for herself about where and when to have a child without undue political interference. This includes affordable access to all reproductive health care options, including birth control and abortion care. Read more

Supplemental Nutrition Assistance Program (SNAP): Formerly called Food Stamps, SNAP provides low-income families with supplemental income to buy food. Read more

Teen Birth Rate: The teen birth rate is the number of births to women ages 15 to 19 per 1,000 women of that age in the population.

Trans people: A broad term that can be used to describe people whose gender identity is different from the gender they were thought to be when they were born. "Trans" is often used as shorthand for transgender. Read more

Temporary Assistance for Needy Families (TANF): The TANF program, which is time limited, assists families with children when the parents or other responsible relatives cannot provide for the family’s basic needs. Read more

Trauma: Trauma in this report refers to psychological trauma, which includes a set of negative psychological or emotional effects that occur as a result of a distressing event. Symptoms of trauma may include denial, seeming stunned or dazed, hyperarousal/sensitivity to threats and aggression, perceiving that the world is a dangerous place, dependency, hyperactivity, and irrationality. Read more

Workplace Harassment: Harassment is unwelcome conduct based on race, color, religion, sex (including pregnancy), national origin, age (40 or older), disability or genetic information. Harassment becomes unlawful where 1) enduring the offensive conduct becomes a condition of continued employment, or 2) the conduct is severe or pervasive enough to create a work environment that a reasonable person would consider intimidating, hostile, or abusive. Read more

Wage Theft: Wage theft occurs when a worker is not compensated properly. Common ways employers are keeping wages from employees is incorrect overtime pay, employee misclassification, minimum wage violation, working off the clock, illegal deductions from pay and not being paid for work at all. Read more

Unemployment Rate: Persons are classified as unemployed if they do not have a job, have actively looked for work in the prior 4 weeks, and are currently available for work. This definition of unemployment leads to an undercount as people who are discouraged from job seeking or those who are only marginally attached to the workforce (i.e., are not employed but currently want a job, have looked for work in the last 12 months, and are available for work) are classified as “not in the labor force” instead of “unemployed.” Read more

Unpaid work: From cooking and cleaning to taking care of children and the elderly, women carry out more unpaid household and care work than men. As a result, they have less time to engage in paid labor or work longer hours, combining paid and unpaid labor. Women’s unpaid work subsidizes the cost of care that sustains families supports economics and often fills in for the lack of social services. Read more

Violent Victimization: Violent crime in this report is referencing offenses reported to police through the Uniform Crime Reporting system and is defined as murder, sexual assault or rape, robbery, and aggravated assault. Serious violent crime is a term used by the National Crime Victimization Survey (NCVS), which surveys crime victims, and therefore does not include murder since murder victims cannot be surveyed; the term refers to a subset of violent crime that includes rape or sexual assault, robbery, and aggravated assault. Read more
ENDNOTES

1  Author’s analysis of data from U. S. Census Bureau’s American Community Survey 1-year estimates program, (2017)


4  Author’s analysis of data from U. S. Census Bureau’s American Community Survey 1-year estimates program, (2015)

5  See section on LGBTQ women and gender non-conforming people for more.


7  Author’s analysis of data from U. S. Census Bureau’s American Community Survey 1-year estimates program, (2017)


10 Author’s analysis of data from U. S. Census Bureau’s American Community Survey 1-year estimates program, (2017).

11 LGBT Demographic Data Interactive. (January 2019). Los Angeles, CA: The Williams Institute, UCLA School of Law.


13 Author’s analysis of U.S. Census Bureau’s Poverty Thresholds.


15 Author’s analysis of data from U. S. Census Bureau’s American Community Survey 1-year estimates program, (2017).


20 Author’s analysis of data from U. S. Census Bureau’s American Community Survey 1-year estimates program, (2017).


32 See section on LGBTQ women and gender non-conforming people for more.


43 Sonfield, A., Hasstedt, K., & Kavanaugh, M.L. (2013, March). The social and economic benefits of women’s ability to determine whether and when to have children. New York; Guttmacher Institute.


53 Ibid.

54 Ibid.


56 Ibid.


73 Stanczyk, A. (2016, June). Paid Family Leave May Reduce Poverty Following a Birth:


75 Author's analysis of data from U. S. Census Bureau's American Community Survey 1-year estimates program, 2017.

76 National Women's Law Center. (2017, April). The stealth attack on women's health: The harmful effects block granting safety net programs would have on women [Fact Sheet].


REPORT INFORMATION

Project team:
Katie Buitrago, Amber Cason Crossen, Jamela Clark, Kimberly Drew, Michael Falk, Suniya Farooqui, Gillian Knight, Katie Pelech, Amy Rynell

Report design:
Thanks to LeAnne Wagner and Jordan Razowsky, who laid out the report and who lent their creative thinking and ideas to many aspects of the report.

Report author:
Katie Buitrago

Extended uses:
The Social IMPACT Research Center encourages the use of this report. Reproductions in whole or in part are allowable without permission provided appropriate references are given.

Suggested citation:

Our thanks to the many people who generously gave their time to review and react to the early drafts of this report, including Heidi Altman, Evelyn Diaz, Darci Flynn, Graciela Guzman, Barbara Hoffman, Mailee Garcia, Melissa Josephs, Niya Kelly, Julian Lazalde, Colette Payne, Wendy Pollack, Daniel Rabbitt, K. Sujata, Samantha Tuttle, and Melissa Young.

Our deepest gratitude goes to the Heartland Alliance participants and staff who chose to share their stories with us. Thank you for your courage and openness.

We gratefully acknowledge The Chicago Community Trust and The Libra Foundation for their support of our poverty research, communications, and education efforts.