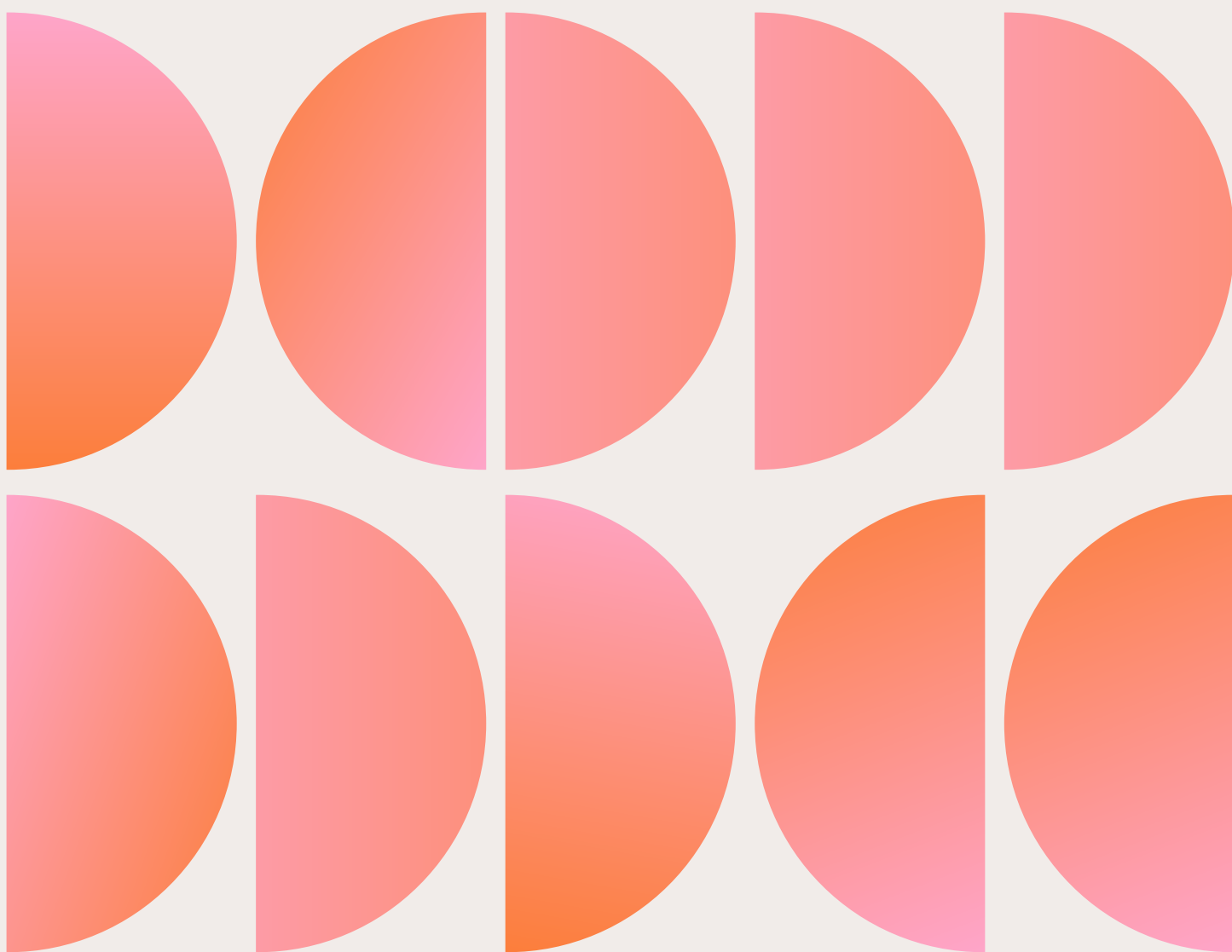
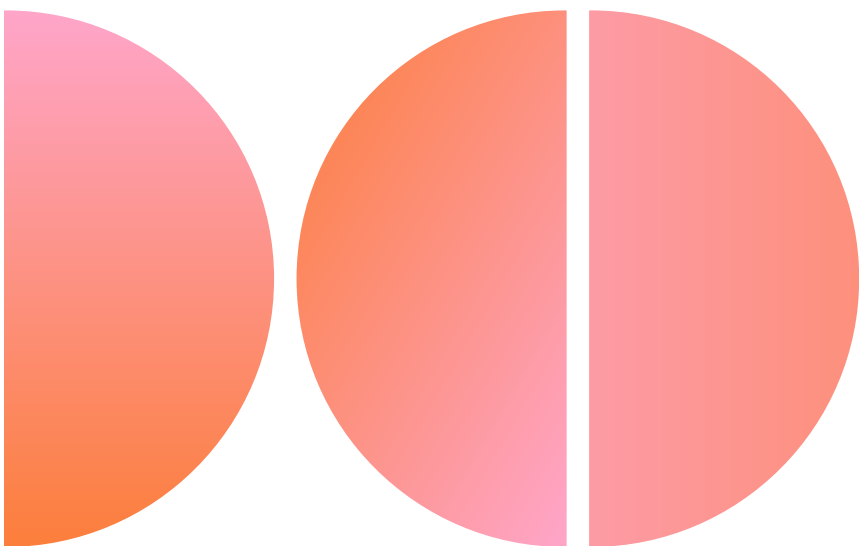


# Envisioning an Abundant Movement

Experiences and Recommendations from  
Survivors Working in the Movement





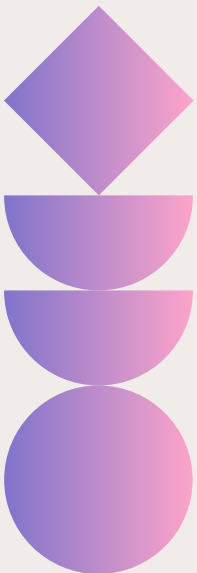
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# Introduction

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The purpose of this technical report is to provide an overview of the application and follow-up survey data collected from survivors who received a FreeFrom Safety Fund grant in the spring of 2022. The main objective of our Safety Funds is to provide unrestricted cash to survivors. However, through the data we collect from survivors, we also seek to better understand survivors' financial circumstances, their experiences of harm, and the immediate impact that receiving a grant has for survivors and their families.



For this Safety Fund round, we were specifically interested in learning about the experiences of survivors who work in gender-based violence (GBV) movement organizations across the country. This goal was informed by a previous FreeFrom research study, conducted in 2021, where we learned from GBV service providers in Los Angeles County and Orange County that 1 in 2 workers identified as survivors.<sup>1</sup>

While practitioners know that many direct service providers working in the GBV field are themselves survivors and are often drawn to the work because of their lived experience and expertise, very little research seeks to understand the experiences and needs of these survivor service providers.

Through the data and stories that survivor service providers shared with us in this survey, which was conducted nationwide, we hope to expand our collective knowledge of how gender-based violence, including economic abuse, intersects with survivors' experiences working in the GBV movement and with the support they provide to other survivors through their work.

We hope that the findings from this study illuminate the ideas and dreams of survivor service providers that can drive sustainable, meaningful, and impactful change in the movement to end GBV.

The body of this report presents tables of the quantitative data from the survey (e.g., demographic data; data about survivorship in the workplace and staff financial well-being; salary and benefits; funding and programming) and summaries of the qualitative data from open-ended survey questions, including direct quotes from survivors. FreeFrom plans to publish additional outputs and resources based on the data presented in this technical report in 2025.<sup>2</sup>

Survivor service providers shared these experiences with FreeFrom in 2022, as the COVID-19 pandemic waned. Since then, the GBV movement has faced many more challenges, including funding cuts, layoffs, rollbacks of protections and services for survivors in a moment of increased need, and more restrictive policy and operational environments. We recognize that, in this challenging moment, some of the reflections, experiences, and recommendations highlighted in this report may be received differently today than they would be received in 2022. Nevertheless, we concluded that it was still important to share this data with our communities, as it offers important insights for our movement's future. Our goal in sharing this data is to spark imagination and possibility for when and how our movement can rebuild—ideally doing so while prioritizing the economic well-being of all survivors.

To every survivor who participated in our Safety Fund, thank you for the time and energy you spent sharing your thoughts, ideas, and hopes with us.

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1 Kirkley Doyle, Pamela Guerra, and Sonya Passi, *Prioritizing Financial Security In The Movement To End IPV: A Roadmap*, FreeFrom, 2021, <https://bit.ly/PFS-report>.

2 FreeFrom, "Envisioning an Abundant Movement," July 25, 2025, [freefrom.org/envisioning-an-abundant-movement](https://freefrom.org/envisioning-an-abundant-movement).



# Demographics

## Age

Age Groups <sup>3</sup>	N	Percent
18-25	163	17.2%
26-34	442	46.7%
35-44	213	22.5%
45-54	85	9.0%
55+	43	4.5%
<b>Total</b>	<b>946</b>	<b>100.0%</b>



<sup>3</sup> Age groups were generated based on open-ended responses to the survey question “How old are you?” Brackets were determined based on: a) the fact that people under age 26 still qualify for their parents’ health insurance, and we wanted to disaggregate certain benefits questions based on access to benefits such as health insurance and b) generally accepted standards for age brackets.

## Gender and Sexuality

### 9. What is your gender? (Select all that apply to you.)

Gender	N	Percent (N=1059)
Woman	775	73.2%
Non-binary	99	9.3%
Femme	89	8.4%
Genderqueer	69	6.5%
Man	54	5.1%
I prefer not to say	47	4.4%
Gender non-conforming	44	4.2%
Gender fluid	41	3.9%
Masculine	19	1.8%
Questioning	13	1.2%
Intersex	11	1.0%
Agender	10	0.9%
Two-spirit	4	0.4%
I prefer to self-describe	4	0.4%



### 11. What is your sexuality? (Select all that apply to you.)

Sexuality	N	Percent (N=1043)
Queer	251	24.1%
Bisexual	234	22.4%
Pansexual	114	10.9%
Lesbian	44	4.2%
Asexual / Aromantic	34	3.3%
Questioning	30	2.9%
Gay	28	2.7%
Heterosexual / Straight	419	40.2%
I prefer not to say	69	6.6%
I don't know	24	2.3%
I prefer to self-describe	12	1.2%

### 10. Are you transgender?<sup>4</sup>

Response	N	Percent
No	822	77.3%
Yes	164	15.4%
I prefer not to say	77	7.2%
<b>Total</b>	<b>1063</b>	<b>100.0%</b>

<sup>4</sup> This section excludes responses to Question 10a ("Are you cisgender?"), because this question was only asked to folks who answered "No" to "10. Are you transgender?" and therefore does not give a stat for all cisgender folks in our sample. Moreover, due to sample size, we decided not to disaggregate by cisgender/transgender in our findings and are therefore excluding Q10a from our analysis overall.

## Race, Ethnicity, and Immigration Status

### 13. What is your race or ethnicity? (Select all that apply to you.)

Race / Ethnicity	N	Percent (N=1041)
Native Hawaiian or other Pacific Islander	5	0.5%
South West Asian or North African or Middle Eastern	28	2.7%
Indigenous or Native	67	6.4%
Asian or Asian American	79	7.6%
Hispanic or Latinx	239	23.0%
Black or African American	274	26.3%
White	454	43.6%
I prefer not to say	38	3.7%

### 16. Are you an immigrant to the United States?

Response	N	Percent
No	766	73.8%
Yes	192	18.5%
I prefer not to say	80	7.7%
<b>Total</b>	<b>1038</b>	<b>100.0%</b>

# Disability

## 17. Do you have a disability, or have a history / record of having a disability?

Response	N	Percent
No, I don't have a disability, or a history / record of having a disability	553	53.4%
Yes, I have a disability, or have a history / record of having a disability	320	30.9%
I'm not sure	84	8.1%
I prefer not to say	79	7.6%
<b>Total</b>	<b>1036</b>	<b>100.0%</b>

## Geography

4b. State	N	Percent
California	218	19.6%
New York	130	11.7%
Massachusetts	66	5.9%
Texas	65	5.8%
Michigan	58	5.2%
Minnesota	57	5.1%
Illinois	46	4.1%
Oregon	41	3.7%
Washington	37	3.3%
Pennsylvania	28	2.5%
Florida	22	2.0%
New Jersey	21	1.9%
Virginia	20	1.8%
Indiana	19	1.7%
Colorado	18	1.6%
Maryland	18	1.6%
Ohio	17	1.5%
Wisconsin	16	1.4%
Mississippi	15	1.3%
Nebraska	15	1.3%
North Carolina	14	1.3%
Oklahoma	14	1.3%
District Of Columbia	13	1.2%
Remaining states <sup>5</sup> (<1% or fewer than n=10 for each state)	147	13.2%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>

5 Includes all remaining states except for North Dakota, which was not represented in our sample.

## 20. How would you describe the area where you live?

Area	N	Percent
Urban, i.e., in a city	528	50.9%
Suburban, i.e., on the outskirts of a city	297	28.6%
Rural, i.e., outside a major metropolitan area	173	16.7%
I prefer not to say	40	3.9%
<b>Total</b>	<b>1038</b>	<b>100.0%</b>

## Housing

### 21. Which of the following best describes your current housing situation?

Housing Situation	N	Percent
Renting a room, house, or apartment	537	51.3%
Own / making mortgage payments on a house or condo	221	21.1%
Living with parents or family members	91	8.7%
An emergency or temporary shelter	53	5.1%
Moving between friends' and/or families' couches or spare rooms	48	4.6%
I prefer not to say	29	2.8%
Subsidized housing	25	2.4%
I have a different housing situation	18	1.7%
Unsheltered	17	1.6%
Transitional housing	6	0.6%
Living in a car	2	0.2%
<b>Total</b>	<b>1047</b>	<b>100.0%</b>

## Transportation

### 23. What is your current access to transportation? (Select all that apply.)

Transportation	N	Percent (N=1041)
I own / lease a car	705	67.7%
I have access to public transportation, but it is unsafe / difficult / time-consuming to use	150	14.4%
I have access to ride shares, e.g., Uber, Lyft	121	11.6%
I don't own / lease a car, but have access to one when I need it	105	10.1%
I have access to safe, reliable, and time-efficient public transportation	101	9.7%
I am able to access all my needs by walking or biking	53	5.1%
I prefer not to say	36	3.5%
I do not have easy access to safe, reliable, or time-efficient transportation	30	2.9%
Other	4	0.4%

## Education

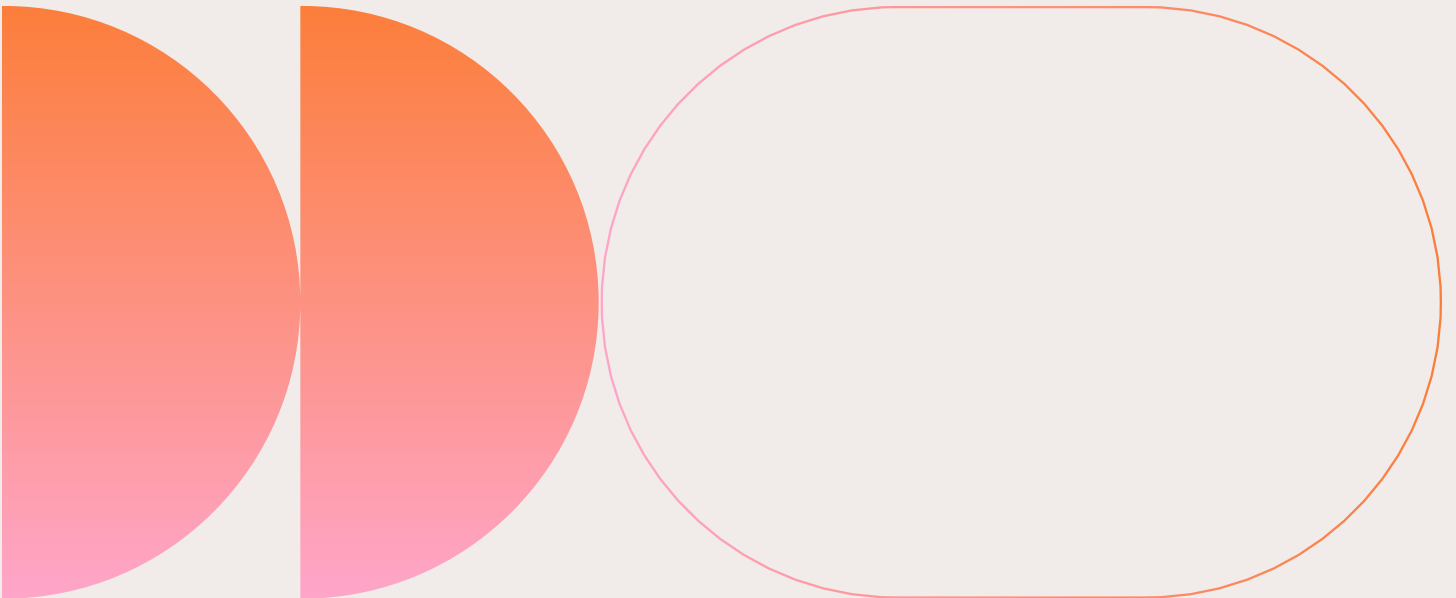
### 24. What is your educational background?

Education Background	N	Percent
Completed a bachelor's degree	343	32.8%
Completed a master's degree	251	24.0%
Attended some college, but did not complete a degree	140	13.4%
Graduated from high school or received GED	63	6.0%
Completed an associate degree	57	5.5%
I prefer not to say	56	5.4%
Completed a doctoral or professional degree	52	5.0%
Finished some high school	49	4.7%
Completed trade/technical/vocational training	22	2.1%
Completed an apprenticeship	9	0.9%
I have a different educational background	3	0.3%
<b>Total</b>	<b>1045</b>	<b>100.0%</b>

# 01

A Movement  
under Threat

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# 1. Salary, benefits, and well-being

## Employment context in the GBV movement

### a. Organizational characteristics

32. Which of the following best describes the agency or organization that employs you?<sup>6</sup>

Proxy variable	N	Percent	Survey answer choice or written-in response with an "Other" selection	N	Percent
DV direct service	367	32.9%	Domestic violence service agency	339	30.4%
			Family violence, family crisis, or family justice center	28	2.5%
GBV broadly direct service	367	32.9%	GBV service agency, e.g., Dual DV/SA, DV/SA/HT, all forms of GBV	174	15.6%
			Sexual assault service agency	94	8.4%
			Culturally or population-specific domestic and/or sexual violence services agency	33	3.0%
			Teen dating violence agency	28	2.5%
			Human trafficking service agency	27	2.4%
			Sexual / reproductive health or reproductive justice organization <sup>*7</sup>	4	0.4%
			University-based survivor services <sup>*</sup>	4	0.4%
			Child sexual abuse / trauma service organization <sup>*</sup>	3	0.3%

6 Five proxy variables were created for this question to assist with disaggregation of other data in the survey according to organization type. Existing answer choices and written-in responses where respondents selected "Other" are grouped according to the most relevant proxy variable.

7 Written-in responses are indicated with an asterisk (\*) in this column. All other responses were existing answer choices that survey-takers could select.

Proxy variable	N	Percent	Survey answer choice or written-in response with an “Other” selection	N	Percent
Other direct service	227	20.4%	Social services agency	49	4.4%
			Mental health and/or emotional well-being agency	40	3.6%
			Homeless or housing-insecurity services agency	35	3.1%
			Youth-serving agency	30	2.7%
			Pro-bono or low-cost legal aid organization	22	2.0%
			Community development agency	17	1.5%
			School/educational program, e.g., K-12, after-school, etc.	15	1.3%
			Community-based financial services organization	7	0.6%
			Hospital or other healthcare provider, including Federally Qualified Healthcare Center*	6	0.5%
			Community services / community violence prevention organization*	2	0.2%
			Clearinghouse for missing and exploited kids*	1	0.1%
			Foster care agency*	1	0.1%
			Public defenders office*	1	0.1%
			Refugee resettlement agency*	1	0.1%
Other	78	7.0%	LGBTQ+ center	35	3.1%
			Cultural center	18	1.6%
			Organization supporting system-impacted individuals	9	0.8%
			Organization supporting sex workers	5	0.4%
			Uncategorizable*	4	0.4%
			Multiple services*	3	0.3%
			Culturally specific community organization*	1	0.1%
			Organization supporting survivors of genocide*	1	0.1%
			Social enterprise*	1	0.1%
			Women’s and gender resource center*	1	0.1%
Policy / advocacy	76	6.8%	GBV advocacy organization/coalition, e.g., policy work, systems change, research	32	2.9%
			Organization working to end systemic oppression	12	1.1%
			Organization engaged in restorative justice	11	1.0%
			Policy/Advocacy organization	8	0.7%
			Disability rights organization	6	0.5%
			Housing justice agency	5	0.4%
			Victims’ rights / crime advocacy organization*	2	0.2%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>		<b>1115</b>	<b>100.0%</b>

### 33. How many staff work at your agency?<sup>8</sup>

Number of staff	N	Percent
1 to 19 (Small)	287	30.3%
20 to 49 (Medium)	353	37.3%
50 to 99 (Large)	186	19.6%
100+ (Extra large)	121	12.8%
<b>Total</b>	<b>947</b>	<b>100.0%</b>

### b. Position and employment type

#### 35. Which of the following best describes your position at this agency? ("Director" and "C-level" positions combined<sup>9</sup>)

Position	N	Percent
Direct-service / frontline staff / coordinator / navigator / associate / counselor / advocate	644	57.8%
Non-program staff, admin, receptionist, etc.	183	16.4%
Manager or Lead of a team	167	15.0%
Director AND C Level	121	10.8%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>

<sup>8</sup> Organization size groupings created based on open-ended responses to the survey question. Note that these values were reported on / estimated by survey respondents and are therefore approximate.

<sup>9</sup> Given that "C-level" respondents only comprise 2.4% (N=27), we combine "Director" and "C-level" in the remaining analyses in this report. This allows us to incorporate "C-level" respondents in our analyses in a more meaningful way and still makes sense in terms of how nonprofits are typically structured.

### 36. Which of the following best describes your employment type?

Employment Type	N	Percent
Full-time	817	73.3%
Part-time	186	16.7%
Temporary	29	2.6%
Contract	28	2.5%
Per-diem / on-call	27	2.4%
Seasonal	18	1.6%
I have a different employment situation	10	0.9%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>

## Income

Question 37 in the survey gave respondents the option to report how much money they make yearly or hourly pre-tax. In total, 739 survivors provided income data in response to this question. In this section, we include responses from the 624 survivors who reported that they work full-time and provided either their yearly or hourly pay. This is because we cannot calculate an estimate of yearly earnings for survivors who selected one of the following categories for their employment type: part-time, temporary, contract, per-diem / on-call, and seasonal (moreover, the N values for each of these were too small to be meaningful).

For respondents who indicated they work full-time and provided an hourly wage, we calculated their annual salary by multiplying the hourly wage reported by 40 hours/week, then by 52 weeks/year.

We further report on yearly earnings disaggregated by position type and organization type (only for direct service organizations due to sample size limitations). We do not report on yearly earnings by organization size because there were no meaningful distinctions or patterns in mean/median yearly earnings between organizations of different sizes. Furthermore, we do not report on yearly income data disaggregated by race/ethnicity or gender.<sup>10</sup>

<sup>10</sup> Because income levels vary significantly according to respondents' position in their organizations, in order to meaningfully compare income differences across demographic factors such as race/ethnicity and gender, it would be necessary to analyze income data within each individual position category. However, when we disaggregated data to this level, our sample sizes became too small for reliable comparison. We therefore do not report on any income data disaggregated by demographic categories.

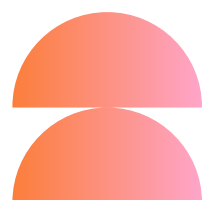
**Yearly earnings for full-time workers** (reported and hourly calculated)

<b>Full-time workers</b>	<b>Median</b>	<b>Mean</b>	<b>N</b>
I want to share how much I make in a year (reported yearly earnings)	\$51,250.00	\$54,145.93	410
I want to share how much I make in an hour (calculated yearly earnings)	\$41,600.00	\$43,347.78	214
<b>Total</b>	<b>\$47,000.00</b>	<b>\$50,442.72</b>	<b>624</b>

**Yearly earnings by position**

(reported and hourly calculated earnings combined; “Director” and “C Level” combined)

<b>Position</b>	<b>Median</b>	<b>Mean</b>	<b>N</b>
Non-program staff: admin, receptionist, etc.	\$41,800.00	\$47,519.09	34
Direct-service / frontline staff / coordinator / navigator / associate / counselor / advocate	\$43,680.00	\$46,480.16	414
Manager or Lead of a team	\$55,000.00	\$55,333.59	106
Director AND C Level	\$65,000.00	\$67,892.32	70
<b>Total</b>	<b>\$47,000.00</b>	<b>\$50,442.72</b>	<b>624</b>



### Yearly earnings (reported and hourly calculated) by position and organization type<sup>11</sup>

Position	Organization Type	Median	Mean	Minimum	Maximum	N
Non-program staff	DV direct service	\$38,000.00	\$40,697.42	\$33,150.00	\$52,561.60	11
	GBV broadly direct service	\$42,000.00	\$51,212.13	\$33,000.00	\$90,000.00	12
	Other direct service	\$49,396.00	\$51,058.00	\$37,440.00	\$68,000.00	4
Direct-service / frontline staff	DV direct service	\$41,600.00	\$42,525.05	\$5,000.00	\$70,500.00	150
	GBV broadly direct service	\$44,000.00	\$47,630.00	\$3,790.00	\$400,000.00	154
	Other direct service	\$49,000.00	\$49,836.70	\$20,000.00	\$83,000.00	79
Manager or Lead of a team	DV direct service	\$52,300.00	\$52,766.85	\$21,000.00	\$75,000.00	33
	GBV broadly direct service	\$51,542.40	\$53,978.93	\$29,000.00	\$90,000.00	41
	Other direct service	\$59,120.00	\$59,676.00	\$40,000.00	\$102,000.00	18
Director AND C Level	DV direct service	\$65,150.00	\$69,297.78	\$45,760.00	\$135,000.00	18
	GBV broadly direct service	\$65,000.00	\$66,119.48	\$36,000.00	\$109,990.40	32
	Other direct service	\$62,400.00	\$72,586.56	\$52,000.00	\$149,000.00	9

<sup>11</sup> Here, we only report on direct service organization types, as the N values are too small in the other organization types and positions to be able to meaningfully compare results. Nevertheless, caution should be taken when comparing direct-service yearly earnings across organization types because the sample sizes in some position categories are still on the small side. Moreover, we do not report on an aggregated total comparing yearly earnings by organization type because there is too much variation in the percentage compositions of different positions across organization types (e.g., disproportionate number of direct-service vs. managers).

## Additional Jobs

### 38. Do you need an additional job(s) to be in a financially good place?

Employment type	Yes	No	I prefer not to say	Total
Part-time	57.8% (100) <sup>12</sup>	12.1% (21)	30.1% (52)	100.0% (173)
Full-time	60.2% (488)	26.5% (215)	13.3% (108)	100.0% (811)
Contract	82.1% (23)	3.6% (1)	14.3% (4)	100.0% (28)
Seasonal	21.4% (3)	35.7% (5)	42.9% (6)	100.0% (14)
Temporary	53.8% (14)	19.2% (5)	26.9% (7)	100.0% (26)
Per-diem / on-call	76.9% (20)	0.0% (0)	23.1% (6)	100.0% (26)
I have a different employment situation	44.4% (4)	22.2% (2)	33.3% (3)	100.0% (9)
<b>Total</b>	<b>60.0% (652)</b>	<b>22.9% (249)</b>	<b>17.1% (186)</b>	<b>100.0% (1087)</b>

### 39. Does your current job give you the flexibility to take on an additional job?

\*only asked if response to “38. Do you need an additional job(s) to be in a financially good place?” was “Yes.”

Response	N	Percent
Yes	364	56.2%
No	229	35.3%
I prefer not to say	55	8.5%
<b>Total</b>	<b>648</b>	<b>100.0%</b>

<sup>12</sup> Percentages reflect the percentage within the employment type. N values are provided in parentheses.

## Qualitative Data Insight

Over **60%** of respondents working full-time said they needed an additional job to be in a **financially good place**. Survivors shared more about their experiences working multiple jobs and the toll that this takes on them in several open-ended questions in the survey.<sup>13</sup>

A number of respondents shared that they **have to take on additional jobs simply to make ends meet**, let alone to be in a “financially good place.” This often meant trading out time for rest and meaningful connection with family and friends. It also led to **negative impacts on physical and mental health**.



I'd like to be able to afford necessities without working multiple jobs, but I am not [able to]. Working more than one job takes away time from myself and my family.

I literally just work 12/18 hour days 7 days a week between both jobs and a little side hustle and I literally never have time to do anything else other than a quick shower and sleep.

I have to work an additional job delivery driving in my free time, which impacts my physical health and triggers health complications due to my disability.

A couple participants explicitly shared that they struggle with **low energy** as a result of working **long hours to make ends meet**.

I have another job so I can pay my bills and I work 70 hours a week. I feel like I never am able to show up for anyone the way that I want.

It's difficult to do work that is so emotionally demanding and not be paid enough. I often have to go out and do gig work afterwards (DoorDash, Uber, etc.) but find it difficult to have the energy or bandwidth to follow through. So I end up in a cycle of financial struggle and low energy.

<sup>13</sup> These questions included the following:

42a. How does your salary/wage impact your desire and/or ability to continue working at this agency?;

43. If you are comfortable, could you share a time where you felt like your wages impacted your ability to support a survivor? To help bring up a memory, think about an incident or a moment where you thought, *I am not getting paid enough for doing this work*, or a time when you thought, *I am so happy I get paid enough to do this work*, and what happened to lead you to that thought;

44. How do your wages impact your life outside of work? It may be helpful to think about your family, trips you want or need to take, medical care you want/need to seek, something you really want or need to buy, etc.



Many emphasized that this **workload is not sustainable long-term.**

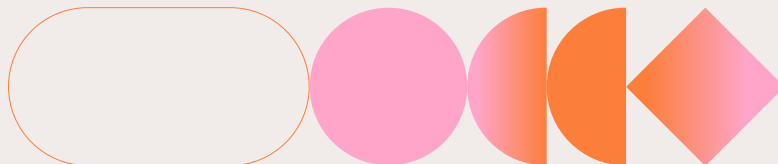
I am struggling financially because I don't make enough without going into more debt. I have taken on side jobs that are short-term/temporary to help but eventually I will need to find a way to make more money consistently.

Eventually I will have to look for work that pays more as I cannot afford living on my own. I love where I work but my health and mental health will not allow me to work 2 jobs forever.

For others, **even with two or more income sources**, they still reported challenges **paying their bills** or making **difficult decisions** regarding their own health and well-being.

I have to work 2 jobs in order for me to take care of my needs: food, bills, medication, etc. Sometimes, it feels like it is not enough.

For more information on the factors that determine staff salaries, see the later section in this report on "Practices for determining salaries."



## Benefits

### Health benefits offered

60a. Medical	N	Percent
Employer offers this but I pay a portion of my premium	468	45.8%
100% employer-covered medical insurance	200	19.6%
My employer does not offer me medical benefits	133	13.0%
I prefer not to say	130	12.7%
Employer offers this but I pay fully for my entire premium	90	8.8%
<b>Total</b>	<b>1021</b>	<b>100.0%</b>

Medical benefits by employment type	100% employer-covered medical insurance	I pay a portion of my premium	I pay fully for my entire premium	My employer does not offer me medical benefits	I prefer not to say	Total
Part-time	6.1% (9) <sup>14</sup>	21.1% (31)	9.5% (14)	36.1% (53)	27.2% (40)	100.0% (147)
Full-time	23.4% (185)	53.7% (424)	9.0% (71)	5.7% (45)	8.2% (65)	100.0% (790)
Contract	4.0% (1)	12.0% (3)	0.0% (0)	64.0% (16)	20.0% (5)	100.0% (25)
Seasonal	9.1% (1)	0.0% (0)	27.3% (3)	0.0% (0)	63.6% (7)	100.0% (11)
Temporary	11.8% (2)	17.6% (3)	0.0% (0)	23.5% (4)	47.1% (8)	100.0% (17)
Per-diem / on-call	8.3% (2)	8.3% (2)	8.3% (2)	58.3% (14)	16.7% (4)	100.0% (24)
I have a different employment situation	0.0% (0)	71.4% (5)	0.0% (0)	14.3% (1)	14.3% (1)	100.0% (7)
<b>Total</b>	<b>19.6% (200)</b>	<b>45.8% (468)</b>	<b>8.8% (90)</b>	<b>13.0% (133)</b>	<b>12.7% (130)</b>	<b>100.0% (1021)</b>

<sup>14</sup> Percentages reflect the percentage within the employment type (e.g., part-time, full-time). N values are provided in parentheses.

<b>60b. Dental</b>	<b>N</b>	<b>Percent</b>
Employer offers this but I pay a portion of my premium	419	41.8%
My employer does not offer me dental benefits	175	17.5%
100% employer-covered dental insurance	174	17.4%
I prefer not to say	130	13.0%
Employer offers this but I pay fully for my entire premium	104	10.4%
<b>Total</b>	<b>1002</b>	<b>100.0%</b>

<b>Dental benefits by employment type</b>	<b>100% employer-covered medical insurance</b>	<b>I pay a portion of my premium</b>	<b>I pay fully for my entire premium</b>	<b>My employer does not offer me medical benefits</b>	<b>I prefer not to say</b>	<b>Total</b>
Part-time	5.8% (8) <sup>15</sup>	15.8% (22)	6.5% (9)	43.9% (61)	28.1% (39)	100.0% (139)
Full-time	20.7% (161)	49.0% (382)	12.1% (94)	10.0% (78)	8.2% (64)	100.0% (779)
Contract	4.0% (1)	8.0% (2)	0.0% (0)	60.0% (15)	28.0% (7)	100.0% (25)
Seasonal	0.0% (0)	27.3% (3)	9.1% (1)	9.1% (1)	54.5% (6)	100.0% (11)
Temporary	11.8% (2)	11.8% (2)	0.0% (0)	23.5% (4)	52.9% (9)	100.0% (17)
Per-diem / on-call	4.2% (1)	20.8% (5)	0.0% (0)	58.3% (14)	16.7% (4)	100.0% (24)
I have a different employment situation	14.3% (1)	42.9% (3)	0.0% (0)	28.6% (2)	14.3% (1)	100.0% (7)
<b>Total</b>	<b>17.4% (174)</b>	<b>41.8% (419)</b>	<b>10.4% (104)</b>	<b>17.5% (175)</b>	<b>13.0% (130)</b>	<b>100.0% (1002)</b>

<sup>15</sup> Percentages reflect the percentage within the employment type (e.g., part-time, full-time). N values are provided in parentheses.

<b>60c. Vision</b>	<b>N</b>	<b>Percent</b>
Employer offers this but I pay a portion of my premium	381	37.8%
My employer does not offer me vision benefits	217	21.5%
100% employer-covered dental insurance	164	16.3%
I prefer not to say	136	13.5%
Employer offers this but I pay fully for my entire premium	109	10.8%
<b>Total</b>	<b>1007</b>	<b>100.0%</b>

<b>Vision benefits by employment type</b>	<b>100% employer-covered medical insurance</b>	<b>I pay a portion of my premium</b>	<b>I pay fully for my entire premium</b>	<b>My employer does not offer me medical benefits</b>	<b>I prefer not to say</b>	<b>Total</b>
Part-time	5.7% (8)	16.3% (23)	8.5% (12)	42.6% (60)	27.0% (38)	100.0% (141)
Full-time	19.3% (151)	44.3% (347)	12.1% (95)	15.3% (120)	9.1% (71)	100.0% (784)
Contract	8.0% (2)	8.0% (2)	0.0% (0)	56.0% (14)	28.0% (7)	100.0% (25)
Seasonal	0.0% (0)	0.0% (0)	11.1% (1)	22.2% (2)	66.7% (6)	100.0% (9)
Temporary	11.1% (2)	16.7% (3)	0.0% (0)	22.2% (4)	50.0% (9)	100.0% (18)
Per-diem / on-call	0.0% (0)	16.7% (4)	4.2% (1)	62.5% (15)	16.7% (4)	100.0% (24)
I have a different employment situation	16.7% (1)	33.3% (2)	0.0% (0)	33.3% (2)	16.7% (1)	100.0% (6)
<b>Total</b>	<b>16.3% (164)</b>	<b>37.8% (381)</b>	<b>10.8% (109)</b>	<b>21.5% (217)</b>	<b>13.5% (136)</b>	<b>100.0% (1007)</b>

### 61. Are you able to access health benefits for your family (spouse/children/other dependents) through your job?

<b>Response</b>	<b>N</b>	<b>Percent</b>
Yes, but I have to pay a portion of their coverage	337	33.3%
Yes, but I have to pay their coverage in full	229	22.7%
No	224	22.2%
I prefer not to say	187	18.5%
Yes, my employer pays 100% of their coverage	34	3.4%
<b>Total</b>	<b>1011</b>	<b>100.0%</b>

**62. If you choose to decline health coverage through your employer (whether it be for yourself or your family/dependents), can you tell us why and how that impacts your ability to seek medical care?**

Respondents answered this open-ended question in a variety of ways.<sup>16</sup> Survivors mainly talked about 1) their **reasons for declining coverage** and 2) the **impacts of declining coverage**. Several also discussed **specific needs that are not met** through their employer's health insurance plans.

Some respondents noted reasons for declining coverage that can apply universally and are not necessarily specific to the experiences of survivors working in the GBV movement. These included:

- Having insurance through a spouse or partner
- Being under 26 years old and still having access to parents' health insurance
- Working part-time and not being eligible for benefits

More **specific reasons for declining health insurance** included:

- **Lack of access / eligibility** (n=31)
  - Agency doesn't offer health insurance
  - Haven't worked at the agency long enough to be eligible for health coverage
  - Ineligible for health coverage due to immigration status
- **Expense** (n=108)
  - Not being able to afford it, either for self or for family / dependents
    - One respondent shared it would "cost my entire paycheck for coverage"
  - Cheaper to pay out-of-pocket than to pay premiums
- **Quality** (n=29)
  - Able to access better (but more expensive) insurance on their own
  - Employer health insurance is not comprehensive (e.g., doesn't cover medications)
  - Employer constantly changes health insurance companies, leading to unstable care
- **Available or preferable alternatives** (n=109)
  - Eligibility for public health insurance programs (e.g., Medicaid, state program, tribal program) for self or dependents
  - Health care coverage available through a second job
  - Preference for natural healing modalities

<sup>16</sup> Responses that indicated that the survivor did not decline health coverage through their employer but faced a number of financial and care challenges despite having health insurance through their employer were excluded from analysis, since these did not directly answer the question asked.

The **impacts of declining employer health insurance coverage were overwhelmingly negative**. These included:

- **Care access impacts for self and family (n=52)**
  - Survivors only access healthcare through urgent care or emergency room visits
  - Survivors are unable to seek needed care or have their medical needs met; they often avoid going to the doctor
  - Survivors can't access vision or dental care
  - Survivors are unable to access preventative care or medications
  - Self, family, or children are uninsured
- **Quality of care impacts (n=10)**
  - Care is limited, not comprehensive, and not trauma-informed
  - Lack of quality care for partner and/or dependent children
  - Unable to seek gender-affirming care
- **Financial impacts (n=26)**
  - Lack of health insurance coverage means having to pay for care out-of-pocket
  - Lack of coverage means survivors can't afford or have difficulty affording the cost of healthcare, especially premiums and copays
  - Survivors are forced to stay in poverty just so they can access Medicaid

## Qualitative Data Insight

Participants described how **low pay leads to healthcare challenges** for themselves and their families, **regardless of whether or not they have health insurance**.<sup>17</sup> The most common challenge was an **inability to seek care or a delay in seeking care for medical, dental, and vision needs**. Even with insurance, many respondents highlighted that copayments, deductibles, and medications are still unaffordable. For others, their insurance may not cover the health services that they need. For some, these challenges were compounded by **not having the necessary paid time off or sick leave to attend appointments**.



The health insurance benefits of the agency is a joke; we have it just to have coverage but when it comes to medical care, there is so much out of pocket that I end up avoiding it because my wages cannot support the care that I need.

I needed to get braces and other orthodontic work done to repair damage to my jaw inflicted by the person who assaulted me. There was no way for me to fund this with my wages.

Participants with **chronic illnesses described specific challenges** accessing medical care:

I can't ever give my body the rest it needs for my chronic illnesses. For example, I need surgery soon, and I have no time off because I don't get paid time off. I can't get the medical care I need, afford necessary transportation, pay bills on time.

I struggle with TMJ, an autoimmune disorder that causes intense pain in my joints. And it feels at times I'm very trapped in my body. Some of the best ways to treat and care for the physical pain of TMJ are acupuncture, physical therapy, and massage therapy. All of those cost money and I am not able to pay for that. So [I] just live with the pain and often cope in unhealthy ways in order to manage the pain.

Other respondents described being **unable to afford gender-affirming care and surgeries** due to low pay and a lack of coverage.

I would love to save up enough money for gender-affirming surgeries and to see a trauma specialist. I cannot afford either of these with my wages. I can barely stay on top of car repairs and unexpected expenses.

Numerous respondents also described how **low wages impede their ability to seek therapy, healing, and well-being services** given high copayments or no coverage for mental health services (“One hour of therapy costs about 3 hours of wages, after taxes”).

<sup>17</sup> In response to questions related to the impacts of insufficient wages and benefits on survivor staff and survivor clients in the application survey (Questions 42a, 43, 44).

## Retirement benefits offered<sup>18</sup>

### 63. Does your agency offer a 401k, 403b, or other retirement plan?

Response	N	Percent
Yes	564	55.8%
No	242	23.9%
I prefer not to say	205	20.3%
<b>Total</b>	<b>1011</b>	<b>100.0%</b>

## Paid time off<sup>19</sup>

### 64. Which of the following paid time off does your workplace provide? (Check all that apply.)

Paid time off provided by workplace	N	Percent (N=1010)
Paid vacation days	702	69.5%
Paid sick days	636	63.0%
Paid family/parental leave	291	28.8%
I prefer not to say	144	14.3%
My employer does not offer me any paid time off	94	9.3%

<sup>18</sup> A question about the percentage of employer match for retirement plans (Q63a) was asked, but the number of responses that can be considered outliers (i.e., extreme values that differ from most other data points in a dataset and can skew statistical analyses) are a large portion of the data, so this data has been left out of this report.

<sup>19</sup> Additional questions about PTO days (Q64a-c) were asked, but because of the way the questions were framed, we are unable to report on paid sick, vacation, and parental leave, so this data has been left out of this report.

## Additional benefits offered

65. Does your agency offer any additional benefits to you? (Select all that apply to you.)

Additional benefits offered by agency	N	Percent (N=984)
Employee assistance program (EAP)	300	30.5%
My agency does not offer any of the above	238	24.2%
Health savings account (HSA)	222	22.6%
Flexible spending account (FSA)	204	20.7%
Bonuses	140	14.2%
Paid for time spent on-call	128	13.0%
I prefer not to say	103	10.5%
Wellness stipend	73	7.4%
Dependent care flexible spending account (DCFSA)	53	5.4%
Other	30	3.0%

## Financial well-being

### CFPB Financial Well-being Scores

CFPB Financial Well-being Score (Overall Scores)<sup>20</sup>  
(Valid N=881)

Statistical measure	Financial Well-being Score
Mean	41.78
Median	42.00
Minimum	14.00
Maximum	81.00

<sup>20</sup> The CFPB Financial Well-being Scale uses score ranges to help determine if someone has high, medium, or low levels of financial well-being (Consumer Financial Protection Bureau (CFPB), *Getting started with measuring financial well-being: A toolkit for financial educators* (Bureau of Consumer Financial Protection, 2019), 15, [https://files.consumerfinance.gov/f/documents/cfpb\\_financial-well-being\\_toolkit.pdf](https://files.consumerfinance.gov/f/documents/cfpb_financial-well-being_toolkit.pdf)). These ranges are Very Low (0–29), Low (30–37), Medium Low (38–49), Medium High (50–57), High (58–67), and Very High (68–100). Some of the examples the CFPB uses to characterize the general financial conditions in each range include the following: 1) In the Very Low range, almost all individuals (96%) find it somewhat or very difficult to make ends meet; 2) In the Medium Low range, 80% find it somewhat or very difficult to make ends meet; and 3) In the Very High range, 80% have \$10,000 or more in liquid savings.

**CFPB Financial Well-being Score (Categorical groupings)**

<b>Score range</b>	<b>N</b>	<b>Percent</b>
Very low 0-29	110	12.5%
Low 30-37	197	22.4%
Medium low 38-49	372	42.2%
Medium high 50-57	142	16.1%
High 58-67	45	5.1%
Very high 68-100	15	1.7%
<b>Total</b>	<b>881</b>	<b>100.0%</b>

**Financial Knowledge**

**21. Please select the extent to which the following statements are true for you. I have a good understanding of . . .**

**21a. How to review and understand my credit report and credit history**

<b>Response</b>	<b>N</b>	<b>Percent</b>
True	92	31.1%
Somewhat true	91	30.7%
Very true	85	28.7%
Not true	28	9.5%
<b>Total</b>	<b>296</b>	<b>100.0%</b>

**21b. How to improve my credit rating**

<b>Response</b>	<b>N</b>	<b>Percent</b>
Somewhat true	102	34.6%
True	100	33.9%
Very true	52	17.6%
Not true	41	13.9%
<b>Total</b>	<b>295</b>	<b>100.0%</b>

**21c. What to expect if I try to get a loan**

<b>Response</b>	<b>N</b>	<b>Percent</b>
Somewhat true	108	36.7%
True	82	27.9%
Not true	58	19.7%
Very true	46	15.6%
<b>Total</b>	<b>294</b>	<b>100.0%</b>

**21d. What community resources and public benefits are available**

<b>Response</b>	<b>N</b>	<b>Percent</b>
Somewhat true	113	38.7%
True	73	25.0%
Not true	71	24.3%
Very true	35	12.0%
<b>Total</b>	<b>292</b>	<b>100.0%</b>

**21e. How to get financial and legal assistance through local resources**

<b>Response</b>	<b>N</b>	<b>Percent</b>
Somewhat true	102	35.1%
True	86	29.6%
Not true	68	23.4%
Very true	35	12.0%
<b>Total</b>	<b>291</b>	<b>100.0%</b>

**21f. Planning for retirement and the different types of available plans**

<b>Response</b>	<b>N</b>	<b>Percent</b>
Somewhat true	130	44.5%
Not true	111	38.0%
True	34	11.6%
Very true	17	5.8%
<b>Total</b>	<b>292</b>	<b>100.0%</b>

**21g. How to invest in my savings through things like savings bonds, mutual funds, and stocks**

<b>Response</b>	<b>Freq.</b>	<b>Percent</b>
Not true	161	55.1%
Somewhat true	95	32.5%
True	19	6.5%
Very true	17	5.8%
<b>Total</b>	<b>292</b>	<b>100.0%</b>

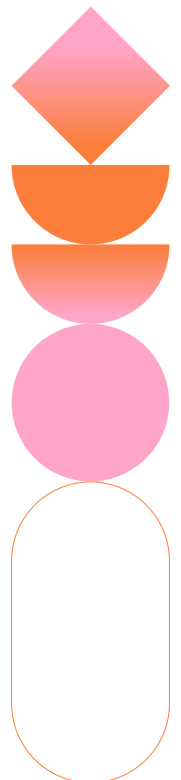
**21h. How to identify joint financial responsibilities and assets**

<b>Response</b>	<b>N</b>	<b>Percent</b>
Not true	136	46.9%
Somewhat true	108	37.2%
True	29	10.0%
Very true	17	5.9%
<b>Total</b>	<b>290</b>	<b>100.0%</b>

## Financial Worries

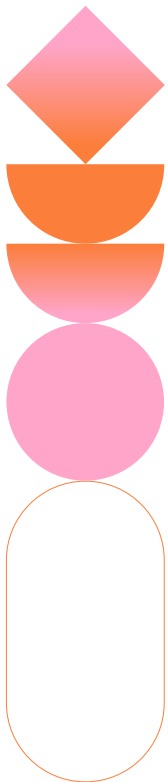
48. How many hours during an average work week do you spend thinking or worrying about your personal finances? (N=1113)

Statistical measure	Hours per work week
Mean	21.93
Median	14.00
Minimum	0.00
Maximum	168.00



## Top Costs and Needs<sup>21</sup>

Top Costs <sup>22</sup>	N	Percent (N=311)
Housing costs	183	58.8%
Loan payments	123	39.5%
Food	90	28.9%
Transportation costs	86	27.7%
Mental health costs	81	26.0%
Building up savings	68	21.9%
Health costs	64	20.6%
Utility bills/arrears	62	19.9%
Personal items	35	11.3%
Household items	32	10.3%
Other bills	26	8.4%
Insurance payments	25	8.0%
Professional development	17	5.5%
Education/Academic costs	15	4.8%
Technology	13	4.2%
Legal fees and costs	11	3.5%
Childcare	11	3.5%
Moving expenses	11	3.5%
Pet care	11	3.5%
Children's items	10	3.2%
Expenses that resulted from harm	7	2.3%
Other	4	1.3%
None of the above	2	0.6%



<sup>21</sup> These questions were asked in the follow-up survey.

<sup>22</sup> While this question asked about the "top 3 costs," a large percentage of respondents selected either fewer or more than three answer choices for their "top 3 costs." Therefore, we report these results as "top costs" only.

Top Needs <sup>23</sup>	N	Percent (N=308)
Cash to spend as you need	207	67.2%
Access to mental health services	106	34.4%
Credit building	83	26.9%
Friends and community	82	26.6%
Financial counseling	74	24.0%
Access to medical/healthcare	62	20.1%
Access to safe housing	48	15.6%
A safe job	33	10.7%
Access to legal support	22	7.1%
Help protecting your assets from a harm-doer who is monitoring, controlling, or restricting your access to your bank account, cash, savings, etc.	15	4.9%
Support disputing/dealing with debt that was taken on by a partner/harm-doer/family member without your knowledge or consent	15	4.9%
Other	14	4.5%
None of the above	10	3.2%
Access to a safe bank account that is protected from a harm-doer	6	1.9%
I prefer not to say	5	1.6%
Access to a shelter	3	1.0%

*While survivors in our sample are all employed as service providers, this data on survivors' top costs and needs is remarkably similar to data FreeFrom has collected from other Safety Fund surveys with diverse groups of survivors, employed and unemployed. For example, in our most recent report, housing costs were also the top cost that survivors needed support with.<sup>24</sup> Food, utilities, and transportation costs also regularly appear as top costs. Similarly, in our most recent report, 73% of survivors reported that their top need was cash to spend as they see fit.*

<sup>23</sup> Similar to the "top costs" question, this question asked about "top 3 needs," but the majority of respondents selected more or fewer than three responses.

<sup>24</sup> See FreeFrom, *Support Every Survivor: How Race, Ethnicity, Gender, Sexuality, and Disability Shape Survivors' Experiences and Needs*, 2022, 86-88, <https://www.freefrom.org/wp-content/uploads/2025/01/Support-Every-Survivor-PDF.pdf>.

## Qualitative Data Insight

In response to open-ended survey questions, survivors described how their low salaries leave them **struggling to afford the cost of living or to get ahead**.<sup>25</sup> Financial precarity can leave some survivors **dependent** on someone they do not want to be in a relationship with, including harm-doers, and leaves many **unable to care for their families** and questioning whether they can continue working in this field.



I find myself sometimes stressing over finances and the inability to live comfortably only on my wage while managing debts and trying to get ahead and secure my financial future and goals. I have considered the fact that I may be unable to sustain working in the nonprofit realm in order to do these things.

### Unable to afford basic necessities

Many respondents shared that they are **unable or struggling to afford basic necessities**, including housing, transportation, food, clothing, household items, and utilities.

I have no money. We are barely surviving. We eat from the food bank. . . . We are barely making ends meet, every single month we are barely making it. I have student debt that I haven't even started paying. Our apartment (neighborhood as well) is incredibly unsafe, the other day my husband and I found squatters smoking crack in our basement. We have woken up to a police officer pointing a gun in our window because another [apartment] in our building reported a break-in. It is incredibly unsafe but we have been unable to get a mortgage because of our current financial situation. It is very hard.

I can't afford to buy a car, gas, or insurance. Transportation is tough. I can't afford to use my insurance because there is also a co-pay. I get a good amount of time off, but I can't afford to go anywhere for vacation. I can't afford to legally change my name or get top surgery. I don't have savings. I stress if I forget to pack a lunch and have to eat out.



<sup>25</sup> In response to questions related to the impacts of insufficient wages and benefits on survivor staff and survivor clients in the application survey (questions 42a, 43, 44).

Other respondents described needing to **make trade-offs between different needs** or to **borrow money** to make ends meet.



At times I have to pick and choose what I will spend my paycheck on because of the inadequate pay and high debt amount. I have often missed payment deadlines on credit card bills or student loan repayment bills.

I borrow money every week. [I am] constantly navigating personal debts, credit card debts, collections, working 4 jobs, [and] working nights and weekends to keep up with everything.

A number of participants noted they **would not be able to afford basic necessities on their own**, making them **financially reliant** on partners, family members, or housemates, including individuals they no longer want to be in a relationship with.

I will never be able to support myself without living with family or having a roommate.

I am financially dependent on a man I no longer want to be in a relationship with, but am tied to his health insurance and don't qualify for my own, so I am economically unfree. I fear I won't be able to pay my own rent, my student loans, or become financially independent.

I am fortunate enough to have a spouse who has an income that covers our cost of living – but as a survivor of GBV and working with survivors, it makes me very uncomfortable to solely rely on my partner's income. Although we have a very healthy marriage, the thought of not being able to survive on my own if we were to divorce makes me anxious and upset.



## Beyond basic necessities

The majority of respondents shared that they are unable to afford anything beyond basic necessities. Many survivor service providers highlighted that they have **very limited or no funds for leisure, travel, fun, joy, or self-care** after meeting their basic needs. A number of participants noted they are **unable to visit family** as much as they would like to or to travel in general as a result of not making enough money.



**My family does not live nearby, therefore I have to travel to another state to visit them. With not being able to take time off as well as not having the ability to afford travel expenses, it makes it incredibly hard to see my family or even just take a vacation for my mental health.**

Others described **not being “...able to pursue the things that would make my family and myself happiest,”** including going out with friends, gym memberships, or hobbies.

Respondents also shared needing to be on a **strict budget** and **living paycheck to paycheck** due to low wages, often having to take on **credit card debt** to make ends meet. Most of their income goes to housing, childcare, family expenses, and medical bills, leaving little funds for anything else.

**As a person living alone in an apartment, it is pretty hard to make it. People often think I make a lot but rent takes up a whole paycheck. Utility bills, insurance, gas, internet, groceries, school loans, etc. take up the other check, so I am barely making it.**

**I live hand to mouth. I need to max out credit cards and get into debt if I want to travel or need major auto repairs.**

**I am having to live paycheck to paycheck or rely on credit cards to make it through until the next pay day.**

**It is a constant battle to make sure all of the bills are paid because of the debt I had to take on to safely flee from an abusive marriage. This means that I am often looking towards stretching dollars and [am] no longer able to do things that bring me joy, even small vacations or treats with my son, because there is very little money to save or spend on extras. As a director, people assume my salary should make it so I live comfortably, and I'm grateful for what I have, but after 20 years of working [in] this field and dedicating my life I still feel like my life is paycheck to paycheck.**

## Unable to provide for families

Some participants shared that they have to **delay or are stressed about starting or expanding their family due to low wages**.



I was thinking about having a baby and have delayed my plans to grow my family mostly due to the inability to financially support myself let alone a baby. Also my org doesn't offer any family/maternity leave. I am certain I will have to leave this organization officially when I revisit the idea of growing my family.

My wage is livable, but I am not able to save money or pay off credit card debt. I would want a job that has a higher salary to be able to make meaningful changes to my life. I would like to have kids in a few years, and I wouldn't feel financially stable to do so at my position now. In addition, I feel that the difficult work I do and the energy I put into it is not reflected in the pay.

Others shared that they are **unable to afford daycare and extracurriculars or to spend quality time with their children**.

I am a single parent of three kids and it's been very difficult to provide for them without working outside jobs. This has taken me away from doing things with my kids.

Other respondents shared that it is **impossible or difficult to provide for their family with their wages**, while some explained that **low wages create financial dependence on someone else**, and, at times, their harm-doers.

I do not make enough money to support my family. If I did not have a partner who makes more money than I do I am unsure how I would care for my family. I live with the mentality that I am one paycheck away from being homeless.

I can't buy everything I want for my daughter. It also forces me to rely more on her father, my abuser.

## Debt

### 19. Do you have credit card debt or student loans?

Response	N	Percent
Yes	246	79.4%
No	38	12.3%
I prefer not to say	26	8.4%
<b>Total</b>	<b>310</b>	<b>100.0%</b>

Statistical measure	Credit card debt (N=219)	Student loans (N=210)
<b>Mean</b>	\$6,916.67	\$59,120.00
<b>Median</b>	\$5,000.00	\$41,000.00
<b>Minimum</b>	\$0.00	\$0.00
<b>Maximum</b>	\$55,000.00	\$650,000.00

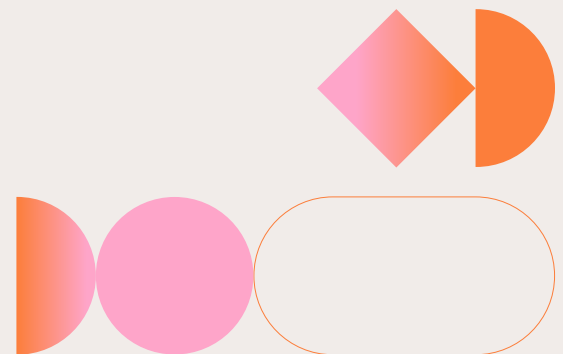
## Qualitative Data Insight

Survivors described how low wages make it **difficult or impossible to pay off debt**, including student loans, medical bills, and credit card debt.<sup>26</sup>



I have student loans and credit card debt so I feel like I am constantly struggling, despite having what feels like a reasonable wage for my area.

I have over \$15k in credit card debt because I don't make enough money to cover both day to day things and emergencies. I am truly living paycheck to paycheck and it's only getting tougher. I haven't been to a doctor in over 6 years, the dentist in way longer than that. I have not been able to visit my family (in my home state) in over 8 years and do not know how I'd be able to do so if an emergency were to occur. I am not able to properly care for my aging pet and it is absolutely killing me, so much so that I've considered (in stressful moments) if I should give her [away] so that she may be able to receive better care as she ages. If I need or want to purchase something, it almost always has to go on a credit card.



<sup>26</sup> In response to questions related to the impacts of insufficient wages and benefits on survivor staff and survivor clients in the application survey (Questions 42a, 43, 44).

## Savings

### 20. How much do you have in savings that you alone can safely access?

Amount in savings	N	Percent
\$0- \$99	110	35.8%
\$100-\$299	42	13.7%
\$300-\$499	24	7.8%
\$500-\$999	27	8.8%
\$1,000-\$2,999	28	9.1%
\$3,000-\$4,999	13	4.2%
\$5,000-\$9,999	17	5.5%
\$10,000+	17	5.5%
I prefer not to say	29	9.4%
<b>Total</b>	<b>307</b>	<b>100.0%</b>

## Qualitative Data Insight

Many respondents shared that it is **difficult to save or plan for the future** given their low wages. Some participants shared that they have **little or no money for emergencies**, while others shared that they are unable to invest and worry about not having enough retirement savings.<sup>27</sup>



**Hard to save and feel secure for the future.**

**I am not able to save money. I basically live a little bit more than paycheck to paycheck.**

**I worry constantly about having sufficient savings in the event of an emergency, I do not make enough to own a home in this area, I am not able to afford self care practices I would enjoy.**

This finding aligns with results from previous Safety Funds FreeFrom has conducted, where survivors report having, on average, \$10 in savings.<sup>28</sup>



<sup>27</sup> In response to questions related to the impacts of insufficient wages and benefits on survivor staff and survivor clients in the application survey (Questions 42a, 43, 44).

<sup>28</sup> FreeFrom, *Support Every Survivor*, 50.

## Overall staff well-being

### Self-care

41. Please select the extent to which you agree or disagree with the statements below.<sup>29</sup>

41a. As circumstances change, I make the needed adjustments to stay healthy

Response	N	Percent
Strongly agree OR Agree	800	71.7%
Disagree OR Strongly disagree	315	28.3%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>

41b. I often lack energy to care for myself in the way that I know I should

Response	N	Percent
Strongly agree OR Agree	842	75.5%
Disagree OR Strongly disagree	273	24.5%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>

41c. I look for better ways to take care of myself

Response	N	Percent
Strongly agree OR Agree	950	85.2%
Disagree OR Strongly disagree	165	14.8%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>

41d. When needed, I manage to take time to care for myself

Response	N	Percent
Strongly agree OR Agree	719	64.5%
Disagree OR Strongly disagree	396	35.5%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>

<sup>29</sup> During analysis, the response choices "Strongly Agree" and "Agree" were combined, as were "Strongly Disagree" and "Disagree."

**41e. I rarely have time to care for myself**

<b>Response</b>	<b>N</b>	<b>Percent</b>
Strongly agree OR Agree	632	56.7%
Disagree OR Strongly disagree	483	43.3%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>

**41f. I routinely take measures to ensure the safety of myself and my family**

<b>Response</b>	<b>N</b>	<b>Percent</b>
Strongly agree OR Agree	948	85.0%
Disagree OR Strongly disagree	167	15.0%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>

**41g. I seek help when I am unable to care for myself**

<b>Response</b>	<b>N</b>	<b>Percent</b>
Strongly agree OR Agree	769	69.0%
Disagree OR Strongly disagree	346	31.0%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>

**41h. I am not always able to care for myself in a way I would like**

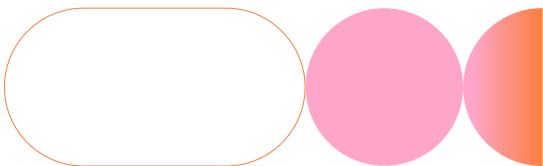
<b>Response</b>	<b>N</b>	<b>Percent</b>
Strongly agree OR Agree	867	77.8%
Disagree OR Strongly disagree	248	22.2%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>

## Perceptions and impacts of pay and benefits

40. Please select the extent to which you agree or disagree with the statements below.<sup>30</sup>

40a. My organization pays me what I'm worth

Response	N	Percent
Strongly agree OR Agree	403	36.1%
Disagree OR Strongly disagree	712	63.9%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>



<sup>30</sup> During analysis, the response choices "Strongly Agree" and "Agree" were combined, as were "Strongly Disagree" and "Disagree."

## Qualitative Data Insight

Survivors highlighted how **low pay affects their sense of self-worth** and makes them feel **overworked, undervalued, and underpaid**.<sup>31</sup>



It makes me feel unappreciated and makes me question my self worth.

Makes me feel disregarded, discarded, and frustrated – it is the antithesis of the very values we supposedly stand by (social justice, housing for all, etc.).

In particular, a number of these respondents expressed they are **not paid enough for the amount of work they do, the difficulty of the tasks, or their experience**.

I know I am not being paid enough for the work I am doing. I am the only queer, brown, non-binary staff having to work for 3 schools in high needs areas. The white therapists work in white wealthy areas. I know I am doing way more than they are doing and have more qualifications and lived experience than them. It is not fair.

The raises we receive are minimal and not often. I feel I am not fairly compensated considering I am the only bilingual therapist on my team often leading to higher referrals and caseloads for me.

I feel that we are not paid based on our experience, education, and what we bring to the agency. Our agency still values pay-non-transparency, which makes it challenging to create change.



<sup>31</sup> In response to questions related to the impacts of insufficient wages and benefits on survivor staff and survivor clients in the application survey (Questions 42a, 43, 44).

**40b. I work reasonable hours that allow me to take care of myself and my family**

Response	N	Percent
Strongly agree OR Agree	735	65.9%
Disagree OR Strongly disagree	380	34.1%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>

**40c. My organization pays a living wage that allows me to take care of myself and support my family**

Response	N	Percent
Strongly agree OR Agree	470	42.2%
Disagree OR Strongly disagree	645	57.8%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>

**40d. My organization provides benefits that allow me to take care of myself and support my family**

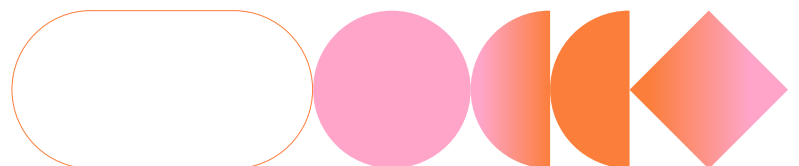
Response	N	Percent
Strongly agree OR Agree	665	59.6%
Disagree OR Strongly disagree	450	40.4%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>

## Data Insight

These three questions reveal significant gaps in survivor service providers' ability to care for themselves and their families, pointing to a movement in crisis: 1 in 3 survivors in our survey report that they do not work reasonable hours that allow them to take care of themselves and their families. More than half say they are not paid a living wage. And almost half indicate that their organization does not provide adequate benefits. These results suggest that, to make sustainable progress toward ending GBV, the movement needs to prioritize living wages, reasonable work hours, and better benefits for its workers.

**42. Does your salary/wage impact your desire and/or ability to continue working at this agency?**

Response	N	Percent
Yes	535	48.0%
Unsure	321	28.8%
No	259	23.2%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>



## Qualitative Data Insight

Approximately a quarter of respondents shared that their salary and/or stressful work environment makes them **want to leave their current position**, with the majority of them actively **looking for better-paying jobs or considering looking** for new employment.<sup>32</sup>



All the emotional labor around trauma experiences I have mirroring those I serve is incredibly draining; doing so without a livable wage makes me feel like I have to leave this job.

With the massive cost-of-living increases and stagnant wages, I have recently found myself struggling to pay bills. My rent, gas, and childcare costs shot up while wages remained the same, leading to my search for new employment.

I am overworked, undervalued, and underpaid. This job has caused a very clear decline in my mental and physical wellbeing to the point that I have neglected necessary health care and feel that I cannot take time off. When I have attempted to take time off, I've been told that deadlines can't wait. There is little respect for my humanity, well-being, and work/life balance. I am passionate about this work so it saddens me that I feel I need to look for other jobs but I know it is what is best for me.

A number of participants working two or more jobs shared their **desire to find a single job with a living wage**. Others noted that they would **not stay** with their organization **without a raise**: “I will not be able to continue working at this agency much longer (i.e., for the remainder of the year) without a significant pay increase. I have been looking for similar jobs at other agencies that pay higher salaries.”

Additionally, a handful of respondents highlighted that they could do similar work elsewhere for higher pay and less stress: “I could be doing similar work elsewhere for much higher pay and a lower caseload.”

<sup>32</sup> In response to questions related to the impacts of insufficient wages and benefits on survivor staff and survivor clients in the application survey (Questions 42a, 43, 44).

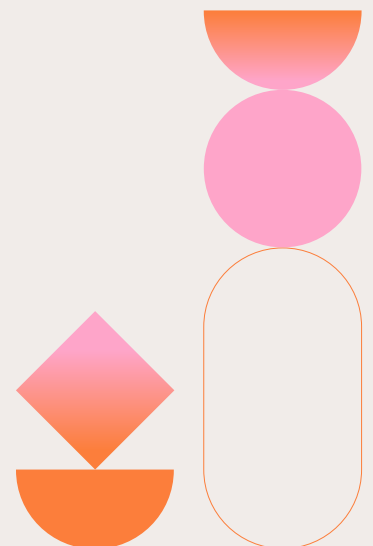
Other respondents highlighted that they **love their roles and working with survivors**, but are **unsure if it is sustainable long-term** because of **low pay and related financial stress**.



This is my dream job! I always wanted to help folks. However, I do look for other jobs constantly just in case there's a job similar that pays more, I currently can barely afford the costs of basic living.

I believe in the mission, but I also can't afford to keep working here. I want to help others but I also need to be able to pay my bills. I have chronic health issues and can't afford my medication. I see jobs that don't require a college education or experience that pay more than my job; that's incredibly disheartening.

I love the job, but I'm barely able to pay my bills and save money / further remove myself from recent homelessness. It puts me in a situation where I may have to find a better paying job that I am not passionate about, impacting my mental health, to survive. However, not being paid well negatively impacts my mental health as well. It's a lose, lose.



## Turnover and burnout

### 67. Has your agency ever experienced employee turnover?

Response	N	Percent
Yes	730	71.2%
I'm not sure	177	17.3%
No	118	11.5%
<b>Total</b>	<b>1025</b>	<b>100.0%</b>

### 67c. How did employee turnover impact the work you were doing with survivors? Check all that apply.<sup>33</sup>

Response	N	Percent (N=721)
It was bad for team morale	478	66.3%
It took a lot of time to hire and train someone new	452	62.7%
It negatively impacted the team structure (for example: people were confused about their roles, we didn't know who to report to, information was getting lost, we were not as close, etc.)	433	60.1%
Our work suffered	322	44.7%
We couldn't get our work done or accomplish our goals on time	301	41.7%
I had less time to dedicate to each survivor	299	41.5%
Our agency had to reduce programs or services available to survivors	290	40.2%
I felt less supported because I lost a boss, friend, or mentor	274	38.0%
It cost us a lot of money to hire and train someone new	211	29.3%
Our agency served fewer survivors	198	27.5%
I was unable to contact survivors or lost contact with survivors	147	20.4%
Survivors lost interest in services	124	17.2%
Survivors returned to harmful situations/relationships	90	12.5%
Our agency experienced an increase in harm reported by survivors	39	5.4%
Other	29	4.0%
I prefer not to say	24	3.3%

<sup>33</sup> Note that we do not report on responses to questions 67a ("If you had to estimate, how many coworkers have left your agency (or turned-over) in the last year?") and 67b ("From what you know, why did people leave your agency?"), since these represent respondents' "best guesses" and we are unable to accurately report turnover numbers at different agencies or reasons why workers other than respondents left their agencies.

**66. Have you personally experienced “burnout” at your agency?**

Response	N	Percent
Yes	734	65.8%
No	197	17.7%
I’m not sure	184	16.5%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>

**66a. How did burnout impact you personally? Check all that apply.<sup>34</sup>**

Response	N	Percent (N=724)
I was more tired than usual	647	89.4%
I was irritable and/or things upset me easily	579	80.0%
I experienced mental health challenges: anxiety, depression, triggered an episode, etc.	547	75.6%
I wanted to quit my job	515	71.1%
I wasn’t confident I could keep doing this work	483	66.7%
I had a hard time engaging with family and/or friends	479	66.2%
I didn’t feel confident in myself or like I was good enough	478	66.0%
I had a hard time remembering things	468	64.6%
I was missing important deadlines or due dates (this could be at work or in your personal life)	387	53.5%
I got sick	338	46.7%
I had a hard time eating or feeding myself	260	35.9%
I had a hard time taking care of my pets/children/dependents	208	28.7%
I engaged in activities that put my health at risk	178	24.6%
Other	9	1.2%
I prefer not to say	2	0.3%

34 Only asked if the response to “66. Have you personally experienced “burnout” at your agency?” was “Yes.”

**66b. How did employee burnout impact the work you were doing with survivors?  
Check all that apply.<sup>35</sup>**

Response	N	Percent (N=709)
I didn't feel like I was able to support survivors in the way I wanted	466	65.7%
I had a hard time remembering things I needed to do	410	57.8%
I had a hard time concentrating and understanding survivors	323	45.6%
I had to miss work or appointments with survivors	259	36.5%
I had to decrease my caseload	152	21.4%
Survivors expressed being unhappy with the support I was offering	67	9.4%
I did not experience any of the above	67	9.4%
I lost a client or a few clients	52	7.3%
Survivors returned to harmful situations/relationships	32	4.5%
I experienced an increase in harm reported by survivors	16	2.3%
Other	14	2.0%
I prefer not to say	13	1.8%

<sup>35</sup> Only asked if response to "66. Have you personally experienced "burnout" at your agency?" was "Yes."

## Qualitative Data Insight

Respondents shared that **low pay causes ongoing pervasive stress and worries**, resulting in negative impacts on mental health.<sup>36</sup>



It keeps me in a mentality of scarcity, I am always pressuring myself to work more and take on more jobs. In this kind of work having small luxuries like ordering take-out after a hard day or paying for a full tank of gas without stress feel really vital but often it's hard to feel that financial freedom.

It is safe to say that I think about my finances every minute of the day. I am very careful about saving and anticipating hard conditions. I almost never order food in & rarely eat out or go on vacations I need and frequently avoid getting medical care. I grew up with a single mom in difficult financial conditions & this childhood experience makes me feel immensely insecure. Being a first generation immigrant also contributes to the insecurity because I have no family or safety net in the U.S.

My wages impact my mental health more than anything, when I am stable and comfortable with my wages I feel at peace but recently in the last 5-6 months, I have been struggling a lot financially which has led to a decline in my mental health.

Some respondents shared that they **experience burnout as a result of or compounded by financial stress**.

Burn out! Too much work and draining/heavy content, being stretched too thin – and not enough pay.

I often feel overwhelmed by work and the need to pay bills and the inability to do so due to low pay and the stress of my work.

The amount of burnout I experience from overwhelming caseloads and trying to provide meaningful service to everyone but still not being able to provide for myself and attain the resources I need in order to thrive impact my desire to continue working at the agency.

Respondents shared how their low salaries, inadequate benefits, and the resulting financial stress and worry **impact their ability to support their survivor clients**.

<sup>36</sup> Qualitative data in this section is drawn from responses to questions related to the impacts of insufficient wages and benefits on survivor staff and survivor clients in the application survey (Questions 41a, 43, 44)

Many respondents shared that low pay causes stress and results in **distraction and a reduced ability to focus** at work and on cases. As one participant noted, “My financial difficulties at home have meant that my full focus is not on my clients routinely.”

Others shared:



It is difficult to “show up” for clients in the way they need and deserve when I am stressed about making rent that month, or putting gas in my car, or having enough to eat. I am less resilient than I need to be. There have been windows of extreme financial distress for me while I’ve been doing this work – food insecurity, housing insecurity, a financially-controlling IPV situation – and my ability to connect with clients through that just...dissipates.

Yes, [low pay means] feeling exhausted or placing limits on how many clients I talk to or how far I go with safety planning, just because I have the burden and stress of not being able to pay my bills. It affects my sleep, it affects my next meal. I can’t be 100% present for a survivor client if I am feeling uncertain.

A handful of participants shared examples of **burnout resulting from low pay** and how that can **negatively impact clients**.

It was more of the burnout effect of my wages not being enough and me feeling the physical and emotional toll. This unfortunately at times made me cancel or reschedule my sessions with clients due to exhaustion. This is something I hate doing and has caused me to think I am not getting paid enough and now it is impacting my work.

Others shared that they had to take a **second job to make ends meet**, which has **interfered** with their **ability to support survivors**.

I had a client in crisis come in at the end of the day but I had to get to my second job. I tried my best to support her quickly but she needed more time with me and I had many regrets after rescheduling an appointment for later with her. So many thoughts of things I should have offered her or worries that my leaving could be a trigger.

Other survivor service providers shared examples of how difficult it is to support survivors when they are **in the same or worse situation as their clients**. Some highlighted it is **challenging to have the confidence to fully support or coach clients** when they are unable to sustain themselves financially.

As someone who has regularly felt like my wages were barely allowing me to survive, I’ve been involved in many instances where I am supporting the youth/survivor and encouraging them to seek resources, knowing I don’t qualify for said resources because I “make too much” on paper, even though my bank account would say otherwise. These times make me feel like a fraud. Telling them it’s going to “get better” when I know it hasn’t.



I have had a few occasions where I have been worried about my own housing situation but would have to go to work to help survivors find housing for themselves. It [is] extremely difficult trying to help a houseless survivor find housing when I know the reality of the housing crisis so intimately.

When doing financial “empowerment” sessions with clients it’s nearly impossible to remain focused when I myself have been teetering on the brink of poverty, experience houseless-ness multiple times, and nearly qualify for all the same programs as my clients.

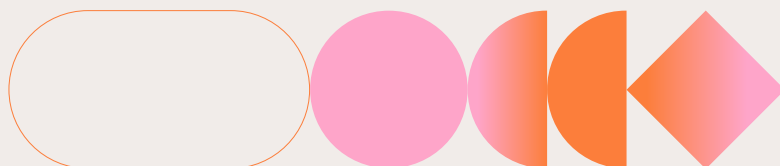
When I lack funds, I become triggered and it impacts my ability to be objective and in a better place than the survivor I am servicing. I don’t feel competent because I am at risk, just like they are.

Some respondents noted they are **unable to afford necessary mental health care services** in order to best **support survivors** and show up fully at work.

As a survivor, I am often struggling with my own mental health. If I had a salary that would allow me to afford therapy, I would be able to be more fully present to the survivors that we serve. I remember I once heard a testimonial from a child who shared that they were raped for 8 years straight by multiple men, my heart broke and I cried in front of them. It felt very unprofessional, but it also triggered my mental health.

I am not being paid enough to care for myself in the wake of an abusive relationship – I can’t even find a therapist who will take my insurance plan. And my own mental health struggles sometimes impact my ability to give proper care to my clients. I have to take ridiculous amounts of effort just to scramble around trying to make sure I’m mentally balanced enough to be a half decent clinician.

There have been times when I was having a mental health crisis and could not access care due to finances. This impacts my clients because my mental illness impacts my ability to show up fully at work.



Others shared that they **do not make enough money to take needed time off**, which limits their ability to support clients.



I have considered taking a leave of absence to work on my mental health, which has been affected by my own trauma and the stress of my job. Our agency does not have enough employees to be eligible for FMLA, and I don't make enough money to have any savings that I can use to take an unpaid leave.

There [have] been times where I felt mentally depleted and felt like I needed time off but could not afford to take time off . . . and I felt like I wasn't fully present for the survivors I was supporting.

Some respondents shared that low wages made them **feel unmotivated** or experience **compassion fatigue**. While they expressed a deep desire to support clients, the **emotional challenges of the role** and **stressors related to low pay** made it difficult to do so.

There are definitely times I have felt I'm not paid enough to go the extra mile to help someone or stay late and go above and beyond to do what needs to be done. It's been hard to strike a balance of wanting to help and do what I can to help people but knowing that the leaders of the organization (who are paid more) don't do what needs to be done . . . so even if I overexert myself it feels like it'll still never be enough.

The pay is so low and caseload is so high. The low pay has made me not want to put in extra hours which impacts my caseload and how many people I can help.

## Key takeaways

Many survivor staff shared how low wages and limited benefits present significant challenges for their financial, emotional, and physical well-being. Respondents described difficulties making ends meet, receiving needed health services (especially mental health services), planning for the future, and being able to care for themselves and their families.

They also described how low pay and high workloads undermine their sense of feeling valued and supported in the workplace, and contribute to high levels of stress that can make it difficult to fully show up for their clients in the ways they would like. They shared how these challenges contribute to high levels of burnout and turnover, which in turn negatively affect agencies' ability to fully support survivor clients.

**Overall, respondents mapped how insufficient support of survivor workers underpins a movement in crisis.**

## 2. Organizational practices

### Practices for determining salaries

#### 80. Do you have any decision-making power when it comes to setting staff salaries?

Position type	Yes	No	Total
Non-program staff (admin, receptionist, etc.)	5.2% (7)	94.8% (127)	100.0% (134)
Direct-service / frontline staff / coordinator / navigator / associate / counselor / advocate	3.0% (18)	97.0% (574)	100.0% (592)
Manager or Lead of a team	14.8% (24)	85.2% (138)	100.0% (162)
Director	38.7% (36)	61.3% (57)	100.0% (93)
C Level	55.0% (11)	45.0% (9)	100.0% (20)
<b>Total</b>	<b>9.6% (96)</b>	<b>90.4% (905)</b>	<b>100.0% (1001)</b>

### 80a. How important are the following considerations when it comes to setting staff salaries?<sup>37</sup>

#### 80b. Funder requirements/restrictions

Importance	N	Percent
Very Important	51	53.1%
Important	30	31.3%
Somewhat Important	7	7.3%
Not Important	8	8.3%
<b>Total</b>	<b>96</b>	<b>100.0%</b>

#### 80c. Directives from the board

Importance	N	Percent
Very Important	23	24.0%
Important	32	33.3%
Somewhat Important	25	26.0%
Not Important	16	16.7%
<b>Total</b>	<b>96</b>	<b>100.0%</b>

#### 80d. Cost of living

Importance	N	Percent
Very Important	55	57.3%
Important	32	33.3%
Somewhat Important	8	8.3%
Not Important	1	1.0%
<b>Total</b>	<b>96</b>	<b>100.0%</b>

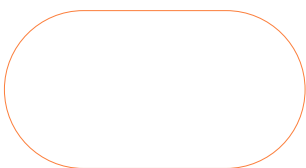
<sup>37</sup> Questions 80a–80f were only asked if the response to “80. Do you have any decision-making power when it comes to setting staff salaries?” was “Yes.”

**80e. Comparable salaries at other nonprofit organizations/shelters**

Importance	N	Percent
Very Important	44	45.8%
Important	31	32.3%
Somewhat Important	18	18.8%
Not Important	3	3.1%
<b>Total</b>	<b>96</b>	<b>100.0%</b>

**80f. Overall budget capacity/constraints**

Importance	N	Percent
Very Important	73	76.0%
Important	19	19.8%
Somewhat Important	3	3.1%
Not Important	1	1.0%
<b>Total</b>	<b>96</b>	<b>100.0%</b>



## Perceptions on promotions and pay practices

**72. In your opinion, does your agency provide opportunities for existing staff members to apply for leadership positions or promotions?**

Response	N	Percent
Yes	488	48.2%
No	301	29.7%
I'm not sure	171	16.9%
I prefer not to say	53	5.2%
<b>Total</b>	<b>1013</b>	<b>100.0%</b>

**73. In your opinion, is the pay difference between front-line/direct service staff and leadership fair?**

Response	N	Percent
Yes	199	19.6%
No	461	45.5%
I'm not sure	297	29.3%
I prefer not to say	57	5.6%
<b>Total</b>	<b>1014</b>	<b>100.0%</b>

## Perceptions on unions

Only 32 respondents in our sample reported that their workplace was unionized and responded to **Q13a.**, “**Do you feel your union is helpful in creating a more survivor-centered workplace?**” Of these, 20 said that their union was helpful in creating a more survivor-centered workplace, and 7 said that their union was not helpful in creating a more survivor-centered workplace.<sup>38</sup>

Of the 20 respondents who felt that their union was helpful in creating a more survivor-centered workplace, an ability to increase pay and the capacity to make raises more regular or substantial were the top reasons cited for this. Similarly, of the 7 respondents who felt that their union did not help to create a more survivor-centered workplace, the top reasons they cited for this were that their union did not do enough to increase pay or their union did not do enough to secure more regular or substantial raises.

Additionally, respondents who felt that their union was helpful in creating a more survivor-centered workplace mentioned that their union helped to protect against discrimination. Respondents who felt that their union did not help to create a more survivor-centered workplace expressed a desire for their union to do more to create better working conditions.

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<sup>38</sup> Due to the small sample size, we are reporting on the union data qualitatively. This includes responses to Q13b., “In what ways does being unionized help make your workplace more survivor-centered? (Select all that apply),” and to Q13c., “What could your union do to help make your workplace more survivor-centered? (Select all that apply).”

## Practices for determining programmatic priorities

### 82. How important are the following considerations when determining programmatic priorities at your agency?

#### 82a. Directives from the board

Importance	N	Percent
Very Important	464	41.6%
Important	379	34.0%
Somewhat Important	197	17.7%
Not Important	75	6.7%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>

#### 82b. Staff skills and knowledge

Importance	N	Percent
Very Important	461	41.3%
Important	396	35.5%
Somewhat Important	187	16.8%
Not Important	71	6.4%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>

#### 82c. Grant requirements

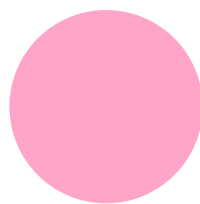
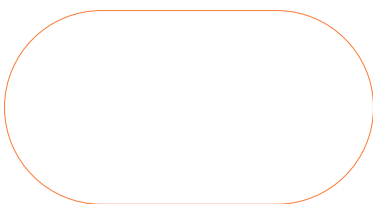
Importance	N	Percent
Very Important	703	63.0%
Important	291	26.1%
Somewhat Important	90	8.1%
Not Important	31	2.8%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>

**82d. Services, programs, and initiatives provided by other shelters**

<b>Importance</b>	<b>N</b>	<b>Percent</b>
Very Important	345	30.9%
Important	386	34.6%
Somewhat Important	283	25.4%
Not Important	101	9.1%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>

**82e. Client needs**

<b>Importance</b>	<b>N</b>	<b>Percent</b>
Very Important	612	54.9%
Important	307	27.5%
Somewhat Important	159	14.3%
Not Important	37	3.3%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>



### 3. Clients turning down jobs or programs

**54. Has a survivor you worked with ever turned down a job because the pay would cause them to lose public benefits or aid?**

Response	N	Percent
Yes	652	58.5%
I'm not sure	335	30.0%
No	128	11.5%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>

**55. Has a survivor you worked with ever turned down participating in a program because they feared losing public benefits or aid?**

Response	N	Percent
Yes	582	52.2%
I'm not sure	372	33.4%
No	161	14.4%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>



## 4. Funding

### Funding sources

**81. Are you able to answer questions about your agency's funding (where it comes from, how it impacts your work, etc.)?<sup>39</sup>**

Response	N	Percent
No	1005	90.1%
Yes	110	9.9%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>

**81a. Approximately what percentage of your agency's funding comes from the following sources?<sup>40</sup>**  
(N=87)

Statistical measure	Government funding	Corporate contributions	Individual contributions	Foundation grants	Fee for service
Mean	58.9%	5.3%	14.1%	19.4%	2.4%
Median	70.0%	0.0%	5.0%	10.0%	0.0%
Minimum	0.0%	0.0%	0.0%	0.0%	0.0%
Maximum	100.0%	50.0%	100.0%	90.0%	73.0%

<sup>39</sup> Since this question was primarily intended as a filtering question, we are unable to distinguish between respondents who are able/unable to answer questions about their agency's funding because of their role at their organization versus those who may know this information but are unable to share due to policies at their organization or because they are unwilling to share this information altogether. We therefore cannot conclusively determine what percentage of respondents have this information at their respective organizations.

<sup>40</sup> Only asked if the response to 81 "Are you able to answer questions about your agency's funding (where it comes from, how it impacts your work, etc.)?" was "Yes."

## Funding insights

This section includes both quantitative and qualitative data related to funding. The quantitative questions below (Q83 and Q84) were asked to all respondents, regardless of whether they answered questions about their agency's funding (Q81a).

### 83. What could funders do differently to better support the work you are doing with survivors around finances? (Check all that apply.)

How funders can better support work with survivors around finances	N	Percent (N=1001)
Provide more flexible grants to use as needed (also known as general operating funds)	785	78.4%
More understanding around providing living wages for staff	686	68.5%
Offer longer-term grants (1+ years)	661	66.0%
Allow funds to cover more costs related to staff needs	627	62.6%
Compensate survivors who share stories if they require us to report survivor quotes	621	62.0%
Offer more flexibility to change program objectives, outcomes, and plans	596	59.5%
Require less reporting and paperwork	580	57.9%
Allow us to use funds to create savings for the organization	476	47.6%
I prefer not to say	57	5.7%
Something else	15	1.5%
None of the above would better support our work with survivors	5	0.5%

### 84. Can you think of a time when funding restrictions or requirements got in the way of getting a survivor something they needed?

Response	N	Percent
Yes	474	47.4%
No	293	29.3%
I prefer not to say	233	23.3%
<b>Total</b>	<b>1000</b>	<b>100.0%</b>

## Qualitative Data Insight

Respondents shared that survivors often choose to work in the GBV movement because of their deep commitment to supporting other survivors. However, they felt that the systemic issues within the movement hurt survivor workers and drain the movement of talented and dedicated people. As one respondent summarized, funders have the power to help address these issues:



**We need money, health insurance (with fully covered mental health, vision, dental), and PTO to bring our wisdom + knowledge into the work in a sustainable way. We can't keep hemorrhaging folks with lived experience, wisdom, and talent from this work. It isn't just individual people's lack of fortitude that leads to burnout, it's the systemic flaws (primarily disproportionate + under resourcing) that funders have the power to address.**

**I'm a clever person, I could work in another field, but I continually choose this one because I know that what I know is valuable, informs my approach to this work, helps me respond to clients with unmatched empathy + compassion, and helps me be a more effective change maker than anyone who has only read about experiences like mine. I continually choose this field, despite the reality that I could make much more in another line of work, despite the constant reminders of violence against myself and others, because what I bring to the table is not only formal education but also a dedication + commitment that runs bone-deep.**

Respondents gave specifics for funders to consider about how **funding restrictions directly impede their ability to meet survivor needs**. They also described administrative and other burdens that result from funding restrictions and **prevent them from being able to thrive in their jobs and deliver the best possible service**.<sup>41</sup> Finally, they shared **recommendations for funders** to address these challenges.



<sup>41</sup> Four open-ended questions related to funding were analyzed and synthesized in this section. Two came from the application survey: Q84a. "If you are comfortable sharing, can you tell us about a specific time where funding restrictions or requirements got in the way of getting a survivor something they needed?" and Q85. "What do you think funders should know so they can give money in a way that is more supportive of survivors and their needs?" The other two questions came from the follow-up survey: Q18. "What do you want funders to know about what you need to thrive in your job?" and Q24. "What do you want funders to know about the needs your clients have that aren't being met?"

## Funding restrictions and access barriers

Overwhelmingly, respondents described how funding restrictions and requirements result in survivors' unmet needs. Survivor service providers specified the **types of funding limitations, restrictions, and requirements** that impede effective support.

### 1. Eligibility and documentation requirements

Respondents described how funding is frequently restricted to survivors who **meet certain demographic criteria**, including survivors who are citizens, parents, pregnant, of a certain age, employed, or unhoused. Moreover, **proof of violence or demographic criteria** is often required, such as documentation proving victimization (like a police report), income, or a lease, before services can be provided. Respondents shared how these **restrictions limit the resources available for survivors and ability to meet their needs**.



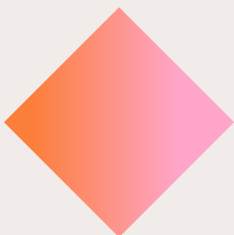
Some funds are only available to U.S. citizens or permanent residents; sometimes you need a social security number, being able to demonstrate that a client won't have a similar financial need the next month, having to provide documentation with the survivor's name on the lease when it was under the abuser's name, only being able to access the funding once per year.

We work with many survivors who aren't able to get victim compensation because our state requires police reports, which many survivors don't want to get.

A number of respondents also highlighted challenges serving survivors who have experienced specific forms of violence, often noting that **funding is specifically earmarked for survivors of sexual violence or domestic violence**.

If a client is only a domestic violence survivor, I cannot accept them because the grant that pays my salary is only for sexual assault survivors.

Most of our grants do not support familial violence. And there's a gap in services for this population. There are people that are struggling to live a life free of violence and are being harmed by a family member. When they have the strength to call I have to inform them they do not qualify. That is heartbreaking and awful, it contributes to my feelings of burnout. We have a great housing first program that does not support survivors of [sexual assault], unless there's IPV.



## 2. Ineligible expenses or payment methods

Some respondents described **specific types of expenses and payment methods that funders deem ineligible**, including eviction fees, direct cash assistance, prepaid phones, legal services, debt and bill payments, and reproductive health services.



I had a survivor who had her phone stolen during her assault and wasn't sure how she could get another. I asked if we could get her a cheap prepaid phone and was told no. I would have been able to get a one night hotel stay, a train ticket nearly anywhere in the country, and Ubers for her to go from hospital to hotel to station, easily totaling over \$300. But I couldn't get her a \$100 prepaid phone to make her feel safe.

[I am] currently working on a case, where a survivor needs funding for some past due bills but the funding requirement only allows a check to be made to a specific store rather than just making it out to her so she can pay the bills she needs to pay.

## 3. Time-related restrictions

Respondents also raised time-related restrictions, such as **limitations to the duration of services survivors could receive and restrictions on the time between violence and seeking services**.

One of our major current state/federal funders requires that we only provide financial assistance to each survivor once per 12 months (i.e., relocating, move-in costs like first month's rent and security deposit). We have had situations where the survivor had to move twice within the same year due to their ex stalking and tracking her down, and we were not able to provide them the financial assistance they would have benefited from.

[There are times where a] survivor's victimization was not "recent" enough to qualify for financial assistance, or [the] main focus [is] only . . . on getting survivors out of immediate danger but not the aftermath of leaving an abusive relationship and the long-term support needed to rebuild.

## Unmet survivor needs

Respondents described **survivor needs that remain unmet due to limited or restricted funding.**

### 1. Housing

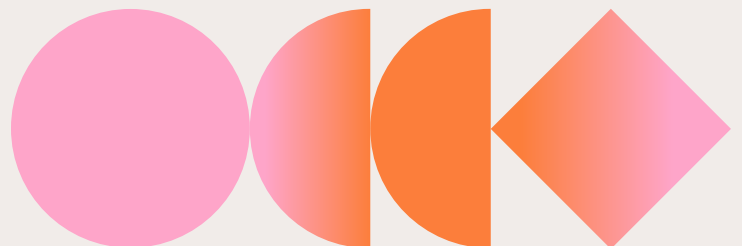
Overwhelmingly, these needs were related to **safe housing**, including **mortgages, rent, relocation, utilities, and hotel stays**. Some described barriers when safe housing was secured in a different state or country: “I had a client who had the opportunity to secure housing but it was in a different state. We weren’t allowed to use housing dollars for this client because it wasn’t within the same state as the funding.”



**Our housing funds only cover rent and not mortgages. This does not support survivors building wealth and maintaining long-term housing.**

**One way I often see is that funding sources refuse to pay for utilities for survivors, so any financial help they may receive can’t go towards bills for basic necessities of electric, gas, water, but only towards housing costs of rent.**

**Housing is the biggest challenge that I face with clients. Shelters are not always the best fit for someone who is in crisis and experiencing traumatic events. Not having the funds to pay for emergency temporary housing or to have resources to provide to clients has made situations difficult for clients.**



## 2. Transportation

Respondents identified transportation support as another key unmet need, such as **car payments, repairs, insurance, gas, rideshare fares, and bus tickets.**



Many of our clients need car repairs and we are simply unable to fund such large expenses despite transportation being one of the largest barriers many of our survivors face.

On multiple occasions survivors have needed transportation or money for fuel. We were unable to provide [these] due to not having the extra funds to do so and we do not offer transportation.

## 3. Other essential needs

Additional unmet survivor needs included **food, clothing, basic household items, legal fees, medical and healthcare needs, childcare, education, and debt relief.**

I deal with this every single day. My funding does not cover household items or furniture. Survivors will move into new housing with a backpack and the clothes on their back and nothing else. I have had survivors tell me that they are sleeping on piles of clothes or towels on the floor because they have no money and I'm not even allowed to buy an air mattress.

A survivor with 6 children needed a washer because kids had contracted head lice at school. It didn't feel safe to travel to the laundry and [the survivor had] very little time between work and school. We were not allowed to buy her a washer or lice treatment or cleaning supplies.

We can't buy food, abortions, medical cannabis, or medication for survivors or advocates. I had a survivor who had to birth a child who was a result of an abusive pregnancy because she couldn't afford it and grant language says we can't even talk about it - much less pay for it. She was on her 7th unwanted pregnancy. He kept getting her pregnant as a form of abuse and we let it happen.

Generally, respondents noted that the **unavailability of flexible cash assistance** restricts their ability to meet survivors' diverse needs.

Oftentimes, if a request doesn't fall within the predetermined guidelines, we are [un]able to provide financial assistance.

A survivor needed financial assistance with a past bill, and due to our main funding source it was not included in the list of approved spending.

## Harm to survivors from unmet needs and funding restrictions

When discussing survivors' unmet needs, respondents also emphasized the **consequences and harm to survivors of those unmet needs**. Financial stress contributes to survivors' poor mental health, continues the intergenerational cycle of poverty, and often impacts survivors' ability to care for their children and families. Moreover, lack of financial resources puts survivors at increased risk of harm—especially the risk of staying in or returning to harmful relationships because of financial need. Ultimately, respondents wanted funders to know that when they do not provide enough funding or flexible funding, it leads to continued harm for survivors.

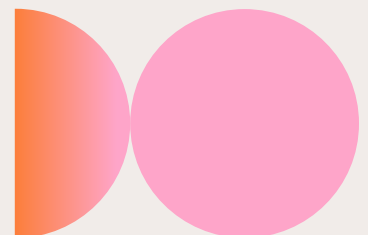
A few respondents also described the **harm caused by mandatory disclosure and documentation requirements** to receive services: “There have been times where survivors weren't comfortable going through the required steps and disclosing information that was required to receive financial assistance.”

A couple of participants noted how **funder requirements and restrictions replicate harms** that survivors have experienced.



**Most of our clients have been controlled their entire lives and they come to us to be free so we shouldn't be restrictive and confining with funding for services. Let the clients tell you what they need and then provide that based on the funding available.**

**Funders giving restricted funds tells clients that they can't be trusted.**



## Administrative burdens and service impact

Respondents also discussed how **unmanageable grant requirements and laborious paperwork take away time from serving survivors.**



**Understand that changing reporting guidelines on us mid-cycle takes us away from the important work of serving survivors.**

**The needs of survivors are DIVERSE. We need FLEXIBILITY to meet those needs. Also, every hour of meaningful advocacy is accompanied by two hours of paperwork. This is a huge strain on our organization.**

**Restrictive, inflexible, short-term funding and heavy reporting requirements literally take money and services out of the hands of survivors.**

Respondents also critiqued the **practice of requiring survivor stories to continue to access funding**: “We don’t need to parade survivors around once a year discussing their stories in hopes to get more funding for the next quarter/year. Meeting number requirements for clients served in order to maintain funds is not helpful to anyone, especially the service providers. It actually creates more barriers.”



## Recommendations to funders from survivor service providers

Respondents shared comprehensive recommendations for how funding should be restructured to better support survivors and the movement. They also urged funders to better understand the circumstances and needs of both survivors and service providers, and to trust them.

### 1. Contribute more long-term, multi-year funding

Generally, respondents felt there was a **need for more multi-year funding, long-term investments**, and quickly accessible funds. Some also wanted funders to provide funds upfront in full, rather than disbursing them over time.



**Provide funding over the LONG term. A 1 year grant honestly does not go far. Caring about community involves caring consistently. Offer funding, especially housing/financial support, to last YEARS.**

Respondents described instances where they **needed to refer survivors to other programs or services due to funding restrictions or lack of funding altogether**: “Our agency used over half its grant funds for client needs within 3 months of the new fiscal year. We were told to find alternate ways of supporting clients via referrals, etc.”

Respondents highlighted how **funding availability directly impacts their ability to meet survivor needs**—sharing examples of times where programs shut down entirely or were unable to provide basic supplies or take on new cases or clients.

**We did not have funds to cover our wage until the grant came in 2 months later and our board helped cover the cost. No money for groceries and basic essentials for survivors in shelter.**

**Whenever we’re deciding whether we can open a new case to represent a survivor, we need to first determine whether we have funding available to cover the type of case. The funding, not the need, dictates our work.**

## 2. Provide unrestricted, flexible, and long-term funding

Overwhelmingly, respondents stressed the importance of **reducing funding restrictions**, particularly regarding cash assistance for survivors and documentation or proof requirements.



Cut the red tape.

Cash plays a huge role in survivor safety and well-being. Survivors need flexible financial assistance to heal and thrive.

Survivors' needs vary widely and change over time, making **flexibility essential**. Respondents highlighted that funds need to be made more **accessible** for survivors, including through offering unrestricted funds directly through diverse payment platforms (e.g., Cash App, Zelle).

It might seem sensible to allocate funds for specific use, but often survivor needs vary so widely that funds might be best suited for groceries one week, then for dental work the following week. Violence affects every part of a person's life, and survivor needs cannot be relegated to what funding bodies might think they need. Fewer restrictions on how funding [can be] use[d] would enable survivors to identify their own needs and direct their support in a way that can return autonomy. Increased self-direction with funding supports survivors as whole people.

They need to know that . . . put[ting] a limit on amount of support or length of time financial support will be allotted isn't going to motivate clients to get their affairs in order to be able to meet all their own needs - there are various factors involved in a client's timeline and how quickly they are able to find safe stable housing, jobs, childcare, etc.

Additionally, respondents noted it is difficult to anticipate varying community and survivor needs. **Unrestricted, flexible funding** for both organizations and the survivors served **better facilitates meeting survivor needs**.



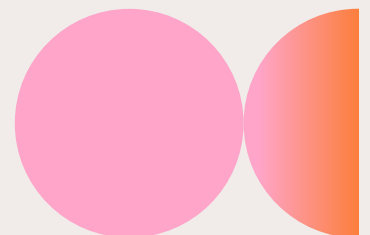
The more gatekeeping of funding, the less we are able to do our actual jobs. There is no way to perfectly guess what survivors may need – the grants often restrict what staff can do, even when we may be able to help/support each other better. It's frustrating and often feels very counterproductive.

More money for staff and more money for survivors without limitations. We can give people cash without having to track everything they do.

A few participants highlighted that **eligibility requirements** for services need to be **removed or relaxed** to better meet the needs of survivors and serve more people. In particular, participants stressed funders **should not require that participants disclose citizenship or re-tell their story to access services or resources**.

Additionally, some respondents highlighted the **importance of allowing general operating funds** to support administrative activities and organization operating costs: “Provide more funds for staff to be paid appropriately, allow for higher Administrative Cost Rates/Indirect Cost Rates, and be more flexible with how client assistance funds can be used.”

They also recommended **lessening the burden of reporting, adopting realistic grant deliverables and timelines**, and also keeping in mind **culturally responsive reporting processes**.



### 3. Understand and trust survivors and providers

Respondents wanted funders to **know and understand survivor experiences**. In particular, they emphasized that:

#### Survivors' stories, needs, and experiences are unique:



Every person is different and needs are case by case. A one size fits all model doesn't work.

Funders should understand and read into the societal barriers that each survivor faces. Along with that, there is no same experience for survivors. Each story is different and unique and how they handle their trauma relies heavily on resources that are readily accessible to them.

All clients have different needs. All clients come from different places with different ability levels and different levels of access to different things.

Needs change, and the changes we make to our programs are a direct result of what the community is telling us they need. I think if more funders understood this and were more trusting and flexible, it'd be easier to fund this work.

Survivors need more than just the basics. They need and want to be able to rebuild their lives.

Survivors face **immense financial barriers** when trying to rebuild:

The federal poverty line is much below a livable amount and oftentimes, "a little doesn't go a long way."

[Survivors] often go from victims of abuse to perpetually unhoused or at risk of being unhoused.

There are so many people who fall between the cracks because they are living paycheck to paycheck. While their jobs are required by state law to give unpaid time off for court, counseling, or medical treatment related to GBV, my clients can't afford to take unpaid leave. They need options for when they need respite, so that the things they DO have going for them in their lives don't fall apart (i.e., losing their income, their childcare, access to transportation, etc.)

Financial barriers are often compounded by **larger systemic barriers**:

Unpaid past debts are such a major block in finding affordable housing and there are few available funds to help.



People with criminal histories do not stand a chance [of] getting ahead. Not enough jobs, housing benefits not available to felons, etc. Especially people falsely charged with DV after defending themselves from years of abuse.

Many of our clients are asylum-seeking immigrants who don't yet have papers - this is a complex issue that funders need to understand.

So often in order to get reduced or government funded housing in my area you have to tow the line between looking responsible and having a job but not having a job that pays you too much so that you don't look like you don't need it and that's a really shitty place to be in.

**The specifics of abuse and harm can make it much more difficult for survivors to support themselves and their families and to stay safe.**

- For example, “their situation makes it harder to get jobs and keep jobs,” and, oftentimes, survivors lose support networks and documents when they flee abuse.

It can take a very long time for survivors to get back on their feet and rebuild, especially when they are dealing with trauma and the fallout from economic abuse, such as destroyed credit and being prevented from earning income.

- Financial dependence on harm-doers can also mean that survivors are simply unable to leave:

Poverty and the ability to feed dependents is the number one reason I encounter as to why clients cannot leave their abuser. To leave a bread-winning abuser that oftentimes forced the victim to stay home or not build any sort of wealth or savings would be probably just as deadly as staying with the abuser and just surviving. To leave is to be in financial ruin without the right skills, assets, or fall-back savings to support themselves and their children. Having unrestricted funds can make a world [of] difference i[n] assisting clients to reach freedom from an abuser

**All survivors need support**, not just survivors from certain groups, with certain family structures, or with certain citizenship statuses:

Survivors are not just parents with young children. And families do not always look like the typical nuclear structure that has been presumed for a few generations. Investing in an older survivor is also a method to bring funds to their community, as many prioritize and function with communal support.

The undocumented community needs a lot of help and single clients are also in need.

**Staff are often survivors, need to be appreciated for hard work and emotional energy, and need support themselves** in order to best support clients.



This work is hard and takes a lot of emotional energy to do. The workers should be appreciated for their contribution!

Survivors ARE staff and should be supported as such.

Given the complexity of survivors' experiences and needs, respondents repeatedly emphasized that **funders should trust survivors and providers**. They emphasized that:

- **Survivors know best what they need:**

We need to trust that survivors – like all people – are experts of their own situation and should be trusted to use emergency funds in the way that they or their family needs it most. And that means without having to disclose what that looks like, either before or after spending. Certainly not requiring them to 'prove' how they spent the money.

Survivors are their own best healer and advocate and we should prioritize what they are telling us they need.

Listen to what survivors say they need, not what you think they need.

- Funders should **trust providers** to make decisions about **how money is spent** because they also **know what is needed**:

Funders are not clinicians and are not program managers. There should be much more trust, autonomy, and less back door management. There can be meaningful accountability in other ways that require less administrative and other labor.

Trust staff reports as they are the ones working and hearing directly from survivors.

Agencies and staff know best how they can and should use the money. Every place is different and has vastly different needs and priorities, so restrictive blanket rules aren't helpful.

Flexibility is so important. Trust programs to know what the agency and survivors need and to be good stewards of the funds to best meet those needs.

- Funders should prioritize survivor leadership and **include survivors in decision-making processes**:

... Survivors are the best experts in this field and centering their leadership and involving them in decision-making processes is going to be the most effective way to make a difference.

#### 4. Support and value survivor service providers

The majority of respondents stressed **survivor workers' need for a living wage**:



I need a living wage. I support my family on my own because I didn't want to be demeaned, entrapped, or beaten by my husband. I don't want my children to live in constant poverty because their mom works 60 hours a week to help other survivors but we might have our water turned off this week because I had to pay our mortgage.

This work is heavy. We can't carry the heaviness of poverty on top of it.

I'd like funders to know that it is challenging to pour out of an empty cup. We need support, a living wage, and high turnover rates isn't just a phase. It's a reflection of the poor living wages and as much as we love to be of service we also need to provide for [our] own families.

Some participants noted that **better pay helps providers give the best support to survivors**.

Staff need living wages in order to have less stress in their personal lives and be more supportive of their clients.

Also understand the need for staff to be paid adequately. This is a skilled job and they should be treated as such and it will only help serve survivors and communities better in the long run.

One survivor suggested that funders use their position of influence to require organizations to provide a living wage: "Don't allow organizations to submit grant applications with salaries lower than the living wage . . . Require organizations to build in adequate salaries for staff."

Some respondents emphasized how **living wages are part of building survivors' collective power in our society**:

Raising the wages of staff raises the wages of survivors. In a capitalist economy, money is power. Higher wages for staff is also more power (economic, community influence, decision-making, etc.) for survivors.

On the flip side, respondents warned about the **dangers of not providing living wages in the GBV movement**:

I can't keep working in the field if I don't get the pay I need to support other survivors. I can't do my job well when stressed about my own finances. It also raises my risk for getting into another abusive relationship because I'm financially desperate.

After living wages, the next most commonly emphasized need for service providers was for **better benefits and support in the workplace**, especially affordable and quality healthcare. The most frequently cited benefit needed was access to **paid or affordable quality mental healthcare**: “Please don’t tell me about EAP and my 3 free sessions. That’s not what I need! I need a trauma-informed, client-centered therapist who is able to assist me with managing and healing my personal and professional life.”

Additionally, respondents said they **needed more PTO and the ability to take PTO**, which often meant the need to hire more staff: “I don’t want to feel guilty for taking time off that I desperately need because it’s going to leave my coworkers so short staffed that they become stressed out.”

About a quarter of respondents shared that they want to be **recognized for the value that they bring to the GBV movement as survivor workers**, and that they **deserve to be trusted and supported** by funders and organizations, including as they continue their own healing journeys. They want funders to **extend empathy, take the time to better understand the experiences of survivors and survivor service providers, and support survivor service providers with vicarious trauma** and the challenging nature of working in the GBV movement.



I want my funders to actually understand the work we do and the vicarious trauma it brings.

I’m a therapist and help people heal from their trauma. As a trauma survivor, the work takes a significant toll on me. I deserve a workplace that cares just as much about me as it does our clients.

Line staff encounter the most post-secondary trauma and are often not given the tools or the time to heal. We need funding to allow for that because it will help organizations retain their staff.

Have listening sessions with survivors so that [funders] understand what’s going on in communities. Be in the space of people with lived experience and what they are experiencing and the needs of these survivor-based organizations.

Respondents talked about recognizing survivors' difficult life experiences as a strength for working in the movement. Part of **recognizing survivors' value, leadership, and humanity involves adequate pay, benefits, and rest:**



I want funders to know that my time and talent and work deserves their investment, and for them to give radically in support of a survivor-led movement. I want them to know that my work is meaningful, and that it deserves financial support in order to continue. Yes, I do this work because I care, but I also deserve to be given a living wage, so that I can care for myself and continue to do the work.

Survivors are the leaders in the GBV movement. To create strong, thriving, joyful, and well communities we also must support the survivors providing the services. Working in the GBV movement without adequate wages, benefits, and rest increases and exacerbates trauma. We can support our communities best when we're supported.

We need to stop seeing employees as a list of skills with dollar amounts attached. We're people, we have needs, and funders' decisions directly impact our livelihood. Funders seem to understand this when it comes to clients and the communities their funds help serve. But, that doesn't transfer when it comes to employees doing the work. I feel like there's not enough awareness of the human lives behind the dollars when it comes to employees.

Respondents also identified **organizational needs they wanted funders to know about, which, if met, would help support survivor staff.** These included:

- A need for more staff, particularly to decrease turnover, burnout, and staff having to work in multiple roles. In particular, they highlighted the need for increased funding to attain optimum staffing levels.
- A need for unionization, a safe working space that provides growth and healing, and general support for staff so they can build projects responsive to client needs.
- A need for professional growth opportunities so staff could continue to train and develop their skillsets.
- A need for leadership that is more supportive and trained.
  - Some respondents felt that management was disconnected from frontline work and needed to learn more about their staff's needs.
  - A need for leadership training and supportive management, generally, was cited.
- Respondents also said they **want to be listened to, respected, and have their feedback adopted.**

## Key takeaways

When asked about how funding restrictions and requirements prevent meeting survivors' needs, respondents described the types of restrictions and their specific consequences for survivors. These included survivors' ability to access needed resources like safe housing, food and household goods, transportation, and childcare. Flexible, unrestricted funding is therefore critical to better meet survivors' needs. Respondents further emphasized that survivors should not have to fit specific profile or demographic categories to access support and that onerous reporting requirements take time away from providers' ability to offer services.

When asked about what they need to thrive in their jobs, respondents described not only their own needs as survivor workers, but how their clients' needs and organizations' needs are intricately bound up in their own well-being. If funders want survivors to thrive, they need to address the needs of workers, of clients, and of organizations as a whole. Overwhelmingly, the major needs of survivors working in the GBV movement are living wages, supportive benefits, and recognition of their value. Flexible and abundant funding that allows organizations to provide unrestricted support to their staff and clients is therefore key.

Funders can try to better understand survivor, staff, and organization needs and experiences through direct communication, listening, and involving these groups in decision-making processes. In particular, they should understand that survivor experiences and needs are unique and that staff are often survivors themselves, who also deserve appreciation and support. Finally, trusting survivors and providers is essential to the sustainability of this movement.

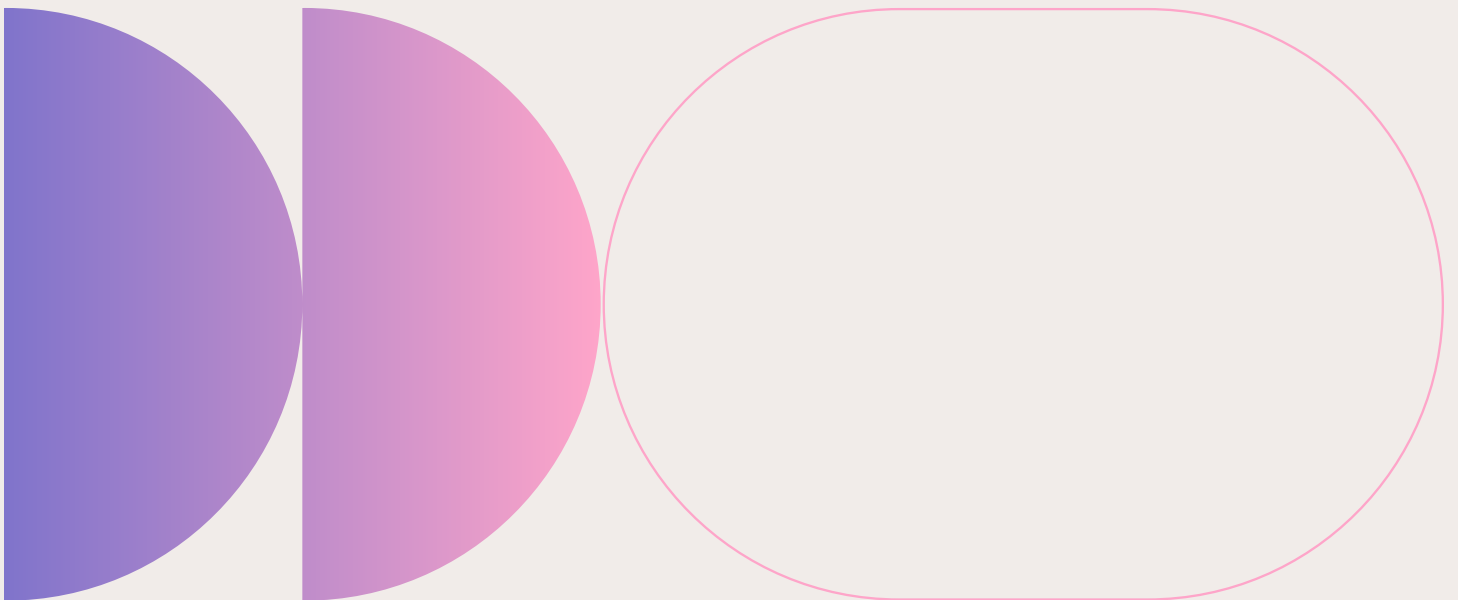


Believe and trust survivors.  
Let us lead.  
Fund us with no strings attached.  
Otherwise it's charity and not solidarity.

# 02

## Experiences of Survivors Working on the Frontlines

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# 1. Experiences and impacts of harm

## Harm experienced

26. Have you ever been subjected to or experienced any of the following? (Please select all that apply to you.)

Form of harm	N	Percent (N=1115)
Physical harm by an intimate partner or spouse	719	64.5%
Psychological or emotional harm by an intimate partner or spouse	676	60.6%
Sexual assault	642	57.6%
Emotional abuse by a family member/caregiver	602	54.0%
Sexual harm or coercion by an intimate partner or spouse	563	50.5%
Childhood sexual assault	409	36.7%
Witnessed parental violence	396	35.5%
Stalking	382	34.3%
Sexual harassment or assault in the workplace	377	33.8%
Physical harm by a family member/caregiver	377	33.8%
Sexual abuse by a family member/caregiver	250	22.4%
Former incarceration/arrest/conviction	202	18.1%
Chronic or repeated racial discrimination	184	16.5%
No access to consistent and safe housing	156	14.0%
Former incarceration/arrest/conviction of a loved one	156	14.0%
Chronic or repeated discrimination based on your gender	146	13.1%
Police harassment/brutality	125	11.2%
Gun violence	117	10.5%
Hate crimes	103	9.2%
Reproductive coercion/abuse	96	8.6%
Chronic or repeated discrimination based on your family's country of origin or immigration status	95	8.5%
Chronic or repeated discrimination based on your sexuality	84	7.5%
Gang violence	82	7.4%
Deportation or threat of deportation against you or a loved one	71	6.4%
Spent time in foster care	69	6.2%

Form of harm	N	Percent (N=1115)
Sex trafficking	53	4.8%
Litigation abuse	47	4.2%
Current incarceration of a loved one	47	4.2%
Former incarceration/arrest/conviction under the age of 18	31	2.8%
Human trafficking	26	2.3%
Labor trafficking	25	2.2%
Other	22	2.0%
I prefer not to say	18	1.6%
Harassment/brutality by ICE, Border Patrol, Homeland Security, and/or immigration court	17	1.5%

## 28. Do you have ongoing contact with the person who caused you harm?

Response	N	Percent
No	690	64.6%
Yes	233	21.8%
I prefer not to say	145	13.6%
<b>Total</b>	<b>1068</b>	<b>100.0%</b>

## 27. Has the person who harmed you or is harming you ever done any of the following? (Check all that apply.)

Form of economic abuse	N	Percent (N=1111)
Damaged your personal property	552	49.7%
Stolen your personal property	425	38.3%
Made significant financial decisions that impact you without discussing it with you	354	31.9%
Limited your ability to spend your money how you see fit	313	28.2%
Stopped/disrupted your ability to go to work	313	28.2%
Hidden money from you	292	26.3%
Made you ask them for money	281	25.3%
Made you ask them permission before spending your money	264	23.8%
Kept financial information from you	261	23.5%
Stopped/disrupted your ability to go to school	238	21.4%
Removed money from your bank account without your permission	217	19.5%

Form of economic abuse	N	Percent (N=1111)
Forced or pressured you to give them your money or other assets	204	18.4%
Caused you to lose a job	194	17.5%
I have not experienced any of the above <sup>42</sup>	178	16.0%
Only allowed you to spend your money on essential items like food, clothing, bills, etc.	172	15.5%
Put bills in your name so you have to pay them	166	14.9%
Monitored your bank account	165	14.9%
Prevented you from working or having a job	152	13.7%
Caused you to stop attending/drop out of school	152	13.7%
Prevented you from applying to/enrolling in school	141	12.7%
Demanded receipts or change when you spent money	137	12.3%
Controlled your personal documents (IDs, passport, birth certificate, etc.)	121	10.9%
Controlled your access to your bank account	116	10.4%
Denied you money for health-related costs	109	9.8%
Forced you to take out loans or buy something on credit	105	9.5%
Taken out loans or bought something on credit in your name without your permission	93	8.4%
Refused to let you have savings	78	7.0%
Refused to let you have a bank account of your own	59	5.3%
Denied you access to your joint account	54	4.9%
Sued you in court, filed numerous motions in a court case, or otherwise caused you to spend money through the courts	50	4.5%
I prefer not to say	47	4.2%
Received bank alerts when you spend money or spend a certain amount	39	3.5%
Other	29	2.6%

<sup>42</sup> While 16.0% of respondents said they have not experienced any of the listed behaviors relating to economic abuse (N=178), this does not necessarily mean they have not been subjected to economic abuse; rather, we only know that these survivors have not experienced any behaviors presented in the answer choices. This is still within the range of current estimates of survivors who report experiencing economic abuse (76 to 99% of survivors) among service seeking samples (Laura Johnson, Yafan Chen, Amanda Stylianou and Alexandra Arnold, "Examining the impact of economic abuse on survivors of intimate partner violence: a scoping review," *BMC Public Health* 22, no. 1014 (2022), <https://doi.org/10.1186/s12889-022-13297-4>).

## Experiential difficulties and impacts of harm

**18b. Do you have any long-lasting physical, visual, hearing, or cognitive difficulties resulting from the harm you experienced?**

Response	N	Percent
No	374	42.4%
Yes	276	31.3%
I'm not sure	207	23.4%
I prefer not to say	26	2.9%
<b>Total</b>	<b>883</b>	<b>100.0%</b>

**19. Do you have any long-lasting impacts to your mental health resulting from the harm you experienced?**

Response	N	Percent
Yes	725	70.0%
I'm not sure	158	15.3%
No	100	9.7%
I prefer not to say	53	5.1%
<b>Total</b>	<b>1036</b>	<b>100.0%</b>

**22. Do you feel safe in your current housing situation?**

Response	N	Percent
Yes	707	67.7%
Sometimes	193	18.5%
No	101	9.7%
I prefer not to say	43	4.1%
<b>Total</b>	<b>1044</b>	<b>100.0%</b>

**18. Do you experience difficulty with any of the following? (Select all that apply to you.)<sup>43</sup>**

<b>Physical and psychological difficulties</b>	<b>N</b>	<b>Percent (N=1038)</b>
Affect (feeling depressed, worry, anxiety)	620	59.7%
Sleep and energy (falling asleep, feeling rested)	549	52.9%
Pain (bodily aches and pains, bodily discomfort)	431	41.5%
Cognition (concentrating, remembering, learning)	322	31.0%
Vision (distance vision, near vision)	311	30.0%
Self-care (self-care, appearance, grooming)	309	29.8%
Interpersonal relationships (participation in the community, dealing with conflicts)	252	24.3%
Mobility (moving around and vigorous activity)	157	15.1%
I do not experience any of the above	82	7.9%
I prefer not to say	63	6.1%
I experience difficulty/difficulties not mentioned above	48	4.6%

## Data Insight

Respondents who shared additional difficulties not reflected in the categorical answer choices identified PTSD / flashbacks (n=9), auditory challenges (n=7), chronic illnesses or physical conditions (n=7), gut health / irritable bowel syndrome (n=5), migraines (n=2), reduced libido (n=1), seizures (n=1), and speech difficulties (n=1).

<sup>43</sup> All “Other” responses to Q18 that related to neurodivergence, mental health issues, and other related diagnoses were coded as examples of the “Affect (feeling depressed, worry, anxiety)” existing category. This decision was made because everyone who shared more specific information about neurodivergence, mental health, and specific diagnoses related to neurodivergence and mental health selected the “Affect (feeling depressed, worry, anxiety)” category, and we also did not think it appropriate to separate out respondents who have diagnoses versus those who do not.

## 2. Hiring survivors and disclosing survivor experiences at work

### Hiring survivors

69. Does your agency practice any of the following guidelines or requirements for hiring survivors at your agency?<sup>44</sup>

Agency guidelines or requirements for hiring survivors	N	Percent (N=1014)
Survivors have to have been out of shelter or graduated from services for a certain amount of time before they are eligible for employment at your agency	267	26.3%
Survivors who are receiving services are not eligible for employment at your agency	264	26.0%
Survivors have to have been away from their harm-doer for a certain period of time	170	16.8%
None of these guidelines or requirements are practiced at my agency	391	38.6%
My agency has different guidelines or requirements for hiring survivors	45	4.4%
I prefer not to say	186	18.3%

<sup>44</sup> Note that with the way this question was worded, it cannot be determined whether or not an agency has “no guidelines” for hiring survivors. It can only be determined that 38.6% of respondents report that their agency does not practice any of the three guidelines presented as answer choices to this question.

## Disclosing survivor experiences and survivor leadership

**56. Please select the extent to which you agree or disagree with the statements below.**<sup>45</sup>

**56a. I feel safe disclosing to my employer/agency that I am a survivor**

Statement	N	Percent
Strongly agree OR Agree	789	70.8%
Disagree OR Strongly disagree	326	29.2%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>

**56b. Disclosing that I am a survivor would put my job at risk**

Statement	N	Percent
Strongly agree OR Agree	187	16.8%
Disagree OR Strongly disagree	928	83.2%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>

**56c. My agency is survivor-led (meaning the majority of leadership are survivors)**

Statement	N	Percent
Strongly agree OR Agree	567	50.9%
Disagree OR Strongly disagree	548	49.1%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>

**56d. My agency/employer encourages staff to safely disclose they are a survivor**

Statement	N	Percent
Strongly agree OR Agree	537	48.2%
Disagree OR Strongly disagree	578	51.8%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>

<sup>45</sup> During analysis, the response choices "Strongly Agree" and "Agree" were combined, as were "Strongly Disagree" and "Disagree."

**56e. My agency/employer discourages staff from disclosing they are a survivor**

Statement	N	Percent
Strongly agree OR Agree	243	21.8%
Disagree OR Strongly disagree	872	78.2%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>

## Data Insight

These questions suggest that many survivors who participated in our survey still feel significant hesitation disclosing their experiences of survivorship at work, should they choose to do so. **One in three** do not feel safe disclosing they are a survivor to their employer. Further, **one in five** worry that disclosing they are a survivor to their employer could jeopardize their job. While the movement has made some progress toward supporting survivor leadership (half of respondents believe that their agency is survivor-led), these results suggest the movement still has a ways to go to ensure that all survivors who want or need to disclose their experience of survivorship at work feel safe doing so.

**57. Have you ever told a coworker, supervisor, or HR personnel that you are a survivor?**

Response	N	Percent
Yes	694	64.2%
No	224	20.7%
I prefer not to say	163	15.1%
<b>Total</b>	<b>1081</b>	<b>100.0%</b>

**57a. Did you feel supported afterwards?**

Response	N	Percent
Yes, very supported	378	55.3%
Yes, slightly supported	180	26.4%
No, I did not feel supported	84	12.3%
I prefer not to say	41	6.0%
<b>Total</b>	<b>683</b>	<b>100.0%</b>

## Qualitative Data Insight

Respondents who selected one of the “Yes” options or the “No” option were asked one of two possible follow-up questions:

**Q57b. What did they do that was supportive? (504 responses)**

**Q57c. What did they do that was not supportive? (79 responses)**

### Supportive responses to disclosure

Respondents described **supportive, interpersonal responses in the moment of disclosure** in which the person they disclosed to:

- Listened **without judgment or stigma** and/or made them feel **validated or affirmed**.



[They] listened intently and provided me a brave space to share without judgment or intrusive questions.

[They] empathized, validated my experience, did not minimize my experience compared to others who may have experienced other traumas or traumas of different severities.

I would say that immediately validating a staff member who has shared that they are a survivor is key. Be prepared to know what to say, even if it's “I believe you, I'm sorry that happened.” Silence or disbelief is very re-traumatizing.

- Thanked them for sharing, believed them without question, and made them feel safe.

They validated that it was a difficult experience and thanked me for sharing. They have also maintained confidentiality.

They thanked me for sharing that personal information, made me feel safe and acknowledged my strength.

- **Shared their own experience as a survivor** in response to disclosure. Some participants shared that this made them **feel less alone**.

They affirmed my experience and gave me space to speak. We also talked about their own experiences as a survivor.

[They] empathized, shared their own experiences and valued my perspective.

The majority of the staff are survivors themselves, therefore, we empower one another to heal from our experiences.



- Affirmed that lived experience in GBV work is valuable and an asset.

They did not suggest that I'm less capable of doing my job because of it; in fact, they viewed it as an asset to my ability to do my job well.

They didn't make me feel as though I couldn't do the job because I am a survivor myself. They vocalized that it in some ways will make me a stronger advocate.

[They] acknowledged that it gives me the experience to better relate to our clients.

Respondents also described **longer-term support and actions** taken as a result of disclosure, either by the person they disclosed to or by the organization. These included:

- Receiving **offers of long-term support and check-ins by listeners to see if they were doing ok.**

[They] provided a safe place and reached out after the conversation again for support.

[They] never question my truth, regularly checked in on my needs, and have been intentional with being trauma informed.

[They] check in constantly about my well-being and encourage me to prioritize self-care.

It was a coworker/friend and they supported me in listening, still treating me the same, and offering to support if I am struggling on a specific day.

- Receiving resources and services, including **access to therapeutic services, assistance with safety transfers, and resources for housing and grants programs.** Some resources were offered internally and externally, while others were restricted depending on organization policies. As one participant shared:

They listened to me and connected me with partner agencies that could [support] me since my job didn't really have a policy of assisting their own employees in matters of DV and sexual assault.

- Receiving support when personal trauma impacts or could impact their work through **personally triggering cases.** Types of support included **assistance setting boundaries, permission to pass triggering cases on to others, and offering space to process difficult situations.**

They comfort me any time a client story brings me memories of the abuse, and always ask me if I am ok.

My supervisor reminded me to set boundaries and allowed space to process when there were triggering client situations.

- Being **offered time off or supported in taking time off, including for self-care and mental health.**



[They] made sure I took care of myself and that when things were triggering that I would excuse myself and then take time for myself. Our director also encourages us to take self-care days when we need to.

They were very gentle and encouraged me to self-care and take the time I needed to move past a difficult traumatic anniversary date.

They supported me in taking time off whenever I needed it and checked in on me.

- **Being treated the same at work** after disclosure, so that the survivor **did not feel their job was threatened or like they were looked down upon for disclosing or for their experience.**

[They] listened. Still treated me the same and not as if I was weak or broken.

They didn't really change how they interacted with me, which surprised me because I was expecting to be coddled or looked down upon if I disclosed.

[They] believed me, didn't treat me like I was damaged or incapable of maintaining boundaries.

- For survivors who disclosed very recent violence, they described some specific supportive responses, including being **referred to external services, being provided with court advocacy, counseling, and housing support, having safety measures in place at work** so that their harm-doer could not locate them, and being **given time off.**



## Unsupportive responses to disclosure

Some survivors shared that while some aspects of the response they received after disclosing their survivorship were supportive, others were not. Specific examples included **demanding more of survivors after providing support or leeway after disclosure, not giving survivors paid time off or space for self-care, and responses that made survivors feel not fully understood or supported.**



They put me in charge of several sex worker programs and gave me the agency to make decisions for the programs without their approval. It was empowering but also frustrating since I got more work because of my experience with no additional pay or benefits.

There was emotional support that was authentic – but I often don't feel like I'm given the grace and flexibility needed to do this work as a survivor. Sometimes I'm fucking tapped out or things take me longer or I need more time away. And I feel that while I have emotional solidarity from them, I don't actually have the ability to ask for/be offered meaningful tangible support or flexibility.

A couple of participants also shared that they were **immediately asked if they would be willing to share their story at events or externally in some way, or that it was assumed that they would be willing to do so.**

[They] thanked me for sharing as they needed a survivor to share a personal story for the agency.

Additionally, a handful of survivors shared that even though they disclosed to a peer, they **would not disclose to their supervisors or upper management**, suggesting perhaps that they feel less safe with those individuals or less confident that these individuals' responses would be supportive.

Other respondents described the following **unsupportive responses to disclosure**:

- **Disclosure of survivorship was ignored** or there was **no acknowledgement or response** to what they shared.

They basically acted like I hadn't said anything at all. I feel like I would lose my job if I said that an incident was triggering.

They did not acknowledge [what I shared] and have since treated me like I'm new to the field, despite my stated lived experience.

They didn't really acknowledge what I shared and did not offer any support services. A conflict occurred and it became clear that admin had some victim blaming tendencies.

- Supportive words offered in the moment felt like **paying lip service** because there was **no meaningful support afterwards**.



[They] didn't know what to say, did not have trauma-informed practices in place, [and] gave lip service to encouraging disclosure but no resources or understanding to support.

- Disclosure **negatively affected survivors' job security or how they were treated at work**. Survivors shared that they experienced attempts to **change their job description** or role and were **discriminated against**, and that their supervisors seemed **less confident in their abilities**.

In one agency, I was told that maybe this work was not for me, and then small issues were made into larger issues to build a case against me for termination. At another agency where I disclosed (although I disclosed much less – the first agency I mentioned the harm was still ongoing), the supervisor seemed to feel less confident in my abilities.

I felt that they believed I was not “healed” enough to work with other survivors and would be impacted too much by the work. I was asked if I should be in another role. That was when my title was psychotherapist, I am now in another role as a result of burnout.

I was not granted any form of leave and one of my abusers is still employed here.

- Participants **experienced victim blaming** after disclosure, were **gaslighted**, and had their **experience denied or minimized**.

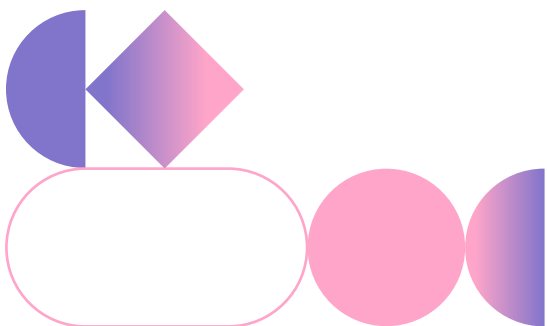
[They] told me that identifying as a survivor was a weakness and that I should try to think of myself as a “thrivers” instead.

[They] disregarded my disclosure, minimized my experience, suggested it was expected because of my identity.

- A handful of survivors **did not feel safe after disclosure**.
- One respondent shared: “They asked for more details in a group setting where it was not appropriate without asking for consent.”
- Another participant shared that they were asked to leave the meeting after disclosure, while others feared they would be talked about at the organization.

**58. Would you have been more likely to tell a coworker, supervisor, or HR personnel you are a survivor if your workplace offered benefits or support specifically for survivors?**

Response	N	Percent
Yes	502	48.1%
I would have been more likely to, but I would still be nervous	289	27.7%
No	135	12.9%
I prefer not to say	118	11.3%
<b>Total</b>	<b>1044</b>	<b>100.0%</b>



### 3. Challenges to working in the movement to end GBV

11. Which of the following challenges have you experienced while working in the GBV movement? (Select all that apply to you.)<sup>46</sup>

Challenges experienced while working in the GBV movement	N	Percent (N=310)
Wages that aren't sufficient to cover your living expenses	219	70.6%
Vicarious trauma	213	68.7%
High turnover rates at your organization	180	58.1%
Covering for an open position on a regular basis in addition to your regular job	141	45.5%
Infrequent raises	139	44.8%
Unpaid labor	135	43.5%
Lack of career growth and/or professional development	129	41.6%
Limited and/or inadequate rest (e.g., vacation, time off, etc.)	122	39.4%
Lack of support from management/leadership	116	37.4%
Inflexible work schedule	109	35.2%
Benefits are too expensive to access	93	30.0%
Work feels isolating	92	29.7%
Feelings of tokenization	79	25.5%
Lack of benefits (e.g., no dental or vision plans, etc.)	70	22.6%
Lack of training opportunities	64	20.6%
Lack of networking opportunities	63	20.3%
Lack of a 401K or other retirement plan option	58	18.7%
Being asked to speak about your story as a survivor on behalf of your organization	29	9.4%
Other	9	2.9%
I prefer not to say	6	1.9%
None of the above	5	1.6%

<sup>46</sup> Question was asked in follow-up survey.

## 4. Diversity, equity, and inclusion in the workplace

Respondents described how diversity, equity, and inclusion practices impact survivor clients, staff, and organizations.<sup>47</sup> They shared examples of **meaningful DEI practices** and how these are **critical factors affecting respondents' desire to stay at their organizations** while also **significantly influencing the quality and accessibility of services for clients**. Additionally, respondents identified **missed opportunities for implementing meaningful DEI practices** within their organizations. They described the impact of these missed opportunities on survivors and provided recommendations for agencies moving forward.

### Meaningful diversity, equity, and inclusion practices

#### 1. Examples of meaningful diversity, equity, and inclusion practices

About half of respondents described having a workplace that has implemented meaningful DEI practices or meaningful changes to improve DEI. Having a **diverse staff—especially BIPOC leadership**—felt **inclusive and representative** for respondents.

The director of my agency is a black woman. You rarely see that in leadership positions. It is encouraging that maybe I can be in this position one day, or at least that there is space for me to do so.



We are a diverse group in a diverse city. I am responsible for a great deal of the hiring decisions. Diversity is crucial when hiring to join our team. Our goal is to have our agency reflect the same level of diversity at all levels that are present in our community.

<sup>47</sup> Two open-ended questions related to DEI were analyzed and synthesized in this section: “78. How, if at all, do your agency’s diversity and inclusion practices (or lack thereof) impact your desire to stay at this agency? Think about if you feel valued, supported, and compensated fairly based on your own ethnicity, gender, sexuality, experiences, etc., and if that makes you want to stay at this agency or not”; and “79. How, if at all, do your agency’s diversity and inclusion practices (or lack thereof) impact the work you are doing with survivors? Think about feedback you have heard from current clients or potential clients when it comes to receiving services in a certain language, meeting needs that are specific to a certain community, losing or gaining clients, your ability to connect with survivors effectively, etc.”

Survivors also shared examples of ways their organizations have **values or characteristics aligned with DEI**, such as having a diverse and inclusive workplace for all genders and backgrounds, creating warm and supportive work environments, and integrating anti-racism into the organization's core values.



**Our agency is dedicated to furthering the dismantling of white feminism at the core of the anti DV movement, and has engaged in intentional anti-racism work over the past few years to better serve clients and our community, and this is something that aligns with my own personal values and has high importance in my life and adds job satisfaction for me.**

Additional examples of meaningful DEI practices identified by survivors included specific effort by **leadership to support DEI** initiatives, access to **DEI training and education**, and having a **DEI committee**. Other respondents shared examples of how they feel **equal, valued, supported, appreciated, safe, and/or comfortable** at their organizations thanks to their agency's policies, practices, and culture around DEI.

Other respondents shared that their agency is **taking steps toward improving DEI or is better than their previous organization when it comes to DEI**.

## 2. Meaningful diversity, equity, and inclusion practices are a reason to stay

DEI practices significantly influence respondents' desire to remain with their organizations. The presence of **diverse leadership and staff, meaningful implementation** of DEI policies (rather than surface-level initiatives), and **inclusive treatment of staff**—particularly BIPOC (Black, Indigenous, People of Color), LGBTQIA+, and immigrant staff—emerged as critical factors affecting respondents' desire to remain with their agencies. When organizations demonstrate authentic commitment to DEI principles through diverse hiring at all levels that values the lived experiences and skills of different communities, supportive policies such as intentional anti-racism work, and accountability for harmful behavior, survivor staff express greater desire to remain with their agencies.

**This is the first time I've worked for a leader that prioritizes equity & decolonizing workplaces, it's made a huge difference in how valued I feel at work and I am much more likely to stay.**

### 3. Meaningful diversity, equity, and inclusion practices support survivor clients

Some participants shared how **effective DEI practices help create a safe and inclusive space for all survivors.**



The racial and cultural safety that I feel directly impacts my ability to then serve survivors from a full cup and without fear or discomfort. It also allows me to speak very freely and openly about the systems of oppression that harm my clients who belong to marginalized identities, knowing that I will receive support in advocating for those survivors in creative, culturally humble ways.

Respondents also discussed the importance of hiring bilingual staff and making translation and interpretation services available to clients. They highlighted that **providing translation and services in different languages means that clients are able to connect more easily to services and receive culturally responsive care.**

Since we have staff who speak a variety of languages, our agency has made communication with different clients very easy and thus we can easily execute and fulfill our duties.

Bilingual case managers can provide culturally appropriate practice.

## Missed opportunities to better serve survivors through enhanced diversity, equity, and inclusion practices

### 1. Examples of missed opportunities

About half of respondents described missed opportunities to better serve survivor clients and staff through meaningful adoption and implementation of DEI practices at their workplace. When describing what this looks like in practice, respondents highlighted a **lack of DEI policies and practices** and **lack of DEI training and education**. Respondents also provided examples of **hiring, wage, and/or promotion disparities**. The vast majority of disparities shared were related to lack of diversity and inclusion within leadership.

We need to prioritize hiring of POC staff on all levels. Leadership is mostly white and so is the incoming staff. Lack of racially diverse staff allows us to stay in the structure of white professionalism and supremacy. I am often frustrated working with white leadership. I feel like they don't really understand me, my ideas are brushed off and the onus is on me to code switch to their level.

The next most commonly cited issues related to DEI practices and policies were **lack of BIPOC staff** and **talking about DEI but lacking action**.



Because we don't emphasize hiring BIPOC folks, it's been discouraging to work here at times. I look around and it's very white and that's frustrating. I want survivors to be able to see themselves reflected in who they're working with.

This is actually another huge reason I am dissatisfied with my job and looking to another. I came to this agency because I am a values driven professional and this company seemed to be doing the work but once I was on the inside, I can see things are done very superficially without meaningful change.

Respondents also discussed **negative experiences of BIPOC, LGBTQIA+, and women staff**, including not being supported, valued, or treated inclusively; being underpaid; being tokenized; and experiencing microaggressions, racial comments, and a lack of psychological safety. Survivor staff also shared that trans staff at their organization (including themselves and colleagues) are subjected to transphobic language and misgendering.

Higher ups regularly misgender and tokenize staff members of color and/or who are LGBTQ+. On paper the agency claims to be about eliminating racism and [about] women empowerment, but the actions of the agency prove otherwise.

This is the main contributing factor to my burnout. I experience microaggressions regularly from my White supervisor, as do my other BIPOC peers. It's degrading and humiliating and exhausting to try and argue back or educate or mediate some sort of compromising agreement. I do not feel like my diversity is valued, and often is misunderstood or tokenized for the agency's benefit.

Some also described how a **lack of supportive policies and structures** can make it difficult to know where to turn when experiencing microaggressions. This can be particularly tricky if those causing harm identify as proponents of diversity, equity, and inclusion.

While I feel valued, I think our agency can be difficult because everyone identifies as an ally, but people still cause harm. I still experience microaggressions that are sometimes harder to correct than outright discrimination. And we don't have an HR, so there's no one to go to when it happens with my supervisor. I'm staying for now because I believe it'll get better, but there have been days when it's really made me struggle to feel mentally safe at work.

## 2. Missed opportunities are a reason to leave the agency

Where DEI practices are not established within organizations or where there is **no meaningful progress on DEI**, many respondents expressed a **desire to leave their organizations**.



It's hard to want to remain when you see the agency continue to get it wrong year after year after year – not truly valuing employees, never really addressing issues of racism or providing a living wage, etc.

Our DEI work has been lacking and often it lands on BIPOC [staff] to do that work in the agency. There's a good amount of tokenizing that happens in the agency. There's an expectation placed on queer and BIPOC employees to do all of the outreach and work with marginalized communities. It has gotten exhausting to the point where I had looked for other jobs.

Other respondents shared that despite missed opportunities for meaningful DEI policies and practices, they still wanted to stay at their agency. Examples of their reasoning included feeling like their **agency is still making efforts** to improve; **staying to ensure diversity** and **for the sake of clients**; and **hoping to see or make change in DEI efforts**.

## 3. Missed opportunities for supporting survivors

Respondents noted that improved diversity, equity, and inclusion will have a positive impact on the survivors they serve, and demonstrated how insufficient DEI practices are a missed opportunity for supporting survivors.

### Need for increased bilingual staff or interpretation services

Participants highlighted how **limited bilingual staffing** makes it **harder for survivors to access services and increases wait times**.

Survivors report **not being able to understand or connect with me well due to the language barrier**. I have lost survivors on my caseload due to not being able to provide them the quality of services they need and deserve to have.

Oftentimes we receive calls by people who only speak Spanish, and not having a Spanish speaking advocate on the line makes that very difficult. Non English speakers need services too, and BIPOC individuals deserve to feel represented and advocated for.

Not having services in their native language greatly impacts their ability to access services to begin with, let alone adds to wait times, and sometimes even lack of acceptance into the services.



We do not have enough bilingual staff to help the clients we serve and our bilingual staff are expected to help any time we get a client that speaks Spanish and that might be dropping whatever they are doing and traveling to a different office. Sometimes we have to call them on the phone if a survivor comes in and there isn't anyone to speak to the client in person. I think we lose a lot of clients because we don't speak their language and a lot of time they don't trust us if they are not documented.

### Importance of reflecting client identities or experiences among staff to build trust

A number of respondents shared that having **no or few staff with the lived experience or shared identities** of some survivor groups **reduces their ability to better support all survivors and can limit trust.**

Our agency is predominately white, but our survivors are diverse in race, ethnicity, religion, gender identity, etc. When there is a lack of representation, there is a lack of trust.

I think our lack of diverse staff has a major impact on potential and current clients. We do not have any non-white staff and very few trans staff so survivor clients do not see their own identities reflected in our staff.

Being the only black advocate in the Org, the challenge comes when specific clients request to work with an advocate of color . . . which is only me.

### Need for greater cultural responsiveness among staff

Other respondents highlighted how **greater cultural responsiveness among staff is needed in order to better meet survivor needs.**

I believe this can improve with possibly having staff be more trained to support survivors. Being more trained can make all staff more competent to support survivors that are diverse whether [in] sex, race, [or] gender. We can better assist with their immediate needs.

A lack of cultural competence in understanding how people of various cultures feel supported and find safety make it difficult for people of racial, sexual, gender minorities to feel truly safe and supported.

I have heard staff misgender our clients, perpetuate stereotypes and use harmful language about diverse folks in our program/community. I have had clients come to me with discrimination complaints because they knew I could help, which made my caseload higher and made everything more difficult.

### Need to address “savior mentality”

Some respondents described how a “savior mentality” can result in challenges meeting survivor needs, and can “cause more harm than good.”



**If our workplace is unsafe for staff, I do not feel it is safe for survivors. There is a ‘savior mentality’ that feels toxic and we do not provide cultural services/funds in a culturally humble way due to our lack of knowledge and lived experience. I have concern we cause more harm than good.**

**Our agency has historically only served white cis, straight, women. There has been harm caused by our agency to communities of color which has impacted how we serve them. We have lost trust with BIPOC survivors and haven’t taken the measures to rebuild that trust. We are only just beginning to do the internal work of unpacking that so that we can work towards rebuilding that trust.**

### Instances where staff dynamics impede effective service delivery

Other respondents observed some staff behaviors that affected their ability to support survivors, such as **not affirming clients’ gender or sexuality**, making **racist comments**, and **disparate treatment of survivors with certain identities**.

**We do not have specific services for different survivors and have had people on our team that make racist comments to staff and survivors yet face no consequence for it.**

**Our participants have expressed to me how they do not feel comfortable with many of our staff members who are not gender affirming and queer affirming.**

Lastly, a handful of participants shared that a lack of meaningful DEI practices can reduce morale among staff, which subsequently negatively impacts clients and services.

### Key takeaways

Survivor staff reported that when agencies engage in meaningful diversity, equity, and inclusion practices, the quality and accessibility of client services improve. Respondents reported that organizations that prioritize diverse staffing—particularly staff who share lived experiences, identities, and languages with survivor clients—had higher levels of client trust and engagement. Respondents emphasized that when survivors see themselves reflected in staff, they feel more understood and better served. Without strong DEI practices in place, respondents felt that their agencies were less equipped to understand and meet survivor needs. In some cases, this could even cause harm to survivor clients. These findings suggest that investment in DEI—particularly through increased staff diversity, improved language access, and greater training and support to foster cultural responsiveness—strengthens organizations’ ability to provide equitable, accessible, and responsive care to all survivors.

## 5. Survivorship and the service provider role

**15. How, if at all, has answering questions specifically about your experiences as a survivor affected the way in which you think about your role as a service provider working at a nonprofit organization?<sup>48</sup>**

Survivors working in the movement to end GBV hold the dual experience of being both a survivor and a service provider to other survivors. This dual experience is not often acknowledged or explored. This question encouraged respondents to reflect on their role as a service provider and how this intersected with their experiences of survivorship. Respondents shared insights about navigating this dual identity within nonprofit systems, revealing how personal survivorship influences their professional practice and perspectives. Many described their lived experience as both a strength that enhances their work and a challenge that requires acknowledgment and support. Their reflections highlight the need for organizational practices that honor and support both the provider and the survivor aspects of their identity.

From most to least discussed, the following themes came up in survivors' responses:

### 1. Navigating unmet needs as survivor service providers (28 responses)

Some respondents identified and reflected upon their **unmet needs as a service provider** and **necessary workplace changes**, including the **need to acknowledge, support, and empower survivor employees**.



It reminds me to step back and realize [the] lack of resources and support we receive. Our work is so important yet we create a culture that celebrates burnout like a badge of honor. Or we preach self-care but do not offer time, money, resources, etc. to actually create a route of care.

It's validated the notion that this is a survivor-led movement and we cannot support others if we are not being properly supported as providers.

Some reflected further on the **need for a living wage** given this dual experience.

I'm more aware that I've been working hard for scraps. I'm [a] 32 year old single woman with no retirement and \$500 in the bank. I thought that was just the nature of nonprofit work, but maybe it doesn't have to be.

<sup>48</sup> Question asked in follow-up survey.

## 2. Integrating the dual experiences of survivor and service provider (24 responses)

A number of respondents reflected on the need to acknowledge this dual experience and the needs of service providers in the movement.



We talk so much about what survivors need in the GBV movement but so rarely about what we need as the service providers in the movement. There is no acknowledgment that many of us are survivors too and that many of us have previously or are currently going through the same struggles as our clients.

I think it has given me some validation that I can be both a survivor and a professional in the field. It often feels at my workplace [that] you have to choose.

## 3. Acknowledging ongoing experiences and needs as survivors (22 response)

Respondents reflected on their own needs, challenges, and healing journeys.

[Taking this survey] makes me realize even though I'm the "helper," there's still a great deal of help I need too, and pushing that aside to help others doesn't make that go away.

[Taking this survey] made me more conscious that I'm not just a service provider. I myself have healing work that I need to focus on. I often put more emphasis on work but I too need support.

## 4. Remembering survivor experiences improves support to clients (18 responses)

Some reflected on how **re-centering their own identity as a survivor**, not just their identity as a provider, improves their ability to relate to, empathize with, and support clients.

Answering these questions have helped put me back in the perspective of a survivor instead of always being the helper. Being put in the mind of a survivor helps me to better understand how my clients are feeling and what they need.

I experienced GBV a few years ago and it was helpful to revisit those circumstances and I believe helped me feel more present for clients.

It's shifted my perspective into more patience, flexibility, and grace.

## 5. Feeling empowered and seeing survivorship journey as a strength (14 responses)

Several respondents commented on reframing their **survivor experience as a strength**, and some felt **empowered to be more attuned to their own needs within the workplace**.



[Taking this survey] makes me feel empowered by my lived experience rather than always hindered by it.

It reminded me of where I come from and how far I've come. It validated and reinforced why I do the work that I do with the love and passion I have.

## 6. Renewed realization of broader systemic challenges at play (13 responses)

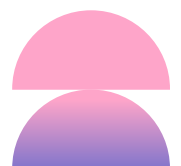
Some respondents shared that answering questions about their experiences as a survivor **reminded them of harms they have experienced within nonprofit systems**. For some (8 responses), it had them reflecting on **whether they want to or are able to stay in this field**.

[This survey] highlighted the ways I've been harmed and burnt out from this system. It helps reinforce what I already know - which is that I need to leave otherwise I'll be exploited in one way or another.

## 7. Renewed energy to stay in the work (13 responses)

After reflecting on their experiences as survivors and providers, other respondents felt **encouraged and re-energized to continue supporting survivors** and stay working in the field. Some wanted to **make systems and organizations more survivor-centered**; a few (9 responses) expressed they were hopeful for change.

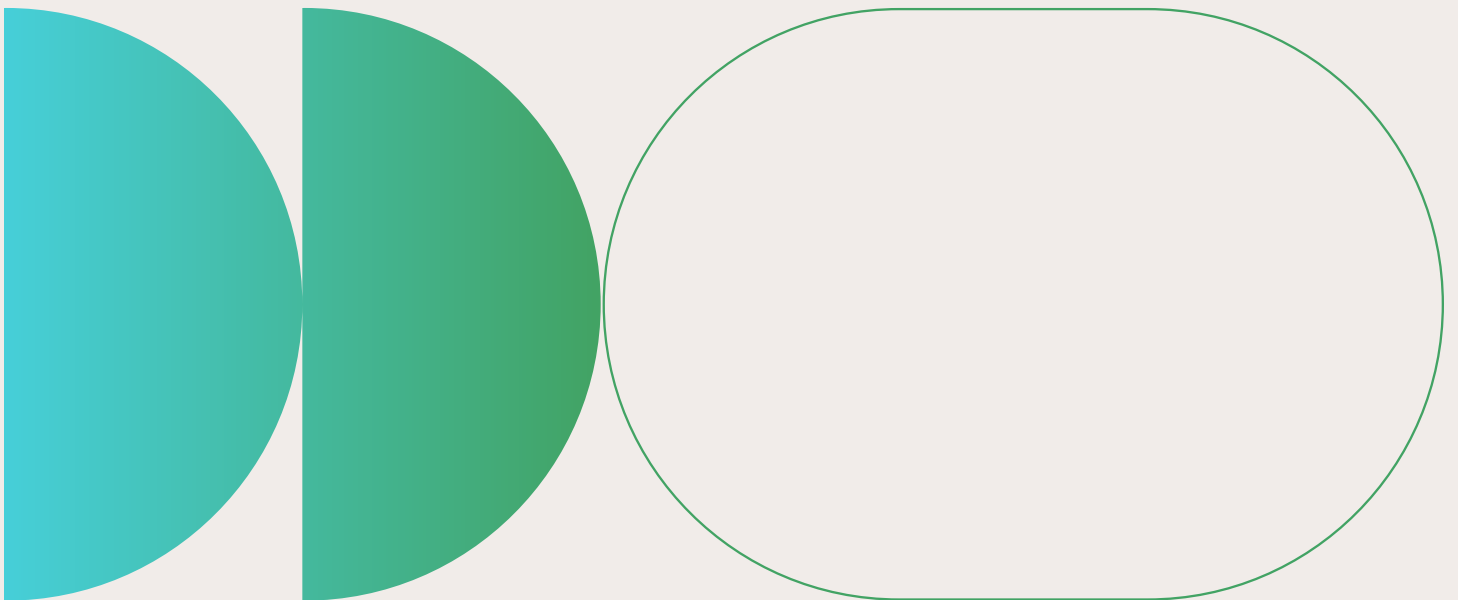
It's made me think more critically about what's possible for employee advocacy in the workplace, it's given me hope that this work can and should be sustainable.



# 03

## A Vision for the Future: Survivors' Dreams and Recommendations for our Movement

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# 1. Recommendations for improved work- place policies and practices

66c. What could have helped you prevent burnout? Check all that apply.<sup>49</sup>

Practices that could have helped prevent burnout	N	Percent (N=707)
Better pay	508	71.9%
More paid time off	414	58.6%
Being encouraged to take time off	395	55.9%
Access to free or affordable mental health services	392	55.4%
The ability to work from home more often	360	50.9%
Flexible work schedule	344	48.7%
Smaller caseload	322	45.5%
Access to better health insurance	250	35.4%
Something else	49	6.9%
None of the above would have helped me	10	1.4%
I prefer not to say	4	0.6%

<sup>49</sup> Question was only asked to those who responded “yes” to question 66., “Have you personally experienced “burnout” at your agency?” (See Ch. 1, Turnover and burnout).

**68. Would access to the following workplace benefits or policies benefit you?**

**68a. Paid and protected leave that you can use to deal with the consequences of GBV.**

Response	N	Percent
Yes, this would benefit me	851	76.3%
No, this would not benefit me	179	16.1%
My agency already offers this	85	7.6%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>

**68b. Peer support groups among coworkers for survivors.**

Response	N	Percent
Yes, this would benefit me	781	70.0%
No, this would not benefit me	278	24.9%
My agency already offers this	56	5.0%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>

**68c. 401k match.**

Response	N	Percent
Yes, this would benefit me	729	65.4%
No, this would not benefit me	114	10.2%
My agency already offers this	272	24.4%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>

**68d. Savings matching program.**

Response	N	Percent
Yes, this would benefit me	973	87.3%
No, this would not benefit me	109	9.8%
My agency already offers this	33	3.0%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>

**68e. An emergency grant fund for employees.**

<b>Response</b>	<b>N</b>	<b>Percent</b>
Yes, this would benefit me	984	88.3%
No, this would not benefit me	102	9.1%
My agency already offers this	29	2.6%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>

**68f. An emergency loan program for employees.**

<b>Response</b>	<b>N</b>	<b>Percent</b>
Yes, this would benefit me	774	69.4%
No, this would not benefit me	292	26.2%
My agency already offers this	49	4.4%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>

**68g. Flexible work schedule and work from home options.**

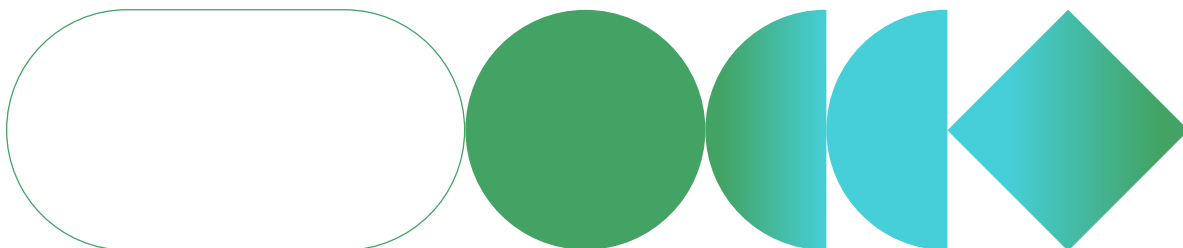
<b>Response</b>	<b>N</b>	<b>Percent</b>
Yes, this would benefit me	757	67.9%
No, this would not benefit me	119	10.7%
My agency already offers this	239	21.4%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>

**68h. Affordable childcare options.**

<b>Response</b>	<b>N</b>	<b>Percent</b>
Yes, this would benefit me	692	62.1%
No, this would not benefit me	370	33.2%
My agency already offers this	53	4.8%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>

**68i. Health insurance for yourself and your kids that is 100% paid for by your employer.**

Response	N	Percent
Yes, this would benefit me	911	81.7%
No, this would not benefit me	151	13.5%
My agency already offers this	53	4.8%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>



## Qualitative Data Insight

Several high-level recommendations for improving workplace policies and practices can be drawn from the quantitative data above, as well as from the qualitative data on workplace practices and how to support staff.<sup>50</sup> Overall, survivor service providers who responded to these surveys recommend that organizations:

1. Pay a living wage
2. Provide comprehensive benefits, especially quality mental healthcare and paid time off
3. Increase flexibility, support, and resources available to staff
4. Adopt survivor-centered policies, practices, and trainings
5. Understand and value the experience of survivor staff
6. Create a safe and healthy workplace culture
7. Support survivor leadership and dismantle harmful power structures

### 1. Pay a living wage

Over 70% of respondents who experienced burnout said that better pay would have helped them avoid it. This is also reflected in the qualitative data, where many participants emphasized the need for **better, more equitable pay** to support survivor workers and reduce the risk of burnout. They stressed that **living wages are critical for survivors to thrive** inside and outside the workplace.



**A thriving wage and benefits that are commensurate with education and experience are the bare minimum that's needed. We can't pay our bills with mission statements.**

**We need a living wage. It bothers me greatly that I myself cannot afford the things that my clients need in order to lead non-violent, independent lives.**

Participants noted that **a living wage would help reduce stress, improve the ability to focus at work, and reduce staff turnover rates**. It is also more aligned with trauma-informed practices.

<sup>50</sup> Several open-ended survey questions asked survivors about how employers can better support survivors on staff and create survivor-centered workplaces. These questions were synthesized during qualitative analysis: Application Q59. "What, if anything, do you want employers to know about how to support staff who are survivors or who have been subjected to gender-based violence?"; Follow-up Q13g. "What do you feel would be helpful in creating a workplace that is more survivor-centered?"; Follow-up Q17. "What do you want executive directors and CEOs of GBV organizations across the country to know about how to support survivors on their staff?"



Survivor advocates spend a large chunk of their day with you, and with clients. If they aren't happy, if they are stressed about being able to afford gas to get to work, you need to pay them a living wage. \$16 an hour doesn't begin to compensate someone who sits with a client while they are getting a Sexual Assault Exam. All that \$16 an hour does is stress me out due to the bills that pile up. If advocates are stressed, you're going to have high turnovers of staff. We need to be paid enough not to survive, but to thrive. I should be able to start saving for my retirement, but I'm barely making a dent.

Higher pay would allow employees to focus on work, while not thinking about planning a meal.

Trauma-informed programming needs to be extended to staff, not just program participants. Staff need to make a living wage. It's so exhausting to do this work and also stress about not being able to keep my household out of debt.

Many participants highlighted their **deep commitment to the GBV movement** and their work, but shared it **feels unsustainable given their current low wages**. A living, thriving wage would **help workers feel valued**, especially since **lived experience is such an asset in the work**, and would **help them address the traumatizing and challenging nature of the work**.

We are deeply committed to the work we do but we are so undervalued/underpaid that it makes it difficult to justify staying in the work.

Vicarious trauma happens even when we don't notice it, revictimization happens a lot, and we are doing so much more work than you realize. Please listen to us when it comes to asking for support or a higher wage because some of us may still be rebuilding our lives.

Pay is huge, benefits are huge, if you have lived experience the work is traumatizing, you should recognize and value long term staff instead of accepting turnover and always trying to hire new staff. Lived experience should be compensated.

## 2. Provide comprehensive benefits, especially quality mental healthcare and paid time off

Respondents shared the **need for improved benefits** that are **equitable, affordable, and comprehensive** in order to support survivor workers. In particular, they emphasized the importance of access to **mental health support for staff**, including providing and encouraging staff to take **time off for mental health days** and ensuring staff receive **no cost, accessible, quality mental health care**. This reflects quantitative data in which **over half of respondents who experienced burnout expressed that access to free or affordable mental health services would have helped them prevent burnout**.



We deserve to take care of our mental health after challenging calls and interactions. There should not be shame around this, it is hurtful to our movement to not hold space for healing [for] those who choose to be in this work and are survivors themselves.

Therapy that is affordable is necessary to do this work in a sustainable way, and you do want survivors deeply in this work.

Take care of your staff, give them mental health days, encourage time off, apply unlimited leave. Have group self-care days, staff retreats, all of this will help survivor staff with their mental health, secondary and primary trauma, as well as keep them connected and focused on their work and why they do it.

Respondents also recommended that employers **offer comprehensive healthcare, flexible work hours, increased** (ideally unlimited) **PTO, peer mentors, and wellness stipends**. Regarding PTO, respondents who experienced burnout felt that **being encouraged to take time off was almost as important as having more paid time off** to prevent burnout (see quantitative data).

There needs to be upfront PTO and mental health days and accessibility to meditation / mental health services. EDs need to realize that survivors sometimes do not feel comfortable coming forward with their story and they should be able to access supports as easily as someone who does.

Higher pay, shorter work weeks, and benefits that include comprehensive healthcare would be huge. We've all gone through so much and it's so unsustainable to expect 40-50 hour work weeks with pay that isn't enough to pay the bills, let alone have leisure and healing which we deserve too.

Some participants (76.3%) also noted that **paid and protected leave to deal with the consequences of GBV** is an important benefit.

Give paid time off when an employee is leaving a harmful situation, has recently experienced an assault, or is triggered by a client's situation (not use vacation hours).

Overall, participants highlighted that **better pay, benefits, and support for survivor staff will reduce turnover**. They also highlighted that investing in current talent is a better financial strategy for organizations and can contribute to organizational longevity.

If changes cannot be made or advocated for that supports survivors on their staff in regards to pay and benefits and time off, they will never have longevity in their organization and consistently have turnover.

Pay us more – and trust that we're worth it or you wouldn't have hired us to begin with. Additionally, it's cheaper to pay the staff you have more than it is to constantly churn through people, lose talent, and retrain over and over.

### 3. Increase flexibility, support, and resources available to staff

Respondents stressed that survivor staff **need more support, flexibility, and resources from supervisors and leadership. Flexible work schedules** can especially be helpful for survivor workers at risk of burnout (quantitative data above demonstrates that around half of respondents felt that the ability to work from home more often or a flexible work schedule would have helped them prevent burnout).



Recognize that this line of work can be triggering and provide staff with safe spaces to debrief and discuss if they want to, or even giving them the space to step away.

People don't always show up how you want them to, AND it's still worth it to hire people with lived experience. We deserve flexibility and support.

Everyone in this field, survivor or not, deserves the time and space to take care of themselves however they see fit.

Other respondents shared that **survivor staff need access to the same care that they themselves provide** and that staff should be supported in the ways that they support clients.

The same resources that they seek to provide to clients should be considered for staff.

Supporting survivors means also supporting your staff. Both because many staff are survivors and because happy staff means less turnover, which leads to more trauma-informed services for participants.

Some respondents shared that employers should **share and advertise information about available services and resources for staff**. Additionally, a couple respondents highlighted needing the same services and support that clients need.

We might become "numb" to traumatic stories to cope, but rarely are we fully numb to our own trauma. It still impacts us, and therefore can impact our ability to do this work when we're not getting the support our clients are. We need the same support, and often can't get it because we're working at the only org in our area that offers that support.

Provide resources for staff just like we do our clients. We are the only agency in the county that helps DV survivors and we can't get support here. We need free therapy, legal services, rent help, but we can't get it because we're employees.

Others highlighted the importance of **offering financial services and support to staff** with acute needs and for long-term financial security.



#### 4. Adopt survivor-centered policies, practices, and trainings

Participants shared that employers need to **support survivor staff and offer time to heal, including at the workplace**. They suggested offering **trauma-informed training** for all staff as well as providing **training around triggers for staff** and **implementing trauma-informed workplace practices**. Respondents also highlighted the **importance of safety planning policies** and increasing staff's safety at work.



If you have actual trauma-informed organizational policies, you don't need to overthink how to support survivors specifically, because compassion will be woven into the fabric of the organization. Survivors don't need special treatment; our organizations need transformation to make them better places to work for people experiencing all forms of oppression or trauma.

[I want employers to be] genuinely trauma-informed in every aspect rather than just talking the talk but not walking the walk.

Participants provided a number of recommendations related to working from a **survivor-led framework**, including taking a **trauma-informed approach with staff** (not just clients), **listening to needs of survivor staff**, and creating **opportunities for safe and supportive disclosure of survivorship** in the workplace without fear of repercussion.<sup>51</sup>

Being “trauma-informed” does not mean just knowing a few ways trauma affects individuals. Being truly trauma-informed means meeting those moments with compassion, grace, and understanding. And that supporting disclosures MATTERS.

Understand that work with survivors as a survivor is painful, challenging, and triggering and that self-care is not something to be tolerated by the agency but needs to be a regular, supported, and celebrated part of employment. You must assess at what point you are exploiting staff that are survivors (unpaid on-call work, low pay) – having survivors in this work is essential and you must be mindful that you are not causing harm just as you would when you were serving a client. Being trauma-informed must apply to how staff are treated and not just clients.

Build survivor care into the workplace! Offer trauma responsive treatment at work to staff without stigma or penalty. Create SAFE spaces for survivor staff to disclose to other staff, if interested.

Respondents also shared **recommendations for better practices on survivor-led and survivor-informed programming**, including being knowledgeable about the communities and populations served, being realistic with services offered and requirements for survivor clients, and advocating for more non-restricted funding.

51 See “Supportive responses to disclosure” section in Chapter 2: Experiences of Survivors Working on the Frontlines.

## 5. Understand and value the experience of survivor staff

### Believe, acknowledge, and respect survivor staff

Many respondents shared the **importance of believing, acknowledging, and respecting survivor staff**. They recommended that employers **listen to survivors** and **give them space** to share their story if they choose. Some participants noted the **importance of not making assumptions** or **placing judgment** on survivor staff and of **being open-minded**.



When you talk about “survivors” you’re talking about me while I’m in the room. We are not problematic employees or liabilities. We have a wealth of personal lived experience that benefits the survivors we’re working with, our agency, and the movement. We **NEED** to be allowed to talk about our realities without being judged for not being “professional” or “able to handle it.” We need time/space to process emotions as they come up in triggering work. Emotionality should not be judged as weak or unprofessional.

Don’t assume we are damaged or “too easily triggered” or incapable of maintaining boundaries.

Other respondents emphasized the importance of employers **not tokenizing survivors** or causing further harm.

We are neither spectacle nor are we tokens. We have powerful voices and we can contribute to the conversations about what survivors need in order to heal, recover, and thrive. We are just as much the experts on our own experiences as other people who have more degrees.

Listen to what people have to say and don’t further perpetuate harm.

Additionally, participants highlighted that survivor staff should be trusted, listened to, and believed. They emphasized the importance of leadership taking the time to **consult with and learn from survivor staff**.

Include survivors as experts. Not as someone to talk about abuse but someone who knows and understands abuse more than someone who never experienced abuse.

Listen to them. If they are willing to speak about their experience they are trusting you with the most traumatic event of their life. It’s not easy to give someone else those details to use to help others but we do it for you to listen to us because we know what we are talking about.

Participants shared that employers, executive directors, and CEOs should realize that staff who are survivors can provide the **best possible care to survivor clients, given their ability to empathize**, and recognize that their **contributions are incredibly valuable**. Furthermore, they stressed that **lived experience should be as valued as education** and is a strength.



A lot of us are very well equipped to do this work because of our experiences. We've overcome the things many of our clients are actively working through.

I would want employers to know just because we are survivors too, that it does not mean we cannot do our jobs. We are capable of supporting other survivors, and are incredibly good at it because even if that person never knows, on some level we can understand them. That empathy helps with connection and letting a survivor know "I see you and I am here for you, no matter what." It also means that we should be uplifted and valued for the work we do, not taken advantage of in the nonprofit world.

Listen to us and understand that we see things from a different perspective that needs to be valued because we have went through similar trauma as other survivors. We have a connection with survivors that non-survivors do not have.

They should welcome and support survivors as being experienced in the work they do and acknowledge this as an asset to their organization.

## Be aware of the complexity of healing journeys

Many participants stressed that employers, executive directors, and CEOs need to **be aware that the healing journey is not linear**, that it is a **long-term process**, and that it looks **different for each survivor**.

This doesn't go away, it isn't an over and done with situation. Even if you were and no longer are experiencing violence, you live with it every day and that will impact anyone. Sometimes I compare it to living with a broken arm 24/7, sure I might be able to muddle my way through and have good days but there's still an ache somewhere, all the time.

Regardless of when the violence occurred . . . staff members' healing from that trauma is not linear. You also cannot [assume] a staff member's experiences and choices/access to resources will be the same as other staff who may be survivors or [the same as] survivors the agency serves. Staff may have needs you don't understand, please honor that trauma looks different for everyone and the needs of survivors may look different.

Trauma presents differently for different people. There is no timeline for trauma, grief, and healing.

Survivors also recommended that employers need to **recognize the impact of secondary or vicarious trauma** and that working in the GBV movement can be triggering.



It's important for employers to know that we can't always give 100% effort every single day when we are also listening to our clients talk about their own trauma. Secondary trauma is very real and it impacts my personal and professional life.

The amount of effort it takes to move toward your own trauma for the sake of better supporting survivors is an honor and deeply exhausting. It feels like our labor is deeper and more intense than y'all understand. Vicarious trauma combined with lived experience with these forms of trauma is particularly heavy and difficult to sustain.

To know that there are survivors on their staff and no matter where we are on our healing journey, everything impacts us and oftentimes, working in these environments can be triggering. Folks just need to ease up and give us breathing room.

Other respondents highlighted that **trauma is complex** and can affect daily life. One participant highlighted that employers should know that it is **possible to work at a GBV agency and also be experiencing ongoing harm**. Others shared the importance of treating all staff as if they are survivors and not making assumptions about who is and who is not.

### Survivors can be excellent at their jobs even if they need support

Survivors also described how the work can be triggering and how they sometimes require extra support, but that it does not mean that survivors are not excellent at their jobs and as advocates within the GBV movement.

Being a survivor both makes me excellent as an advocate, and also can make doing my job activate trauma, decrease productivity periodically, etc.

Being a survivor does not compromise our ability to support survivors. We should not have to prove that we can be objective. Our survivorship can be an asset, but being a survivor in and of itself doesn't make us better equipped to support survivors. We may have specific needs related to the impact of the work and in terms of self-care and healing, but those needs are for each person to determine for themselves, to disclose or not, or to bring explicitly into our work or not.

Just because we are victims doesn't mean that we can't do our job. It doesn't mean that we will be triggered or unable to maintain boundaries. It doesn't mean that we need to use additional benefits, but to have them is reassuring.

## 6. Create a safe and healthy workplace culture

Participants described the importance of creating a **healthy workplace** for survivor staff that is **safe and sustainable**. They highlighted the need for employers to **address burnout, stress, and turnover** and also shared how important it is for leaders to model self-care and actually use vacation time. Spaces that are **safe for conversation** were identified as critical for survivors in the workplace.



**Staff must first feel safe in their workplace to adequately provide survivor-centered services and safety starts at anti-racism policies that are truly practiced at an agency, anti-tokenism, and then other facets that help staff feel safe including adequate pay, the same amazing incentives other organizations provide because advocates deserve that too, excellent benefits, even workloads, etc.**

Participants shared the need for there to be **less red tape** and **less focus on outside systems** and grant programs. They recommended a work culture that **centers and listens to survivors** as well as follows the lead of organizations advocating for service providers and survivors.

**Let go of the models/structures learned from the very ideologies/philosophies/teachings that also enable/create GBV. Listen to survivors and the organizations that represent/advocate [for] the most marginalized among us (like 'me too' Intl. or Free From). Listen to these orgs when they share policies that can help us. Elevate us to leadership positions in your organizations because we have not only book knowledge, but lived experience. Pour your resources towards us. Listen to us.**

Additionally, participants **cautioned that employers can sometimes exploit and retraumatize survivor workers**, even without knowing. They highlighted that trusting and putting survivors first means doing the same for employees.

**Trust and putting survivors first will always mean putting workers first too. So many of us in this field are survivors.**

## 7. Support survivor leadership and dismantle harmful power structures

Some participants stressed that **survivors need to be leading the movement**.



Sometimes, the most equitable thing for you to do is step down and let survivors take the mic and build power. This movement is not just for able-bodied, rich, White cisgender women.

Survivors [should be] centered **\*in leadership\*** at every level and in every space.

Know that it increases the value of the movement – it is perhaps one of the most necessary elements of the movement – to be led by survivors and to be consulted by survivors.

A number of participants highlighted the **importance of acknowledging the power that leaders hold** within organizations and the **impacts of power dynamics on survivor staff**.

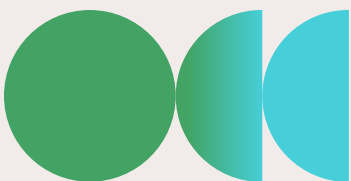
I find my status as a survivor and related trauma has often been exploited and manipulated by the places that I work. Many nonprofits play on my natural compliance and fear as a result of decades of abuse. I want organizations to be more aware of the fact that most of their employees are survivors and wield their hierarchical power appropriately.

Capitalist leadership structures and white supremacy culture in the workplace mimics abuse and so if they are truly against harm and abuse they will approach their positions as leaders with care and acknowledge the power they hold. They will take trauma-informed trainings about management, and try to fill the board with people willing to hold them accountable.

Participants also wanted their organizations to be aware of **potentially harmful structures that replicate abuse** and systems of power.

If we serve survivors as our clients, we sure as hell better have our shit together and not abuse or replicate similar abusive dynamics within our own workplace.

Please don't say you support survivors if your internal structure proves differently.



## Key takeaways

When asked what employers, executive directors, and CEOs should know to support staff who are survivors, respondents emphasized understanding how trauma manifests in the workplace, respecting diverse healing journeys, addressing specific needs that enable staff to thrive, and letting survivors lead. Beyond respect and understanding, survivor staff highlighted that living wages, comprehensive benefits, and supportive trauma-informed and survivor-centered workplaces are essential to prevent burnout and reduce turnover while leveraging survivors' unique expertise to strengthen the GBV movement.



**Survivors are advocates and advocates are survivors. We experience the same trauma, financial stress, worry, fear, instability, and burnout as our clients. To be supportive to our community, we need support too. We need financial security and rest to care for ourselves and our families and to be better advocates for survivors in our communities. The GBV movement cannot succeed if we constantly burn out and drive away our advocates, and if survivors themselves can't afford to continue to be a part of the movement.**

## 2. Recommendations to support survivor clients' financial security

This section details responses from service providers about the support that their survivor clients most need, particularly around financial support and services. The section concludes by reporting on data about what factors are the most influential in determining the types of programs and services an agency offers, according to survey respondents.

**49. If you had training and support from your agency to offer the following financial services, which services do you think survivors would most need? Check all that apply.**

Financial services survivors most need	N	Percent (N=1103)
Financial literacy or empowerment education	736	66.7%
Building credit or repairing credit	689	62.5%
Budgeting and money management	664	60.2%
Saving money or building a savings	645	58.5%
A savings matching program (a program that matches survivors' savings monthly to help double their savings)	604	54.8%
Cash to spend as they need (also known as flexible cash grants or guaranteed basic income)	599	54.3%
Financial safety planning (a plan about how to keep their money and valuables safe from the person causing them harm)	585	53.0%
Negotiating better wages at their job	561	50.9%
Finding a job	546	49.5%
Creating debt payment plans or support paying down debt	543	49.2%
Opportunities to apply for compensation for the harm survivors were subjected to (applying for victims of crime funding, small claims court, civil suits, etc.)	543	49.2%
Reporting/mending any credit fraud caused by their harm-doer	454	41.2%
Starting a small business or contract work	413	37.4%
Opening bank accounts (checking, savings, business, etc.)	381	34.5%
Planning around losing benefits because of salary raises or help submitting waivers to not lose benefits	350	31.7%
Something else	39	3.5%

<b>Financial services survivors most need</b>	<b>N</b>	<b>Percent (N=1103)</b>
Survivors don't need any of the above	8	0.7%

**51. How impactful would the following be for your organization's ability to effectively support the financial security of survivors?**

**51a. More funding specifically for the financial security of survivors**

<b>Response</b>	<b>N</b>	<b>Percent</b>
Very impactful	962	86.3%
Somewhat impactful	144	12.9%
Not impactful	9	0.8%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>

**51b. More flexible funding/a larger percentage of your budget allocated towards general operating costs (i.e., money the org could spend however it wanted to)**

<b>Response</b>	<b>N</b>	<b>Percent</b>
Very impactful	827	74.2%
Somewhat impactful	259	23.2%
Not impactful	29	2.6%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>

**51c. Training and resources for staff on assisting clients with income building, debt management, credit repair, etc.**

Response	N	Percent
Very impactful	714	64.0%
Somewhat impactful	359	32.2%
Not impactful	42	3.8%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>

**51d. Connection to a wider community of organizations and partners helping survivors build financial security**

Response	N	Percent
Very impactful	788	70.7%
Somewhat impactful	307	27.5%
Not impactful	20	1.8%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>

**51e. Greater financial security for your team**

Response	N	Percent
Very impactful	914	82.0%
Somewhat impactful	187	16.8%
Not impactful	14	1.3%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>

**51f. Funding to hire a dedicated team of financial experts to run a financial empowerment program**

Response	N	Percent
Very impactful	678	60.8%
Somewhat impactful	359	32.2%
Not impactful	78	7.0%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>

**51g. The ability to comfortably and confidently refer clients elsewhere to receive assistance building long-term financial security**

Response	N	Percent
Very impactful	850	76.2%
Somewhat impactful	242	21.7%
Not impactful	23	2.1%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>

**51h. More staff on your team**

Response	N	Percent
Very impactful	736	66.0%
Somewhat impactful	324	29.1%
Not impactful	55	4.9%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>

**52. How helpful would the following be for your ability to prioritize financial security for the survivors you support?**

**52a. A lighter case load**

Response	N	Percent
Very helpful	569	51.0%
Somewhat helpful	448	40.2%
Not helpful	98	8.8%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>

**52b. Increased financial security**

Response	N	Percent
Very helpful	908	81.4%
Somewhat helpful	196	17.6%
Not helpful	11	1.0%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>

**52c. Training and resources on assisting clients with income building, debt management, credit repair, etc.**

Response	N	Percent
Very helpful	772	69.2%
Somewhat helpful	312	28.0%
Not helpful	31	2.8%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>

**52d. Connection to a wider community of organizations and partners helping survivors build financial security**

Response	N	Percent
Very helpful	807	72.4%
Somewhat helpful	291	26.1%
Not helpful	17	1.5%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>

**52e. Intake questions about each client's financial situation and needs**

Response	N	Percent
Very helpful	616	55.2%
Somewhat helpful	444	39.8%
Not helpful	55	4.9%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>

**52f. Coaching or professional development**

Response	N	Percent
Very helpful	716	64.2%
Somewhat helpful	356	31.9%
Not helpful	43	3.9%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>

**52g. Workplace benefits and perks that allow me to take care of myself (paid time off, encouragement to take time off, paid leave, stipends, emergency grants, etc.)**

Response	N	Percent
Very helpful	882	79.1%
Somewhat helpful	215	19.3%
Not helpful	18	1.6%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>

**22. Would direct, unrestricted cash grants that survivors can spend as they need be useful to your clients?<sup>52</sup>**

Response	N	Percent
Yes	298	96.8%
I don't know	9	2.9%
No	1	0.3%
<b>Total</b>	<b>308</b>	<b>100.0%</b>



<sup>52</sup> This question was asked in the follow-up survey.

## Qualitative Data Insight

In response to questions related to changes needed in the movement against GBV, **participants stressed that they themselves need financial security in order to best support their survivor clients with achieving financial security.**<sup>53</sup>



We need to value the work of supporting survivors. Organizations need to make increasing the salary floor and increasing staff salaries a priority. It hurts the survivors we serve when there is such immense turnover and low capacity. How can we support survivors in having financial security when we do not have financial security?

Many nonprofits preach trauma-informed care, but are not like that with their employees. Many are underpaid, which burns us out very quickly. Many of us are survivors and want to help, but feel guilty asking for more money because “we should be grateful”. When employees aren’t living in poverty, they can focus better and be better support for survivors. We cannot be at our 100% when all we are thinking is how will we buy the next formula can, or pay rent, or get food.

Many respondents highlighted the importance of **direct, unrestricted, flexible, and long-term cash assistance for survivors**. Access to cash and resources that do not require survivors to provide proof or “jump through hoops” were frequently identified as dream services for survivors.<sup>54</sup>

Money without having to jump through hoops. They need \$3000 to move in, okay done. Unrestricted substantial amount of money can change lives.

**MONEY** in the spirit of mutual aid. No strings attached. No eligibility requirements. Just money in the hands of survivors.

53 Respondents discussed the link between their own financial security and their clients’ financial security in response to the following open-ended survey questions: Q53 (Application) “What changes does the movement against gender-based violence need to make in order to truly meet the needs of survivors?”; and Q16 (Follow-up) “What does a survivor-centered GBV movement look like to you?”

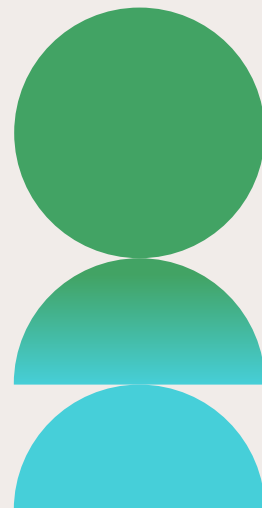
54 In response to Question 50. “What are the dream services and support you wish you could provide to survivors? Think about what support or service survivors have asked for but you couldn’t provide, or what survivor needs you feel would be easily solved with \_\_\_\_\_ (fill in the blank). It might also be helpful to reflect on your own survivor experience and think about what you need/needed.”

Participants described the importance of direct, flexible cash assistance for survivors to purchase what they need, when they need it.



The biggest dream I have at my agency is to one day be able to offer unrestricted cash grants. So many survivors have a variety of needs, like paying for rent, bills, gas, food, clothing, school, car repairs, legal services, etc. All survivors deserve the freedom to spend their money how they need, rather than being given a gift card or having to have something paid directly to the other party (ex: paying the mechanic directly for car repairs). This alone would make a difference in the life of almost every survivor I work with.

No questions asked about why they need or want the funds, just trust in them that they will 'spend the money wisely'. The ability to take care of daily expenses, have things they want in life, and not have to worry about "not enough".



### 3. Survivor staff vision for the GBV movement

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#### Dream services for survivors

**50. What are the dream services and support you wish you could provide to survivors? Think about what support or service survivors have asked for but you couldn't provide, or what survivor needs you feel would be easily solved with \_\_\_\_\_ (fill in the blank). It might also be helpful to reflect on your own survivor experience and think about what you need/needed.**

In this question, survivors (n=1,025) shared a number of dream services they would want to have available for other survivors, which broadly included (in order of most to least discussed):

1. Financial support (539 responses)
  - **Direct financial assistance** (400 responses), including unrestricted cash, universal basic income, and support with specific costs
  - **Financial services and resources** (172 responses), including financial knowledge, credit rebuilding and debt support, and savings matches and support
  - **Financial security, stability, and freedom** (15 responses)
2. Well-being support (315 responses)
  - **Mental health services and support** (179 responses)
  - **Holistic, survivor-centered services** (91 responses)
  - **Health and medical care** (not including mental health services) (42 responses)
  - **Other well-being support for survivors**
    - Care, support, guidance (28 responses)
    - Safety-related services (not including housing or shelter) (19 responses)
    - Leisure and rest (13 responses)
3. Housing, shelter, and relocation support (288 responses)
  - **Safe, permanent, affordable housing** (231 responses)
  - **Access to safe shelter and transitional housing** (35 responses)
4. Employment and education opportunities (154 responses)
  - **Safe employment and entrepreneurship opportunities and support** (80 responses)

- **Access to education and knowledge, generally** (41 responses)
5. Basic needs (116 responses)
  6. Childcare and support for children (86 responses)
  7. Legal services and support in the criminal legal system (79 responses)
  8. Peer and community-based programs (44 responses)

## 1. Financial support

### Direct financial assistance

When discussing direct financial assistance to survivors, respondents most commonly advocated for **unrestricted cash that survivors could use as needed**.<sup>55</sup>

Other respondents shared their hopes for survivors to receive support with specific costs. In particular, they wished for **support with housing expenses**, including rental assistance, security deposits, down payments, and relocation costs.



[A dream service would be] **housing (long-term or permanent) that is a covered expense until the survivor can take over the payments without living paycheck to paycheck.**

**Having access to funds for first and last month's rent and damage deposit would help survivors so that they didn't have to spend every penny they had on a new apartment.**

A number of participants described the **impact of financial and housing instability** while deciding to leave or leaving harm-doers.

**Finances are often the largest barrier to my clients leaving their abusers. The biggest thing I wish we could offer is unlimited rent assistance. As a teen experiencing abuse, I ended up living in my car for two months fleeing my abuser and having someone to help me pay rent at the time would've made the biggest difference in my life.**

**The most impactful service is the ability to give people money for what they need with the least amount of barriers to access. So many people can't leave because they don't have the ability to break their lease and lose their security deposit then put down a new deposit and pay rent.**

Participants also described their dreams for survivors to have **access to financial support to reduce or eliminate debt** as well as **pay fines or back payments** – especially those incurred during the time of abuse.

**Pay off survivors' debt. Period. Just give them money to pay off any debt they have.**

**I found that paying off past debts/evictions was most helpful for survivors in starting their lives over.**

55 See "Qualitative Data Insight" on pg 138 in 2. Recommendations to support survivor clients' financial security.

Additionally, respondents described wanting survivors to **receive financial assistance for education, legal services, food, transportation, and utilities.**

A number of participants shared that they **dreamed of basic universal or guaranteed income for survivors.**



Basic universal income would help so much, just knowing that you have something to fall back on to at least pay rent and eat would give so many people the confidence to leave their abusive situations. It would help get people into a healthier environment where they can focus on growth, not just survival.

Universal basic income! In so many cases, I could get myself through something if someone had just given me some money. In many many cases, I see clients in situations with debt where a few hundred dollars could end their homelessness today.

Dream is to set up a mutual aid system with guaranteed income (at least \$1000/month) for our survivors sponsored by donors and online supporters.

### Financial services and resources

Participants shared their dreams for survivors to have **access to financial services and financial knowledge**, generally. Specifically, respondents noted their hopes that survivors would have **access to information related to investing, budgeting, managing money, building credit, and saving.** One person noted specific needs of **undocumented survivors related to finances:**

We often receive requests by survivors to educate them on how to navigate finances as undocumented individuals. This could encompass starting a bank account, building credit, negotiating pay, etc. We aren't trained to lead such trainings, so we often refer them to the Mission Asset Fund.

Another respondent highlighted the importance of **financial education for youth:**

We work with youth, so education and literacy would be huge. Often they do not have the ability to open their own bank accounts, so educating them about how to get and keep their money from caregivers and cash or savings building help would be amazing, as this is often a huge barrier to safe housing and transportation.

In addition, participants highlighted the **importance of financial safety planning and savings** for survivors.



From my most recent experience leaving an abusive relationship with someone who was stalking me, cash and financial safety planning would be some of the only helpful services. Leaving was so expensive. I had to move, get new devices, and pay for security measures like locks and cameras and internet security apps. If I didn't have a job, I wouldn't have been able to leave. Having a fund to pay for the expenses of leaving would be so helpful.

Participants also highlighted the importance of support for survivors to **rebuild credit and receive debt assistance**. Some hoped that survivors would have **more access to information**, while others dreamed of **direct financial assistance** to help pay off debts and repair credit.

[A dream service would] pay down debt (to past landlords or credit/medical/school debt) to increase credit score in order [to] increase chances of approval to new housing when survivors flee.

[A dream service would] definitely [be] building and maintaining good credit/saving as financial needs often cause survivors to feel stuck in abusive situations.

Loan services to build up our credit and start learning how to pay your debts [would be a dream service].

A number of respondents also shared their hopes that survivors would have **access to savings, especially through savings match programs**.

[A dream service would be] matched savings programs, especially if the initial seed money could be provided by a donor/grant . . . Eliminating judgment and shame in general around how we learned (or didn't) about spending and saving money.

One participant also suggested that savings or emergency accounts be provided through service providers to prevent harm-doers from accessing the account.

### Financial security, stability, and freedom

Survivor service providers also shared their dreams that survivors would have financial security, stability, and freedom generally. They identified lack of financial freedom or stability as a barrier to seeking safety.



**Ideally, I could provide a more flexible shelter system to clients who need to get on their feet and greater financial support so that they could get on their feet when they leave their abusers. So many of our survivors simply lack the financial freedom to leave their situation or feel that they have “nowhere else to go.”**

**I wish we could have all around support, meaning financial stability, housing stability, and emotional [support], in order to have a good starting foundation for them. Many of our clients return to their abuser because of some sort of instability.**

## 2. Well-being support

### Mental health services and support

When reflecting on dream services for survivors, participants frequently described their wish for survivors to have **access to affordable, ideally free, mental health support and services, without long waitlists**. In particular, participants stressed the need for mental health services to be **trauma-informed, survivor-centered, culturally responsive**, and ideally with **providers who have expertise working with survivors and trauma**. As one survivor service provider noted, “I wish I had the ability to seek counseling services that focus on sexual assault, trauma, and domestic violence.”

**I wish I could provide referrals to culturally competent, trauma-informed, justice-centered mental health providers. It seems that any providers with these skills are booked and they are not accepting new clients. I wish there were policies in place to help hire, train, and retain quality mental health providers. There aren't [any] at the moment in CA and it is frustrating . . . [to] hear some of the [retraumatizing] experiences of my clients seeking services [who are] from systemically marginalized identities.**

Additionally, participants stressed the need for **long-term services** without a cap on the number of sessions or restrictions related to program enrollment.



[We need] individual therapy for all survivors and not just those who are a “priority” and [we need] therapy [to] not be limited to 8-10 sessions of crisis counseling.

I wish we could consistently provide access to therapy, even when survivors are no longer being served by their program. Survivors need consistent therapy with a therapist that they mesh with, and to have that relationship severed for external reasons or because a survivor can't pay once they are not receiving services does not help long term recovery.

Some participants shared **specific types of mental health services** that they wished survivors had access to, including art therapy, group therapy, plant therapy, music therapy, and pet therapy or emotional service animals.

### Holistic, survivor-centered services

Participants shared that they dreamed of a **holistic approach to care and services** for survivors, especially ones that include trauma-informed and evidence-based approaches.

I wish survivors were given more survivor-centered/holistic approaches to healing and working through these oppressive systems.

Participants also shared wanting survivors to have easy access to creative and healing services, including art, massage, acupuncture, and meditation. Supportive and judgment-free wraparound services and restorative justice services were also mentioned as dream services.

### Health, medical care

Participants also emphasized the importances of **no cost or affordable trauma-informed healthcare services** and **medicine** for survivors. Two participants explicitly noted these services need to include access to abortion. Additionally, respondents wanted healthcare services to be accessible without long wait times. Some dreamed specifically of on-site or in-house medical care for survivors: “...in-house trauma-informed and justice-oriented medical providers beyond therapists, trauma-informed massage therapy for clients for whom that would be appropriate, etc.”

### Other well-being support for survivors

Participants also shared their dreams for survivors to have **access to long-term support, resources, and guidance generally**. Other respondents wanted survivors to have **care, love, and support on their healing journey**. Some emphasized that survivors should have access to safety and protection, including access to secure communication, safety plans for leaving, and safe physical spaces to receive services. Additionally, participants shared their dreams for survivors to have access to paid time off, retreats or places to relax, and time to heal.



I think the most helpful thing my job provided for me after my sexual assault would be the paid time off that I desperately needed. However I do often feel re-stimulated and know that others do too in my workplace, so I imagine if those days were unlimited that would help survivors feel seen and understood. We all have guilt to take days off because of codependency, trauma, etc.



### 3. Housing, shelter, and relocation support

#### Safe, permanent, affordable housing

About a quarter of responses mentioned **dreams of safe, permanent, and affordable housing for survivors.**



Having safe, affordable housing that is semi-permanent or permanent would help survivors have some breathing space to go from survival to stabilization.

[A dream service would be] no strings attached housing with little to no barriers.

[I wish we could offer] stable housing for at least a year, so they could spend that time not worrying about having to pay rent. They could restart their lives in an environment where they feel safe and can take the time they need to become financially independent and stable.

A number of participants shared that they would like survivors to have access to **independent housing outside of shelters** that is safe and suitable for themselves, children, and pets.

[I wish we could have] a place to live that's not a shelter with my children in a nice area and financial support until I was back up on my feet.

[A dream service would be] permanent housing that's affordable instead of shelter.

Some participants dreamed that survivors would have access to supportive housing communities.

... the dream service I wish we could have is a large apartment complex where we could house survivors on a long-term basis, an additional family law lawyer on staff, a full-scale free childcare center, and a retail store where survivors could have some employment while they heal.

[A dream service would be] safe, stable housing, preferably in a setting that allows for community building and organizing.

[I wish there was] housing that doesn't require you make 3x the rent. [I also wish we could offer a] housing community that is supportive but still allows the client independence and ability to support her family without feeling like they are receiving handouts, so perhaps options to work in the community in exchange for rent.

### Access to safe shelter and transitional housing

Participants shared their dreams for survivors to have **access to immediate safe shelter, especially shelter with private living space**. Some expressed that these **did not have to be traditional shelters**—safe hotels or other temporary housing were options, too. They also commented on their wishes for **more shelter space** for survivors as well as **improved facilities**.



[I wish there were] more options that feel safe. Many survivors do not want to go to a “shelter” because it is stigmatized, but they would accept a voucher for a hotel/motel or free/reduced rent somewhere.

So often, we are lacking safe shelter space. If we could have a tiny house village on site, safely secured, we could keep so many more temporarily housed until Section 8 comes through. Additionally, having showers and toiletries – proper and dignified clothing and hygiene options.

Other participants shared dreams for survivors to have **access to supportive, transitional housing with co-located services**.

[A dream service would be] shelters/Transitional Housing that are designed like apartment buildings with no forced exit date, with safe, individual spaces that allow survivors to begin building back their life in their own way and on their own timeline. Ideally, these shelters could have financial staff on-site from credit unions or partner banks so survivors don’t even need to leave the building to open a new account or start addressing their credit. And stronger employment readiness services – career counselors who could provide resume help or mock interviews as well as professional clothing.

A couple of participants highlighted challenges for accessing **safe shelter in rural communities**: “Our rural community does not have a shelter, so we have to refer survivors to shelters that are over an hour away.” Others shared that they would like survivors to have access to shelters and transitional housing that are **pet-friendly**.



## 4. Employment and education opportunities

### Safe employment and entrepreneurship opportunities and support

Participants shared a number of dreams related to employment opportunities for survivors, including **trauma-informed work environments, training, and support searching for jobs and starting small businesses.**



[I wish we had] **trauma-informed work environments for survivors that are willing to hire and train. Oftentimes survivors have no or limited work history or significant gaps in their work history due to the trauma they experienced.**

I wish we could provide everyone with funds directly, that we could actually update our labor laws (and enforce them!) so that their job options are not so terrible, that we would fund people's certification/education, that we could support them in organizing with other workers, and that we could provide more meaningful support (and again, funding) to survivors to open their own businesses or start worker-owned collectives together.

Participants wanted survivors to have wide-ranging opportunities to build skills and find employment that provides living wages. In particular, participants specified their dreams for survivors to have **access to training—including in different languages—paid internships, professional mentoring, and interview practice sessions.**

[A dream service would be] **more group and vocational training in Spanish that are free and available regardless of their immigration status.**

I would like **vocational opportunities to be offered to survivors and other businesses to partner with us to refer trained survivors once they learn basic working skills. Like a temp agency.**

Additionally, participants shared the importance of **equal consideration for job opportunities, job placement services, and general support searching for jobs** for survivors. A couple of participants explicitly shared how they would like **opportunities for employment to be available to all survivors**, regardless of immigration status, while another participant highlighted the need for safe employment opportunities for youth and LGBTQ+ survivors.

[Some dream services are] **culturally relevant financial classes, small pop-up stores/farmers markets for our victim/survivors and youth in our programming who want to make a couple dollars on the side, a cafe for LGBTQ+ victim/survivors and community members that we serve so that there's a safe space for them as well as job opportunities for them as well as our community members who are impacted by final orders of removal/deportation.**

Some survivor participants also highlighted their dreams for survivors to have access to support with **business start-up mentoring and funding**.



... [A dream service would be] support with filing proper taxes for small business owners. People are afraid to start their own business due to not having support.

Supporting victims/survivors in starting their own business with mentoring, back-office support, creating a business plan and providing start-up capital, and convening a monthly group where they could learn from each other and leverage resources would allow them flexibility in being able to continue to care for their children/set their own schedule, etc.

Finally, participants shared their wishes for survivors to have **access to living wages** and support learning **how to negotiate wages** with future or current employers.

### **Access to education and knowledge, generally**

Participants dreamed of **access to education** for survivors. Specific strategies participants highlighted for improving education access included academic flexibility for survivors, affordable education, continuing education support, and financial aid for education.

A dream service/support would be education. I was fortunate to learn about feminism and the dynamics of abuse, which I really cultivated in college and higher education that helped give me the vocabulary to understand gender-violence. It empowered me to more formally work in this field and was so valuable. I think education in general is so crucial for any areas that people may want to pursue so that they can live a happy life where they thrive and enjoy their work and have opportunities to access different industries/sectors.

Some participants **specified classes or content areas** they wanted survivors to be able to access, including interpersonal relationship classes, digital/technology literacy, sexual health education, and language courses.

## 5. Basic needs

Participants shared their **dreams for survivors to have their basic needs met**.

In particular, respondents focused on their hopes for survivors to have **safe transportation**. Types of support they dreamed of included assistance with car and insurance payments, car repair funding, gift cards for taxis or rideshare services, and metro cards.



Being in a rural area, our biggest obstacle is transportation. It affects our survivors in every aspect of their life. Transportation to work, school, doctors' appointments, the store, etc. They need to use a taxi or possibly an unsafe ride. And while we can provide taxi fare, the independence someone gains from having their own transportation is unmatched.

I wish we could provide survivors a car, or money for car payments. Car is essential for working and taking kids to school. Car is also a backup housing plan for those that need to be on the street.

Transportation is a HUGE thing for survivors. Unfortunately, survivors often lack the transportation to get to the places, interviews, etc. that they need. We recently had a grant to drive survivors to and from sessions and accompaniments to hospitals, courts, and police stations. However, Uber ended the grant. I really do believe that transportation is a huge thing.

Participants also highlighted the importance of **food security and assistance** through direct cash assistance, providing groceries, and access to food stamps for survivors.

[A dream service would be] consistent stipends for food and mental health services: we often award one-time money but that only goes . . . so far. [Consistent stipends] could eliminate a stressor or could free up space to focus on other things.

In addition, participants shared their dreams for survivors to have **access to clothing, technology, dignified hygiene options, and basic household supplies, including furniture**.

Cell phones. Computers. Cars. Assistance with home purchases. The large-ticket items are almost impossible for survivors to attain or save for, especially when they are fleeing or in shelter. Survivors need these items to restart their lives, especially if they have been financially abused.

## 6. Childcare & support for children

Other dream services that participants identified for survivors included **free or affordable, safe, and reliable childcare services**. Some respondents shared their dreams of universal and trauma-informed childcare, in particular.



**It would be incredible if we could provide childcare. Having a 24-hour, trauma-informed daycare would be SO HELPFUL for survivors.**

**Free childcare that they can actually access and accommodate real work and commute hours.**

**I wish we could do more with childcare. We have some assistance. But it is limited and most of our residents have children. It's difficult to work when you don't have safe sustainable childcare.**

Additionally, participants wanted survivors to have access to information about **education opportunities for children** as well as **robust youth and children services and programs**.

## 7. Legal services and support in the criminal legal system

A number of participants highlighted the importance for survivors to have **access to legal representation for any and all needs** they might have.

**I wish we had free legal services for folks that didn't just revolve around divorce and custody, but other issues.**

Other participants identified **specific legal services** they wanted survivors to have access to, including assistance applying for victim's compensation programs, obtaining work permits, serving protection orders, filing for divorce and custody, and getting criminal records expunged.



## 8. Peer and community-based programs

Lastly, participants shared their dreams for survivors to have **access to peer and community-based programs**, including peer support groups. In particular, participants dreamed of **safe spaces** for survivors to gather that **offer resources**.

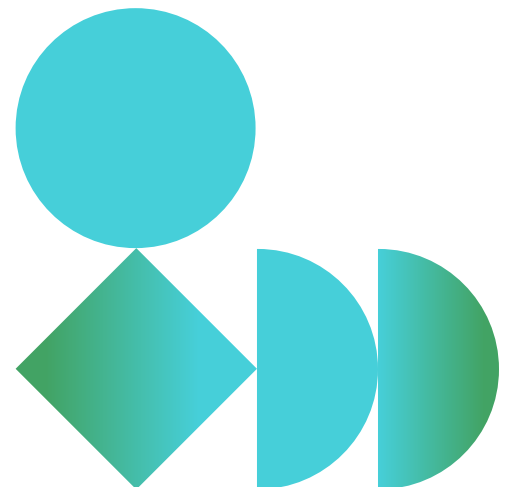


I'd love to have a drop-in center that provided free in-house medical health and mental health care, laundry services and clothing, books, food pantry, assistance with public aid applications, syringe exchange and harm reduction service, beds, bathrooms, computers, art classes, vocational training and sex worker-led workshops, self-care meetings, support groups, and free childcare. A safe place people could go to have a friendly, culturally competent, and knowledgeable peer help them get their needs met and just relax for two seconds. This would be different than many shelters because those facilities often enforce exclusionary barriers to care that often strip survivors of their independence and autonomy. I want to see folks treated with the respect that I truly want to be treated with when seeking resources.

Mutual aid + more spaces of refuge/sanctuary, particularly for youth who are surviving abuse (economic/physical/sexual/emotional) from their caregivers.

### Key takeaways

When asked about dream services and support that survivor service providers wished they could offer survivors, respondents overwhelmingly identified the need for financial support, especially through direct, unrestricted cash. Other specific needs that participants identified included safe, permanent, and affordable housing as well as immediate shelter and transitional housing. Participants emphasized the need for survivors to have access to mental health services, healthcare, childcare, and legal services and shared their dreams for these services to be free, or at least affordable, for survivors. Lastly, participants shared their dreams for survivors to have access to care, support, guidance, leisure and rest, and community-based, peer support programs.



## Changes that the GBV movement needs to make to be truly survivor-centered

Two questions asked about changes needed in the GBV movement to make it more survivor-centered and are synthesized in this section.<sup>56</sup>

In response to these two questions, survivors discussed the following areas (in order of most to least discussed):

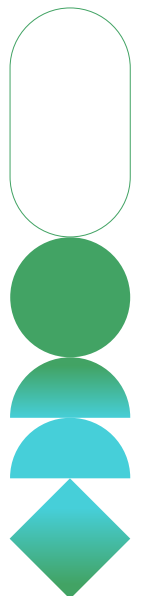
1. Nearly half of responses focused on **systemic changes needed within the GBV movement**. These included structural, cultural, and conceptual changes. Broadly, survivors discussed:
  - How to truly center survivors and increase survivor engagement
  - The need for greater focus on intersectionality and inclusivity
  - The need to expand understandings of GBV and how to address it
  - The need to address harmful power dynamics and oppressive structures
2. Many survivor staff also shared the need to **improve services and service access for survivors**. Broadly, respondents discussed:
  - Types of support and services needing investment
  - Improving service access and options for various survivor groups
  - The importance of reducing harm to survivors during service provision
3. Participants shared the need to **improve treatment, support, and recognition of workers in the movement**. Broadly, this included:
  - Living or thriving wages and benefits
  - Training, education, and professional development
  - Recognize, value, and support staff
  - The need for lighter workloads, work-life balance, and self-care
4. Others discussed their desire to see **changes in how the GBV movement is funded**. Recommendations focused on the need for more funding and greater flexibility.
5. Survivors also highlighted **systemic changes needed in society**. These included structural, cultural, and legal and policy changes needed. Broadly, they discussed:
  - Changes needed in policy, legal, and carceral systems
  - Addressing the root causes of GBV, especially white supremacy, capitalism, patriarchy, and larger systems of violence

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<sup>56</sup> These questions were: Q53 (Application Survey) “What changes does the movement against gender-based violence need to make in order to truly meet the needs of survivors? Whether you work within the gender-based violence movement or in a different field, think about where the gender-based violence movement has gotten it wrong or made decisions without consulting survivors. You can also think about survivor needs (your own or of those you work with) that the movement has failed to acknowledge or address. What do you wish was different or what would you change? If you are not working within the movement, it might also be helpful to think about how the movement can be more inclusive of service providers working in other spaces or what the movement has not yet done that you have seen as a recurring barrier”; and Q16 (Follow-up Survey) “What does a survivor-centered GBV movement look like to you?”

6. Finally, survivors shared the need for a **multi-sectoral approach and greater awareness raising** of GBV and available services for survivors
7. Many participants wrote **general descriptions** for what the movement could look like
8. Participants shared their **wishes and hopes for survivors** in the movement

Many of the themes discussed in these questions have already been highlighted in other sections of this report. This section will summarize and reference data discussed elsewhere, while providing a comprehensive overview of survivors' vision for transformation.



## 1. Systemic changes needed within the GBV movement

### How to truly center survivors and increase survivor engagement

Participants described the importance of **recognizing survivors' individual needs** and that there is no universal or “cookie cutter” survivor experience.



Understanding that every survivor is unique [and] not labeling their experiences [but] instead leading them to describe what suits them better [is a change the movement against GBV needs to make to truly meet survivors' needs].

Creating flexible programming that can be tailored to the complex situations and experiences of each survivor [would help the movement truly meet survivors' needs]. [The movement needs] programs that allow the survivor to create/choose the plan that works best for them.

Respondents emphasized the **importance of believing and trusting survivors** in order to truly center survivors in the movement. This means also **removing requirements** that survivors **provide proof or file reports** to receive services.

We also need to trust survivors more. Survivors know what they need to get safe and to heal and thrive, they just need the resources, access, and opportunities to make it happen. We need to get cash into survivors' hands without making them jump through hoops or prove that they are “good victims.”

Believe survivors know what is best for them and their families. End so many requirements for documentation, qualification, or ongoing supervision. Stop attaching behavior to dollars so survivors don't feel forced to report/not report certain things. Give benefits to people and HELP them soar!

I think it would be helpful for the general movement to realize that we are not the experts in any survivor's story and should not be expected to guard financial resources for those we deem worthy or unworthy of the resource. Unnecessary road blocks to accessing services, requiring some kind of compliance, and not giving money directly to survivors is just another way all of us are maintaining a system of power and control.



Participants described how a survivor-centered movement must **listen to** and **trust survivors** and support their autonomy to **make their own choices**. Furthermore, respondents emphasized the **importance of survivor-leadership**, including **prioritizing survivor-led organizations**, and prioritizing decisions made by survivors in a “movement made for survivors led by survivors.”

Survivors stated that a survivor-centered movement . . .



. . . is focused on raising the voices of survivors, listening to their experiences, and learning from what they have to say.

. . . means that we ask survivors what they want and center our services on what is best for survivors. They are the true focal point of the conversation.

. . . [has] survivors at the helm of organizations and with the ability to make decisions and true change instead of being the voicebox for the trauma that incurs.

. . . is guided and informed by the lived experiences of survivors, and the priority of investing, developing and building the leadership of survivors to be able to also lead the movement.

### Greater focus on intersectionality and inclusivity

Participants highlighted the importance of the movement taking a **more intersectional and inclusive approach**, and **moving away from a white feminist lens**. Participants also shared how a survivor-centered GBV movement must **be intersectional, anti-racist, anti-ableist, and anti-oppressionist**.



I specifically think that “White Feminism” has played a destructive role in how gender based survivors are viewed, worked with, and assisted with services in the community. Agencies like nonprofits are, at their core, a white supremacist organization that do not take into account the needs of BIPOC [individuals] and members of the community that are not white identifying.

We need to decenter able-bodied, White, middle-class women who have been prioritized in this setting. We **MUST** center and provide [for] survivors from the most marginalized backgrounds – Black, Nonbinary/Trans/Queer, disabled, neurodivergent, women/people. I wish that all people working with or about survivors are trained in trauma-informed care and equity and inclusion.

Respondents shared that the movement must be more **inclusive of diverse voices and identities** in order to be survivor-centered. In particular, they stressed that the movement needs to be more inclusive of survivors from the most marginalized backgrounds.

Diverse survivor-leadership with tangible anti-oppression commitments that center the most-marginalized survivors, namely those that are heavily criminalized (sex workers, poor Black and brown folks, trans and gender-diverse, queer, disabled, etc.), incarcerated, or formerly incarcerated. More room for survivor-participants/clients to move into sustainable advocate and leadership roles. De-professionalization that resists the harms of white supremacist non-profitization and roots our supports in the communities we serve.

The gender-based violence movement needs to elevate Black, undocumented, and indigenous womxn. Acknowledge that we each face different barriers to truly survive traumatic violent events.





Prioritize the needs and perspectives of sex workers of color in the movement to end violence, support currently and formerly incarcerated survivors – including with wraparound services and mental health support; support for migrant and undocumented survivors (e.g., undocumented, monolingual Asian migrant workers), provide more transformative justice trainings that will lead to systemic change.

The movement often forgets LGBTQIA+ folks. This is especially true for young adults. They often have services provided for them until the age of 18, then when they turn 18 these services are limited or entirely eliminated. I would change this and hopefully provide a greater focus on the needs of young adults who are attempting to learn how to live independently.

Participants also emphasized **investing in hiring and retaining diverse staff** as well as **prioritizing organizations led by BIPOC survivors and sex workers** to achieve a more intersectional and inclusive approach.

We need to invest in the hiring and retention of diverse staff, BIPOC staff. We are given wages and expected to remain because we are “invested” in the work. It’s unfair.

It needs to be sex-worker led, and sex workers are constantly left out of the conversation but often do the most work.

## Expand understandings of GBV and how to address it

Participants emphasized the need for **increased focus on prevention** within the GBV movement and highlighted how **prevention and response should work together**, without taking away support from survivors. Some felt that investing in prevention would address GBV more effectively than focusing on criminal-legal responses.



**The movement needs to focus on prevention rather than reaction to gender-based violence (education, policy changes, etc.) in order for this cycle of violence to end.**

**The movement needs to stop reflexively investing time/energy/resources into prosecution and policing and be more creative. It needs to focus on prevention and examine all the institutions that touch the lives of survivors.**

In particular, participants wanted to see **prevention efforts starting in schools** through teaching about healthy relationships and investing in awareness-raising.

**I believe that we sometimes need to focus on the younger generation in spreading awareness of what gender-based violence can look like. Many young people experience this in their own home and don't know it. Working on prevention can be more impactful sometimes. I would love for my children to learn about gender-based violence in school. Although I can talk to them about it, it is not an easy conversation to have. I want them to learn about equality in this world no matter what your gender or ethnicity is.**

**Prevention Education needs to be funded as teaching about power based violence as a whole, not just specific types of violence. We often have youth asking us questions about DV [domestic violence], IPV [intimate partner violence], etc. and because the lesson is solely focused on SV [sexual violence] or HT [human trafficking] we don't have a lot of time to go into those questions, or the team may not feel confident in answering because their training has been so focused on SV or HT.**



Additionally, participants wanted to see increased focus on **long-term, holistic support** for survivors and **improved understanding of the long-term impacts of GBV**.



[The movement needs] more cultural competency. Not all survivors experience trauma in the same way. Sometimes there are interconnecting victimizations that need to be recognized and addressed appropriately.

[I want to see] support for survivors after immediate crises have passed – [in] my own experience/what I've seen in the field, there's a fair amount of safety nets and resources for getting out of a dangerous situation and in the immediate aftermath but almost nothing for that long-term sustained support.

Respondents also discussed the importance of increasing focus on harm-doers, including investing in ways to **increase accountability for harm caused and to prevent future harm**.

If we are not working with perpetrators to integrate the violence they enact and work to resocialize/rehabilitate perpetrators, the cycle of violence will continue.

I believe that separate services for abusers who have experienced GBV could further assist in breaking the cycle of violence by attempting to stop it at its source.



Furthermore, participants emphasized the need for **increased understanding that GBV happens to people of all sexualities and gender identities.**



The GBV model often is understood as cis men harming cis women, rather than the reality that people who cause harm capitalize on existing inequity and marginalization. White supremacist cisheteropatriarchy is complex and many services have a narrow understanding of how to discuss power, coercion, and control, which further isolates queer and trans people. Additionally, much of GBV service history is rooted in colonial familial assignments, which eliminates indigenous and queer kinship, and disqualifies many survivors from accessing service support.

[The movement needs] more education on what survivors can look like, and how to help survivors with different needs specific to their gender identity and sexuality. While our team of course knows anyone can be a survivor, there's still a lot of people who see this as a cisgender women's issue. The idea that cisgender men can be survivors doesn't cross their mind, and they're not thinking at ALL about transgender or non-binary people and how their needs may differ from cisgender survivors. Even some organizations that do this work still don't get that. We've had multiple cases where a transgender survivor tried to go to their own local [organization], but were either told they couldn't be helped, or had such bad experiences that they're willing to travel to come to ours. While we're glad we can be a resource for them, they shouldn't have to do that. If more people, both outside and inside of this work understood that anyone can be a survivor, and knew more about the specific needs of survivors in the LGBTQ+ community, it would make a huge difference in the amount of services available and the quality and reliability of them.



Some also discussed the importance of **moving away from “binary thinking” about GBV** to truly meet survivors’ needs and address harm.



**Working with incarcerated survivors have shown me how many agencies deny services to folks who have previously caused harm. We have to be more transformative in our approaches and need to move away from the binary thinking of survivors vs perpetrators and acknowledge how harmful that framework is. All survivors deserve adequate and equal resources.**

Participants shared they would like to see **more restorative justice** and **transformative justice** approaches within the movement. Furthermore, respondents highlighted the importance of **changing social norms, working in community, decolonizing,** and **prioritizing mutual aid** in order to address GBV.

Participants also emphasized that for the movement to be survivor-centered, there must be **more research on understanding and responding to survivor needs**. Additionally, there needs to be an increased understanding that GBV is not “black and white” and there is no “cookie cutter” solution.

## Address harmful power dynamics and oppressive structures

Participants described the **harms of oppressive structures and power-dynamics within the movement that need to be dismantled**, including white supremacy and white saviorism, racism, ableism, the patriarchy, and the nonprofit industrial complex. In addition, they recommended **divestment from the criminal legal system and moving away from reliance on wealthy funders and government agencies**.



I think the power structures in nonprofits are harmful. I think they actually dehumanize a lot of the clients we are serving and supposed to be helping. I would love to see a world where all survivors (drug users, houseless, sex workers, immigrants, LGBTQ+, disabled, neuro-divergent) can access services that actually do more than just put a bandaid on a problem.

The movement against gender-based violence must adopt an explicitly pro-Black liberationist approach to this work, and must actively work against carceral feminism at every turn.

We have too long relied on the criminal justice system despite the fact that it was built neither BY nor FOR survivors and does not provide anything like justice to the majority of gender-based violence survivors. We need to invest more in the solutions that would actually help survivors achieve peace and stability in their lives: mental health services, safe housing, childcare, access to education, work that pays a living wage, and assistance [with] community-building.

They also warned about how these power structures are replicated within organizations, and want the movement to understand and prevent the **negative impact of turnover on both providers and survivors** and **improve leadership and accountability** within organizations.

I think the workers in the movement against gender-based violence need to organize, that many [people in leadership] need to step down, and that overall the movement needs to recognize that staff are overwhelmingly survivors themselves and that when you exploit your staff, you are exploiting survivors. In my old agency, there was this program of 'fellows' [...] and their stipend was so tiny that they were usually living with upwards of 12 roommates. The organization (and the other institution running the fellowship) apparently saw no irony in this. There was also no responsibility taken for the impact on the level of care. If you wouldn't choose a therapist who is overworked, overtired, and underpaid for yourself, why would you think that is an appropriate level of care to provide survivors?

## 2. Improve services and service access for survivors

### Types of support and services needing investment

Respondents discussed survivors' service needs in response to many questions across the survey.<sup>57</sup> Here, they reiterated the services and support they felt were key to a survivor-centered movement. Overwhelmingly, these included increasing **access to financial and economic support and services** that are helpful and supportive, especially **unrestricted funds** for survivors, and support for survivors seeking employment and **negotiating living wages**.



**Give them money. Seriously. Just money. We've started writing microgrants into almost every other grant we write to keep sources of money to just help people financially when they need it.**

Respondents also stressed the importance of **improving access to stable housing and relocation support**. They also emphasized the need for survivors to have **improved health, wellness, and trauma recovery support and services**.

**Prioritizing housing and mental health services. Survivors cannot get their lives back on track if they are unhoused and unable to have a routine of support and care.**

Furthermore, respondents shared the need for survivors to have **access to safety and safe spaces, community support, legal assistance, transportation, childcare, education, and ability to meet their basic needs**.

**People without resources cannot budget their way to resources. People need money for basic needs, safe and affordable childcare, and jobs that treat them with humanity (good wages, reasonable hours, flexibility).**

<sup>57</sup> See data in "2. Recommendations to support survivor clients' financial security" and "Dream services for survivors" in this report.

### Improving service access and options for various survivor groups

Participants also highlighted the need for **services to be accessible to different survivor groups**. They most frequently shared the need for services to be more accessible for LGBTQIA+ and immigrant communities.



[We need] trans affirming services, and services that prioritize trans people and the specific types of gender-based harm trans people experience by simply navigating the world and systems as trans people (especially trans women, and especially trans women of color).

[The movement] needs to be more intentional about including QTBIPOC and language around that. Also not including people's legal status or needing it to get assistance.

I think we need to think about undocumented survivors more and the specific challenges they face.

[The movement needs] more cross-sectional resources for immigrant, non-native English speakers who are coming up against cultural, linguistic, legal barriers to get their needs met.

Additionally, respondents shared that there need to be **more inclusive and accessible services for survivors in rural areas, drug users, sex workers, youth, unhoused survivors, men, and single mothers**.

### Reduce harm to survivors during service provision

Respondents highlighted how survivors are sometimes harmed during service provision. They recommended **improved consideration of how practices might be retraumatizing** during the referral and legal process and **awareness that service providers can replicate harm**. Furthermore, participants stressed the need to **not make survivors feel shame** for not reporting and the need to **stop exploiting survivor stories and voices**.

I think the thing I hear the most frequently is not making [survivors] feel shamed for not reporting. There are so many factors that come into play when a person chooses to report and I know a lot of clients feel a lot of shame projected onto them when they choose not to.

### 3. Improve treatment, support, and recognition of workers in the movement

Respondents discussed the importance of supporting survivor workers in the movement throughout the survey.<sup>58</sup> Here, they reiterated the support they felt was key to a survivor-centered movement. As one survivor summarized:



The movement needs to be more sustainable. Our movement is filled with turnover and burnout. There are many folks in the field who are survivors and our movement does very little to help them along their lifelong healing journey. We wear burnout and martyrdom as a badge of honor when in reality so many of us are being exploited. We need to move away from small salaries and lack of room for growth. So many people in the field and I talk about how you are either a coordinator or director and there is minimal spots in between. I love working with survivors but so much of our movement is simply wrong. We need more resources in all aspects of the field, personally and professionally.

#### Living or thriving wages and benefits

Overwhelmingly, survivor providers shared the need for **more pay**, especially a **living or thriving wage**.

We don't get paid what our work is worth. I have a masters degree and [am] trilingual and am earning less than the attorneys – even though I am the person who has the most direct contact with survivors. It is very important work, my salary does not reflect that.

[A survivor-centered movement] looks like putting the workers first and honoring their needs as humans. It looks like providing thriving wages, free therapy (alternative approaches too!), physical and mental wellness support, manageable workloads, actually listening to survivor feedback, and pushing for alternative healing and justice approaches.

Raise wages for providers/workers. Raise wages and call it CARE. Really shed light on the economic conditions many of us are facing. We have failed to address Labor rights and conditions. Paid leave and a living wage is needed for us to heal. Trauma-informed living wage jobs are needed for us to heal.

<sup>58</sup> See data, page 117 in "1. Recommendations for improved workplace policies and practices" in this report.

In addition to increased pay, participants highlighted the need for staff to have **better benefits**, including improved **access to quality healthcare** (including **mental health services**), **PTO, flexible schedules**, and **wellness stipends**.



[The movement needs] anti-racism! Letting go of the martyrdom thing and giving us more vacation! Encourage vacation! Find a system to manage the vacation calendar to ensure there's coverage while also giving everyone the time they deserve. Paid gender-based violence leave. We need to admit and embrace that many of us are survivors ourselves and could be Re-victimized at any moment - none of this client/provider power dynamic where we think we can't be the client. Policies for how to support employees if they are revictimized.

### Training, education, professional development

Participants highlighted the **importance of investing in training**—especially for addressing harm in the workplace to survivors—as **well as education and professional development opportunities** for staff to grow and build their skills.

[We need] more and consistently given and enforced trauma training among staff. I've very recently had to leave meetings due to traumatic victim-blaming statements from colleagues.

[The movement needs] much more trauma-informed care, way more workshops and EMPHASIS on training and weeding out practitioners that do more harm than they help repair.

I think if counselors were trained better and had less caseloads they would be able to care for survivors [more] adequately. I know from my experience working with fellow counselors and being a survivor myself, that so many people have good intentions but because they are not properly trained, they often do more harm than good. I think this is all purposeful because it is a part of the system we are in. So much more funding can go into these services to provide for vulnerable populations but it simply is not acknowledged.

Recognize this is a skilled line of work. Understand training and skill building and education is critical to be great at this work. Pay us as professionals.

## Recognize, value, and support staff

Participants highlighted the importance of valuing, respecting, and supporting survivors in the workplace. They stated that survivors need to be seen and **respected as professionals** and **appreciated** for their skills, while also being **supported to care for themselves and their families**.



...Supporting service providers is supporting survivors. Organizations that are part of the GBV movement have a responsibility and an opportunity to support the survivors on their staff on their healing journey by creating survivor-centered workplaces that help staff stay employed and support their financial security and long-term safety.

[A survivor-centered movement is] a movement where survivors can be open about their experience in the workplace without feeling like they will be judged or deemed too “fragile” to do the work. A movement where all advocates have the support and financial stability they need to support and care for themselves and their families – compensation, benefits, and adequate rest. A movement where we create affirming and supportive space for survivors to become advocates and leaders because we know GBV and we can work toward solutions.

[A survivor-centered movement] recognizes workers as survivors, and supports them the same way we support clients. One that trusts workers when they express their needs, or express how something in the workplace is harming them.

Respect the lived experience and marginalized identities of folks working in the field. I know what I know not just because I went to school, but because I lived it. I’m tired of my boss commenting on how well I connect with (mostly cis female) clients despite the fact I’m “a man.” I’m not, I’m genderqueer and visibly trans. I do not “pass.” Show that you value staff by paying them.

Respondents also stressed the importance of **providing trauma-informed care for survivor staff and addressing harm in the workplace**, such as exploitation of survivor staff.



Nonprofits who support survivors need to recognize that their staff are statistically survivors (1 out of 2) and center them accordingly. Most nonprofits treat their staff the same way corporations do, as numbers. Just people checking boxes on grant forms to receive more funding. They are not trauma-informed or survivor-centered about their own staff's survivorship and instead use and abuse their staff by exploiting their stories and skills – having them speak for FREE at fundraising events and not paying them for going above and beyond their job descriptions.

### The need for lighter workloads, work-life balance, and self-care

Participants highlighted that organizations need to **offer lighter workloads** and **prioritize work-life balance** and **self-care** for staff.

Change the dialogue regarding customer service, to prioritize self-care and the ability to walk away from abusive situations when need be. It is not a personal failing if survivor needs are beyond the scope of your organization.

I'm getting to a place where I wonder if this work can really be done well and sustainably, and that makes me really sad. I wish staff were paid more and had lighter workloads. We espouse self-care with all of our clients but aren't allowed to properly care for ourselves. And ultimately that impacts the survivors with whom we work.

Organizations must pay their case managers and staff more, hire more staff so that case loads are smaller. This would allow staff to focus their efforts better on each survivor and not have to worry about taking extra work or relapsing to sex work because they can't afford their bills.



#### 4. Change how the GBV movement is funded

Respondents repeatedly highlighted funding as a challenge in the GBV movement, and had specific recommendations to funders.<sup>59</sup> Here, they emphasized how changing the way the movement is funded can help it become more survivor-centered.

Participants stressed the chronic **need for more funding**, including through **increasing grant size and frequency**.



**Continuing to meet survivors where they are at. In order to do that, we need more funding. This would alleviate most barriers for all of us.**

**Funding to provide wraparound services. To have programs that allow advocates to create person-centered plans that address the entire situation and needs and not just responding at the time of crisis.**

Specifically, respondents shared that they would like to see additional money available for cash grants, childcare, housing, relocation, basic needs, communication (e.g., phone), transportation, education, and mental health services for survivors. For organizations, they noted the need for additional funding for culturally responsive care, preventative work, training, and curriculum supplies / workbooks.



<sup>59</sup> See data in "4. Funding."

In addition to more funding generally, participants highlighted the **importance of funding with fewer restrictions and requirements**. In particular, participants shared that mandatory reporting to law enforcement to access financial assistance or services needs to be eliminated.



The resources are available but there can be so many barriers to my clients being able to access those resources, or access them in a way that is meaningful in their particular situation. For example, we provide some free medical services when a victim presents at the ER but if they want to access aftercare therapy at no cost, they need to apply for reparations. In order to be eligible for reparations there has to be a report made to law enforcement. So if they choose not to report their crime, they are not eligible for no-cost therapy.

There needs to be more financial assistance for those survivors who do not choose to report their assault to law enforcement. Survivors who choose to report to law enforcement (within 72 hours of their assault or fall within the current exceptions) can qualify to receive crime victim's compensation to help with certain finances, but for those who do not report at all they are not given that opportunity. I do not think that financial assistance for survivors should be merely based on whether they reported or not. All survivors deserve the chance to receive whatever services they are needing to help heal and overcome, so I think that those who do not report are falling through the cracks.



Respondents identified these requirements and restrictions often stem from **over-reliance on state and federal resources** and other “paternalistic giving.”



[We need to] remove ourselves from receiving funds from the oppressive systems like grants through the Dept. of Justice.

There's a lot of paternalistic giving: we will give you this money but you have to meet these requirements or jump through these hoops or spend money this specific way. That's often not the fault of agencies who have to meet state or grant requirements, but it still adds a burden to people who have already experienced a loss of their voice and choice.

Furthermore, participants emphasized the **need for more flexible funding** without strings attached.

[We need] flexible funding and reducing or eliminating barriers. It is sickening how many hoops we (as staff people) and our clients [have to jump through] when we are just trying to do good work and to support folks who have already experienced so much.

[We need] more flexible funding to be able to make decisions that are best for your agency, staff, programs, and survivors. It is not a fit-all scenario – people in decision-making who are putting restrictions on federal and state funding are not able to see the negative impacts it has on organizations when trying to best support and meet the unique needs of their staff and clients.

## 5. Systemic changes needed in society

### Changes needed in policy, legal, and carceral systems

Participants highlighted the need for the GBV movement to adopt **anti-carceral responses** and establish restorative alternatives to the carceral systems, including **community-based justice and support**, taking the lead from survivors who experience the most marginalization.



Divest from carceral and capitalist system, invest in community care – safe housing and cash assistance, gender-affirming and non-oppressive free healthcare, transformative justice accountability, and comprehensive sex ed for young [people].

I wish we had adequate accountability structures that were non-carceral, it's hard to have restorative conversations. Harm continues because our systems of "accountability" (prisons, police, etc.) also cause and deepen harm without addressing root causes. My biggest hurdle is not knowing what to do that disrupts harm without being carceral when an abuser will not take accountability.

The mainstream movement needs to disentangle itself from carceral responses to DV/SA. It needs to stop working with police and prosecutors and take its lead from Black trans people & women, criminalized survivors, and sex workers who are movement leaders on the ground to build a truly abolition-feminist praxis. It needs to reconsider entirely its non-profitization and professionalization of movement work.

Participants described the frequent **harm that survivors experience from law enforcement and the legal system.**



The policing/law systems . . . do not bring true justice and often re-traumatize survivors and perpetuate harm. I'm a firm believer in abolition and community-based justice and support.

[The movement needs to] move away from utilizing law enforcement as a support for survivors as [law enforcement] often don't show when the crisis/danger is occurring and when they do they victim-blame, cause more harm or let abusers go. Include survivors in the process of determining what would be helpful, don't just prescribe and assume as an agency.

The law and jurors need to get up to speed with the complexities of gender-based violence. I often see a lot of victim-blaming within the field and judges not understanding why victims may go back to their partners.

Additionally, participants recommended **more protections for survivors in the legal system** and a **focus on restorative justice.**

Making changes in the legal system. Sometimes it seems like the abuser has more rights than the survivor.

The legal justice system does more harm to survivors of sexual assault. There needs to be legislative changes in our system to provide a more streamlined and victim-centered approach to justice.

The legal system is not working for survivors. Sometimes it works out that the law is too difficult for an abuser to weaponize a victim, but that being said, it isn't easy enough to provide victims with adequate protection, services, or support of any kind.

A few participants highlighted the importance of the movement being **more focused on developing policies and legislation.**

[We need to] really listen to survivors and craft policy around the needs of the people.

We need to fix our laws so that emotional and mental abuse and sexual assault is enough for abusers to get charged.

### Addressing the root causes of GBV, especially white supremacy, capitalism, patriarchy, and larger systems of violence

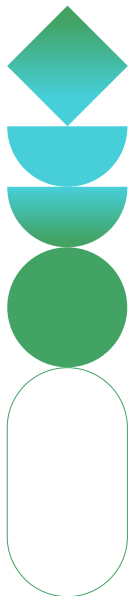
Some participants called for there to be more focus on **dismantling larger structures and systems that perpetuate GBV** within society, including capitalism, white supremacy, and the patriarchy.



There needs to be an upheaval of capitalist, white supremacist thought and structures dominating the care available to those who have been victims to these systems.

I think that DV agencies need to be more proactive in community education work tackling how white supremacy, capitalism, patriarchy, and larger violent systems perpetuate IPV and IPV cannot be dismantled until those are. There needs to be a larger focus on dismantling violent systems as well as immediate support.

Abandon capitalism and the idea that financial planning and coaching will bring someone out of poverty.



## 6. Taking a multi-sectoral approach and raising awareness

Respondents shared the need for there to be **increased outreach and awareness-raising about what GBV can look like, the impact of abuse, challenges to healing, and available services** in different communities. Specific communities participants highlighted for outreach included BIPOC, immigrant, non-English speaking, undocumented, refugee, and youth communities. Participants also noted the importance of gender-inclusive outreach and awareness raising.

Respondents highlighted the importance of **training and engaging other systems, services, and organizations to develop competence in order to address GBV**. In particular, they specified emergency and humanitarian aid organizations, court systems, credit bureaus, first responders, law enforcement, and the legal system as entities that need additional training to better understand GBV and its impacts and better support survivors.

Participants shared how **systems and organizations are often siloed and do not communicate** with one another, resulting in survivors' frequent re-telling of their stories and **retraumatization**. Furthermore, increased collaboration could assist survivors with better wraparound services.



I believe community partners who work with survivors of gender-based violence need to communicate with one another more. Our clients and callers are often saying that they get tossed around from organization to organization, and oftentimes our callers call us for things we don't actually do, yet they were referred to us. Organizational communication would also help everyone know what is actually available or what programs are at capacity. Something that would be nice would be a sit-down to discuss clients amongst advocates to see what services could be offered instead of simply writing an email and hoping for a response.

[We need] more collaboration with community partners on ways to continue to wrap services around survivors.

We need to stop operating in silos that are imposed on us by funders who essentially put us in a position of having to compete, rather than cooperate, with one another for the same, extremely limited funding. We need to have fluid, easy partnerships between organizations serving survivors and the option to truly work as colleagues and collaborators on a day to day basis.

## 7. General descriptions for the movement

Many respondents shared general descriptors of what a survivor-centered movement looks like. The most common included: **1) empowering and powerful, 2) inclusive, 3) trauma-informed, and 4) trusting.**

Other descriptors included flexible, compassionate, empathetic, holistic, collective, non-judgmental, non-punitive, capable of making change, supportive, self-care centered, strong, understanding, values-centered, and welcoming.

## 8. Wishes and hopes for survivors within the movement

Participants also highlighted their wishes and hopes for survivors generally. Most commonly, they emphasized their hopes for survivors to have access to a supportive environment and safe space. Additionally, respondents shared their hopes for the movement to bring people together to share ideas and build ways to recognize, resource, and support survivors.



**[I want to see] a dedicated empowerment zone for survivors to exchange, face trauma, grow spiritually, and build resources.**

**[I dream of] coming together as a unity and rising above the trauma-based experiences.**

## Key takeaways

When asked what changes the GBV movement needs to make to be truly survivor-centered, participants articulated a comprehensive vision for transformation. They emphasized the need for significant structural, cultural, and conceptual changes to center survivors, increase inclusivity and intersectionality, and improve services and their accessibility. Respondents highlighted how the movement must better recognize, support, and compensate workers—particularly survivor workers—through living wages and trauma-informed workplace practices.



**Survivors are the leaders in the GBV movement. To create strong, thriving, joyful, and well communities we also must support the survivors providing the services. Working in the GBV movement without adequate wages, benefits, and rest increases and exacerbates trauma. We can support our communities best when we're supported.**

Beyond organizational practices, participants called for systemic reforms in how the movement is funded, advocating for sustainable funding models with fewer restrictions and requirements. They stressed the need for transformative approaches to justice, including alternatives to carceral systems, and identified the importance of addressing how white supremacy, capitalism, and patriarchy perpetuate gender-based violence. Finally, survivors envisioned a movement characterized by strong cross-sector collaboration, with increased engagement in diverse communities and improved coordination between systems and organizations serving survivors.

Survivors' responses provide not just a critique but also a crucial roadmap and vision for the way forward. Time and again, survivors called for the GBV movement to reimagine itself and its relationship to existing systems of power. They see the possibility for a transformative and prosperous future for all survivors, and know that the talent, resources, and ambition for this future already exist. Prioritizing survivor leadership, financial security, and sustainability and reimagining what justice and healing looks like can help the movement make this future a reality.

**[A survivor-centered GBV movement] would be informed by this slogan from the disability justice movement: "Nothing about us without us." It would also recognize that survivors are here, working in the movement, while trying to survive and heal. It would encourage rest. It would provide a thriving wage — not just a living one. It would provide stipends to support wellbeing. It would also acknowledge that our survivorship is not our only quality or qualification. It would support the professional development and leadership development of survivors in the movement. It would ensure that workers in the movement have the resources, tools, and REST to be able to show up for the survivors we support in the best ways we can.**

# Methods

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## Outreach and sampling strategy

For this round of the Safety Fund, our goal was to reach survivors of gender-based violence across the country who are currently employed in a nonprofit organization that works with GBV survivors. These criteria are narrower than those of previous Safety Funds, given the goals of the project. We developed our target population and project goals based on the findings from FreeFrom's previous study on prioritizing financial security in the movement to end GBV.<sup>60</sup>

Our main outreach strategy involved circulating the survey through our mailing list and directly to service providing organizations with whom FreeFrom is in contact. Moreover, we encouraged service providers to share the survey with others they knew who might be eligible, thereby adopting a partial "snowball" sampling strategy.

FreeFrom launched the application for this round of the Safety Fund via the survey platform Form Assembly in English on April 26, 2022. A total of 1,291 applications were submitted in a single day and the application had to be closed within a day after it was opened. From the applications submitted, 1,115 respondents were determined to meet the inclusion criteria for this report, which meant they had to 1) identify as a survivor, 2) work directly with survivors or manage/oversee staff who work directly with survivors, 3) be employed by a nonprofit agency, 4) be at least 18 years of age, and 5) reside in the U.S.

A follow-up survey was sent out about six weeks later on June 15, 2022 via Form Assembly in English to a subgroup of survivors who had indicated interest in completing a follow-up survey. The purpose of the follow-up survey was to gather data regarding the immediate impact of receiving a grant, as well as to pose additional questions related to survivors' experiences as service providers in the GBV movement. Of the survivors who received the grant and who met the inclusion criteria for the report, a total of 315 respondents (28.3% of the original sample) completed the follow-up survey.

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60 Doyle et al, *Prioritizing Financial Security In The Movement To End IPV*.

## Survey design

At FreeFrom, we recognize that collecting data is a dynamic and iterative process. This means revisiting and updating our methods according to what we learn from survivors and from emerging research and best practices. For this round of the Safety Fund, we updated some of the survey questions and answer choices that we had posed in previous rounds based on lessons learned from survivors' insights.<sup>61</sup> We also added questions specific to the GBV movement and survivor advocates based on our findings from a previous study and FreeFrom's own experience in the movement. We will continue to revisit and update our data collection processes in future Safety Fund rounds as necessary.

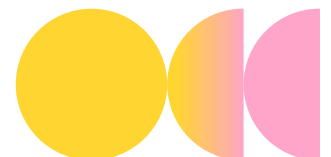
During the design of this survey, we intentionally included questions and answer choices that would allow survivors to see themselves and their experiences reflected in the data. Furthermore, almost all of our survey questions were optional to respond to, as FreeFrom prioritizes survivors' access to cash over its goals with data collection. In this section, we detail some key aspects of our survey design. For details on quantitative and qualitative analysis processes, please refer to the following section.

### Demographic categories

In the demographics section of the application survey, we provided survivors with multiple different categories as answer choices for race and/or ethnicity, gender, and sexuality. Survivors were able to select more than one category for each of these questions as well as to opt for an "Other" category, which allowed them to respond to these questions in an open-ended format. This approach captures survivors' identities based on how they prefer to identify themselves instead of limiting respondents to fit into single predetermined, over-simplified categories.

### Survey pathways

The survey included many conditional questions asked to a subset of respondents based on their answers to a previous question. We have identified conditional questions throughout the body of this report. However, the survey did not include any significantly different survey pathways based on a respondent's position at an organization or the type of organization they work for. This is because one of this Safety Fund's main goals was to understand the experiences of survivors working in the GBV movement writ large.



<sup>61</sup> We especially drew on survey design and questions from FreeFrom's *Survivors At Work* project (FreeFrom, "Survivors at Work," May 1, 2025, <https://www.freefrom.org/survivors-at-work>).

## Analytical approach

Before expanding on our analytical approach, we first want to acknowledge that identifying and interpreting results is a subjective process. Instead of trying to interpret the data in the most “objective” or most “unbiased” manner, our focus is on generating findings that center around the lived experiences of survivors. The choices that we make when determining how to interpret our data or what findings to include are driven by the values and goals guiding our work. Importantly, we also operate within an equity framework that centers the experiences of survivors who are most likely to be at increased risk of harm. While our goal is to be led by survivors and what they share with us, we recognize that we are constantly making decisions that shape our interpretations of the data.

Our processes for analyzing quantitative and qualitative data were iterative and collaborative. The preliminary data analysis raised further questions from the project team that helped guide the direction of further analysis. We believe that this back and forth between the data and our team members, most of whom are survivors themselves, is an essential part of the data analysis process. We acknowledge and embrace the unique experiences and insights that team members and survivors bring to the data analysis phase, as this helps to generate a more meaningful level of understanding and, ultimately, more impactful findings.

### Quantitative analysis

Quantitative data including descriptives (e.g., means, ranges, frequencies) and ratio data were calculated in SPSS version 27.

## Qualitative analysis

We implemented a mix of inductive thematic analysis and content analysis during our qualitative coding process. Thematic analysis involves reading through each of the open-ended responses to develop codes as the data is analyzed.<sup>62</sup> This approach allows for themes to emerge directly from the data rather than from a predefined set of potential themes and categories. Meanwhile, content analysis focuses on the frequency of certain key themes or concepts within our analysis.<sup>63</sup> We are deeply aware that each coder brings their own judgments and experiences to the interpretation of responses and codes. As such, all decisions that went into the process were discussed openly and reflected upon between the coders. This decision-making process was logged and annotated following as much of a standardized process as possible.

We used a computer assisted qualitative data software (Atlas.ti) to analyze responses from a total of forty-nine analytical open-ended questions. Thirty-two of these questions were from the application survey and seventeen from the follow-up survey.

The coding process took place in several stages. A total of six coders worked independently and collaboratively at each stage to analyze the data, including four members of the FreeFrom team and two external research consultants. Coders were Kirkley Doyle, former Director of Data and Research; Julia Uyttewaal, Director of Research and Evaluation; Sharon Lim, Director of Survivor Programming; Tannia Ventura, Vice President of Impact and Mission Delivery; Daniela Bachi, Research Consultant; and Sarah Lawrence, Research Consultant. Below are the main steps that were taken as part of this process:

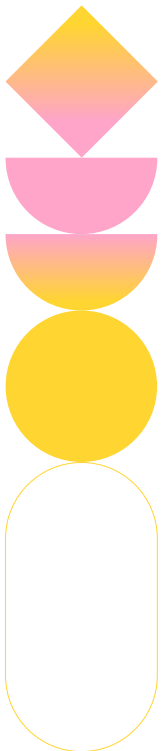
1. We began with a round of “test coding,” where each coder utilized an “open coding” approach to code the same 25 responses, meaning that codes were created as we read through the data and were named using the survey respondents’ own language as much as possible to draw out the main themes in the survey responses.
2. All coders then met to compare their coding approach and identify any major differences in how codes were being generated and applied to the data. At that stage, codes were consolidated and grouped thematically using an “axial coding” process. A consensus approach was used to determine which codes were similar enough to consolidate with one another and which were conceptually distinct themes. Any themes that had insufficient codes or were too specific were excluded at this stage. All coders agreed on the final code structure (parent, child, and grandchild codes) and themes / categories for that specific survey question.

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62 Richard E. Boyatzis, *Transforming Qualitative Information: Thematic Analysis and Code Development*, Case Western Reserve University, 1998; Matthew B. Miles and A. Michael Huberman, *Qualitative Data Analysis: An Expanded Sourcebook* (2nd ed.), Sage Publications, 1994

63 Delve, “Content Analysis vs Thematic Analysis: What’s the Difference?” accessed April 3, 2025, <https://delvetool.com/blog/content-analysis-vs-thematic-analysis>; Columbia Mailman School of Public Health, “Content Analysis,” accessed April 3, 2025, <https://www.publichealth.columbia.edu/research/population-health-methods/content-analysis>.

3. Once the test coding was complete, the remaining open-ended questions were coded. Each of the coders was assigned a variable number of responses to code based on their available time. Each open-ended question was coded by at least two and no more than six coders.
4. For each question, each coder read through and open coded at least 30 of their assigned responses, looking for emerging patterns, themes, concepts, or categories to create the codes and organizing their codes thematically as they went.
5. Next, the coding team met to discuss the first set of open codes generated for each question and merged their coding into a single codebook in Atlas.ti. The team then conducted axial coding and merged, split, grouped, and re-organized the codes into an overarching structure. These codes then became the primary codebook for analyzing the survey question.
6. Coders then returned to independent coding work on their remaining assigned responses for that question. They applied the existing codes developed during axial coding. For any survey responses that presented a new theme or sub-theme, they created and applied new codes and nested them under the appropriate parent code.
7. The coders periodically met to discuss their processes and to identify similarities and differences across the themes that emerged. Once all the coding for a question had been completed, one coder merged the Atlas.ti projects and reviewed all newly created codes to ensure they fit within the overarching themes and categories identified by the team during axial coding.
8. For responses to an “other, please specify” question as part of a categorical question, the coders re-coded any answers that belonged in already existing categories provided as answer choices to multiple choice questions in the survey. These were analyzed quantitatively. For responses that did not belong in already existing categories provided in the answer choices, coders conducted the same open coding and axial coding process described above.
9. In cases in which a response pertained to an idea that did not directly answer the question at hand but could apply to a thematic idea that came up across many of the survey questions, we applied a cross-cutting theme code.



10. After all of the questions had been coded according to the finalized codebook, an aggregate count of the codes was included in order to quantitatively capture the prevalence of each theme in response to each question.
11. The coders reviewed the original raw data one final time to identify illustrative quotes that best represented the main themes to be included in the final report.

After all coding was complete, we drafted synthesis reports, which summarized the findings from each individual open-ended question in the survey, and thematic reports, which summarized cross-cutting themes that emerged beyond the survey questions. In instances where several survey questions and their responses pertained to similar themes, a single thematic report was generated for those survey questions together. This means that we did not include aggregate counts of codes in this technical report when reporting on qualitative data that we consolidated in a single thematic report.

## Limitations of our analysis

The following limitations must be considered when interpreting the quantitative and qualitative analysis from this report.

- Cross-sectional design. Due to the cross-sectional design of our survey (meaning that the data was analyzed from a single point in time), we cannot talk about causation in our findings, meaning we cannot say that one particular experience led to another. However, we can talk about certain relationships between variables and make comparisons across subgroups within this particular sample.
- Convenience sample. To recruit participants, we used a non-probabilistic sampling strategy known as convenience sampling. A convenience sample is when participants are consecutively selected in order of appearance according to their convenient accessibility. In this case, the sample was made up of survivors who work in the GBV movement and who responded to the application survey on a first-come, first-served basis. As a result, the sample for this Safety Fund is not representative of all survivors in the U.S. who work in the GBV movement. This means that although the findings from this report are not generalizable to all survivor service providers, we can make interpretations about the group of survivor service providers from this particular sample.

Furthermore, certain survey questions were excluded from this iteration of the report. The reasons for this were varied, but included an inability to sufficiently contextualize the responses and provide nuanced analysis when the results were open to significant interpretation; lack of significant or interpretable pattern; and questions that were not based on respondents' direct knowledge or experience.

## Researcher practices

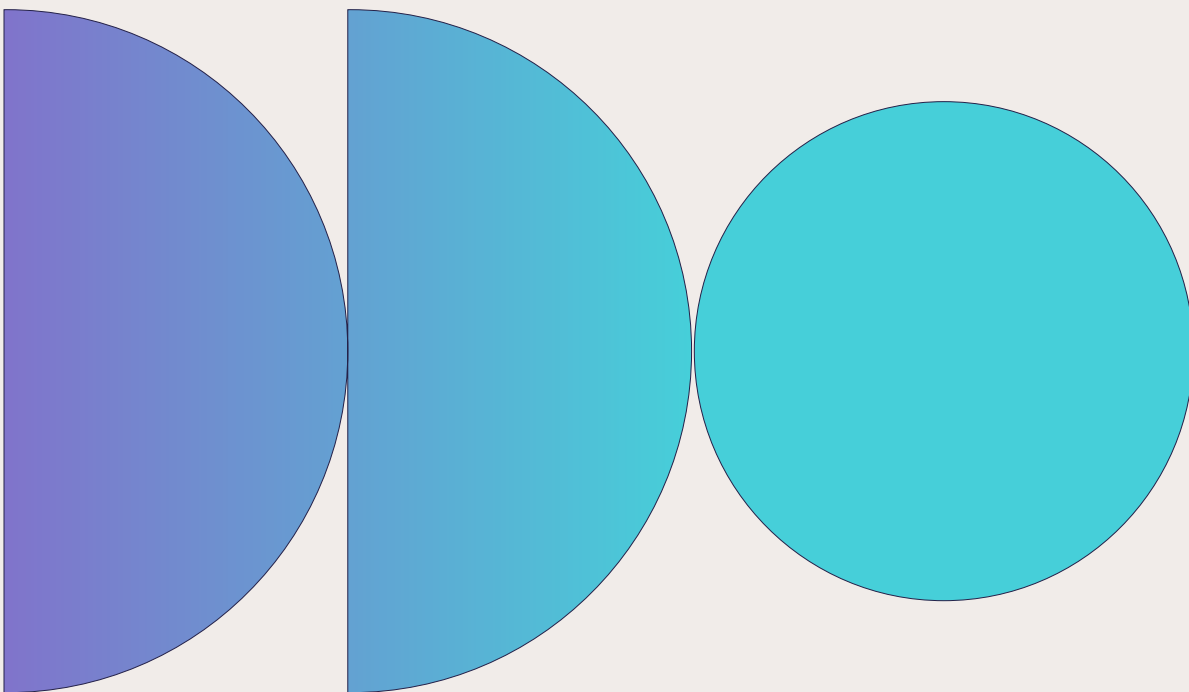
Researchers and coders working on this project were encouraged to implement a data analysis process informed by existing best practices for analyzing data on gender-based violence and survivorship. This was done to try to avoid or reduce the likelihood of experiencing emotional exhaustion or, in the case of survivor researchers, secondary trauma resulting from intimate engagement with data describing instances of harm and violence.

Some of the practices that were recommended as part of the data analysis process included taking breaks as necessary, setting daily limits, and varying or switching up the types of tasks coders were working on.<sup>64</sup> Additionally, we highlighted the importance of prioritizing self-care and collective reflection as strategies to address the potential challenges that arise when analyzing data that deals with experiences of harm.

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64 These recommendations were based on suggestions from FreeFrom staff's own experiences with data analysis as well as from existing resources from the field. Some specific suggestions presented here were adapted from the following resources: Center for Human Rights, Gender and Migration, *Gender-based Violence Disclosure Toolkit: Responding to Gender-based Violence Disclosure in Humanitarian Crisis Settings*, 2022, [https://bpb-us-w2.wpmucdn.com/sites.wustl.edu/dist/1/2391/files/2023/04/English\\_Toolkit\\_230314\\_corrected.pdf](https://bpb-us-w2.wpmucdn.com/sites.wustl.edu/dist/1/2391/files/2023/04/English_Toolkit_230314_corrected.pdf); Amy Burrell et al., "Being Prepared for Emotionally Demanding Research," *Communications Psychology* 1, no. 1 (August 15, 2023): 9, <https://doi.org/10.1038/s44271-023-00008-x>; Leila Billing et al., *Researching with HaRT: Promoting Researcher Wellbeing through Self and Collective Care* (Pretoria, South Africa: Sexual Violence Research Initiative, 2022), [https://svri.org/sites/default/files/attachments/2022-09-02/P5\\_Researching\\_with\\_HaRT.pdf](https://svri.org/sites/default/files/attachments/2022-09-02/P5_Researching_with_HaRT.pdf).

# Appendix: Receiving Safety Fund Grant



# Compensation

## All Completed Payments<sup>65</sup>

Payment Distribution Method	Sum of Amount	N	Percentage
PayPal	\$100,075.00	406	36.1%
Venmo	\$87,790.00	364	32.4%
Check in the Mail	\$49,025.00	203	18.1%
ACH/Direct Deposit	\$37,325.00	151	13.4%
<b>Total</b>	<b>\$274,215.00</b>	<b>1124</b>	<b>100.0%</b>

Statistical measure	Payment amount
<b>Mean</b>	\$250.00
<b>Median</b>	\$243.96
<b>Minimum</b>	\$0.00
<b>Maximum</b>	\$250.00

## 29. What is the safest way for us to notify you about the status of your compensation?

Safe communication method	N	Percentage
Email	616	55.2%
Text Message	486	43.6%
There is no safe way to contact me	13	1.2%
<b>Total</b>	<b>1115</b>	<b>100.0%</b>

<sup>65</sup> The total number of grants paid is different from the total number of respondents in our sample because we excluded several responses from analysis for this report for a number of reasons.

## How grant was spent

The data in this section was compiled from responses to our follow-up survey (n=315).

### 5. How did you spend your grant? (Select all that apply to you.)

How grant was spent	N	Percent (N=315)
Food	130	41.3%
Utility bills / arrears (e.g., gas, electric, water, etc.)	107	34.0%
Transportation costs (e.g., gas, car repair, public transportation costs, etc.)	73	23.2%
Other bills (e.g., phone bill, internet bill, etc.)	60	19.0%
Housing costs (e.g., rent, mortgage, hotel bills, etc.)	58	18.4%
Mental health costs (e.g., therapy bills, filling or refilling prescriptions, specifically antidepressant, anti-anxiety, or mood stabilizing medications, etc.)	54	17.1%
Personal items (e.g., clothes, toiletries, etc.)	44	14.0%
Loan payments (e.g., credit cards, car payments, student loans, to friends or family, etc.)	41	13.0%
Health costs (e.g., medical bills, filling or refilling prescription drugs, healing costs like acupuncture, chiropractor, homeopathy, etc.)	40	12.7%
Self-care/wellness	37	11.7%
Household items (e.g., furniture, cleaning supplies, etc.)	25	7.9%
Saved it	24	7.6%
Insurance payments (e.g., home, renters, health, auto, etc.)	21	6.7%
Helping friends or family	20	6.3%
Children's items (e.g., school supplies, toys, diapers, etc.)	18	5.7%
Pet care (e.g., pet supplies, food, veterinary bills, etc.)	13	4.1%
Expenses that resulted from harm (e.g., property damage, debt incurred by harm-doer)	11	3.5%
Moving expenses (e.g., renting a moving truck, storage fees, etc.)	10	3.2%
Education/Academic costs (e.g., tuition fees, books)	9	2.9%
Childcare	8	2.5%
Other	7	2.2%
Professional development (e.g., training/workshop fees, licensing exam fees, etc.)	4	1.3%
Technology (e.g., phone, laptop, tablet, etc.)	3	1.0%
I prefer not to say	1	0.3%

### Data Insight

Respondents who elaborated on other ways they spent their grant shared that they donated the funds to domestic violence programs or a memorial fund (n=3) and helped others (n=2).

## Effects of grant

6. What immediate change(s), if any, happened as a result of receiving a cash grant from FreeFrom? (Select all that apply to you.)

Immediate changes resulting from cash grant	N	Percent (N=315)
I felt less stressed	214	68.6%
The grant provided some breathing room so I could figure out my next steps	170	54.5%
I felt safer / more secure	82	26.3%
I was able to direct more of my attention to my significant personal relationships (e.g., friends, children, and/or family)	74	23.7%
I was able to direct more of my attention to my work or to my education/studies	62	19.9%
I made strides toward becoming financially independent	51	16.3%
I stopped experiencing or experienced fewer physical symptoms that are usual for me (e.g., headache, stomachache, muscle soreness, etc.)	48	15.4%
I was able to continue working when I otherwise might not have been able to	20	6.4%
I was able to make plans / save to leave a harmful situation	16	5.1%
Other	12	3.8%
I was able to leave a harmful situation	9	2.9%
None of the above	8	2.6%
I was able to continue an education or training program when I otherwise might not have been able to	4	1.3%
I prefer not to say	3	1.0%

**7. Did the cash grant help you AVOID any of the following? (Select all that apply to you.)**

<b>What the cash grant helped survivors avoid</b>	<b>N</b>	<b>Percent (N=313)</b>
Paying a bill late and/or incurring a late fee on at least one bill	154	49.2%
Skipping meals or not buying the amount or type of preferred food	88	28.1%
Delaying or skipping mental health care (e.g., therapy, filling or refilling prescription drugs, specifically antidepressant, anti-anxiety, or mood stabilizing medications, etc.)	60	19.2%
Shut off of services or utilities (e.g., phone, water, gas, electric, etc.)	51	16.3%
Delaying or skipping health care or healing services (e.g., doctor visits, filling or refilling prescription drugs, healing costs like acupuncture, chiropractor, homeopathy, etc.)	45	14.4%
None of the above	44	14.1%
Extra transportation costs (e.g., you were able to fix your car so you didn't need to pay for alternative transportation)	43	13.7%
Contacting my harm-doer for financial support	34	10.9%
Lateness or absence from work	23	7.3%
Eviction or foreclosure notice	22	7.0%
Being subjected to harm (e.g., physical harm, emotional harm, financial harm, etc.)	17	5.4%
Going without safe housing for one or more nights	13	4.2%
Other	10	3.2%
Going to a shelter	3	1.0%
I prefer not to say	3	1.0%

## How receiving flexible cash impacts thinking about client needs

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**10. We provide cash grants to survivors because we trust survivors to spend the cash in the best way for themselves and their families. How has the experience of receiving flexible cash without the ask for proof or receipts impacted the way you think about meeting clients' needs?**

The following themes came up in survivors' responses to this question (in order of most to least discussed):

1. Responses discussed the **respondent's feelings of receiving flexible cash** personally (151 responses). Broadly these included:
  - Positive emotional impact (74 responses)
  - Belief, trust, confidence, validation, healing (69 responses)
  - Positive financial impact (46 responses)
  - Help repair damage from harm / avoid contacting harm-doer (3 responses)
2. Responses discussed the **impact of flexible cash for survivors, generally**. Broadly these included:
  - Importance of flexibility (52 responses)
  - Importance of trust, respect, autonomy (49 responses)
3. Responses discussed wanting to **move toward a similar model to our Safety Fund for clients** (41 responses)
4. **Reflections** on supporting survivors (22 responses)

## 1. Personal feelings of receiving flexible cash

### Positive emotional impact

Many participants shared their own feelings after receiving flexible cash and the positive emotional impact it had on their lives. Most commonly, participants highlighted how receiving flexible cash **brought them relief and reduced stress**.



**The amount of relief I felt when I opened the mail with the check was huge. I was out of work due to a mental health crisis and had used up all my PTO and short term disability was not enough to cover bills. Most people are so close to financial ruin and as the experts of their own experiences, deserve the trust to use assistance as they see fit.**

**It's such a relief. I want other survivors to feel the same kind of relief!**

Other survivors shared that receiving the funds felt **amazing, healing, and safe** while giving them, as one participant shared, “a sense of freedom to choose and liberation.”

**It restored a sense of dignity and trust. It is so rare that support is offered this way. It was healing.**

**Being believed that I was in need of the money without having to prove anything made me feel seen, heard, and safe. The need to prove your needs to someone adds to anxiety and trauma. This allowed [me] to experience this first hand.**

Participants also shared how the experience made them feel **appreciative and grateful** for flexible cash assistance.

**When you give people the space to make a choice/decision for themselves it's usually always going to be the right choice for them at that particular time so I appreciate the support and am trying to continue on my path to financial stability and mental stability.**

**This was so incredibly helpful for me you have no idea. Thank you for trusting survivors.**

## Belief, trust, confidence, validation, and healing

Many participants who received flexible cash also shared how it felt **empowering, humanizing, and supportive to receive money without strings attached.**



This was especially helpful. I have a lot of guilt and shame surrounding money and not having to justify what I spent the funds for or provide rationale behind why this versus that really helped me not feel any guilt or shame around it. It felt neutral and free of strings, which money often is not.

It makes way more sense, and feels so much more humanizing. I know having financial independence is so important, and the act of requiring receipts feels more like financial control, like what some of us have already experienced from our abusers. So why does the system mimic those behaviors so often? We should be able to meet our clients' needs without micromanaging their financial lives the way abusers do. We should trust our clients to do what's right for them, because only they truly know what their needs are.

Others similarly shared how it felt **validating and affirming to be trusted** and believed and to **not have to provide proof** or receipts.

I wish I could offer flexible cash grants to every survivor I work with and know. The experience felt so empowering and affirming. I felt trusted, supported, and blessed with a real opportunity to support my family and relieve the financial stress that I am always under. All survivors deserve this and I am so thankful.

I think this is a perfect way of putting control and DIGNITY back into the hands of Survivors in some way as they are not deemed "irresponsible" as if they do not know their immediate needs and need someone to control that aspect of giving them something to help them out. It made me feel as if for once I don't have to fight, convince or prove to anyone that I am in need. I asked and I was told yes. It kind of felt like a breath of fresh air as if someone did not have something around my neck.



Offering assistance without strings attached or requiring proof helps build empowerment. Showing trust in me that I know what my needs are helps to build self trust, something that for me personally, has been stripped away over time. Additionally, not requiring proof is helpful, because I am already so stressed financially and living a step away from losing safe housing and being homeless, I don't have the time or mental energy to put towards providing receipts. It sounds like such a small task, but for someone who is living in desperation and instability, I need all of the energy I have to put towards my own survival.

I really appreciated the support and trust. I get tired of having to “prove myself” as worthy of support as a survivor or having to retell my trauma story to get the care I need.

Additionally, receiving flexible cash assistance helped survivors feel like they were **not being judged, shamed, or punished.**

It was honestly one of the first forms of assistance that didn't feel degrading or like I wasn't to be trusted even though I'm not the harm-doer.

It was less shameful or embarrassing. It was supportive and non-judgmental.

This has been helpful. I had the freedom to take care of things without having to prove anything or deal with shame and guilt.

## Positive financial impact

Participants also shared the positive financial impacts of receiving unrestricted cash assistance, including being able to **buy essentials** and necessities as well as appreciating the **flexibility to spend the grant on different things as needed**.



I could spend it on necessities instead of having to justify the cost and wait for approval.

It was so very helpful! I used the money to pay for the transportation, fees, and nutritious food that helps repair the damage caused by years of abuse.

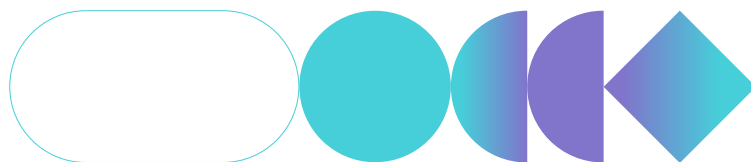
I was able to spend it on different things and not have to question my judgment. For me, that's huge.

## Help repair damage from harm or avoid contacting harm-doer

Two participants also shared that receiving flexible cash assistance helped them to **not have to rely on their harm-doer or a potentially unsafe person** to help meet their needs.

It has given me a positive perspective on the possibility for financial freedom for those of us who are least likely to ask for help as a result of survivorship, and has given me hope that I too can enjoy life (as I see my colleagues in supportive partnerships doing) while not relying on a potentially unsafe person to chip in with household expenses and possibly expecting something in return.

It has relieved a lot of stress and saved me from contacting my abuser.



## 2. General impact of receiving flexible cash

### Importance of flexibility

Participants also spoke about the impact of unrestricted cash assistance on survivors more generally, and many highlighted the **importance of flexibility** and the **freedom for survivors to use the money as they see fit**. Additionally, a few participants emphasized how meaningful flexible funding is when **needs can change quickly**.



**Life is fluid and circumstances and needs change for everyone. Flexible funding allows us to be responsive no matter where a person is in their journey.**

Furthermore, **not requiring proof or paperwork reduces the wait times** for survivors to access what they need while also **mitigating stress** related to meeting specific requirements and **reducing guilt and shame** experienced while seeking help.

It seems more human to just provide [cash] and not need to put someone through questions and forms. It felt like an easy process and I didn't have to worry about what if I didn't meet the requirements. I wish there were more opportunities to give financial support to community without questions or need for proof of how the money is spent.

This has really pushed my efforts to have my agency develop a "rainy day" fund for clients to access when needed, no questions. A lot of people will not ask for help because it is embarrassing or they don't want to talk about their struggles or barriers in detail. Knowing they have access to that if needed with minimal requirements would put so many at ease and allow them to reach out.

It was really nice not to have to jump through hoops or prove myself to get the money and spend it as I needed. There was much less stigma felt than with some other grant opportunities and it was so easy and stress free to use the money.

Participants also highlighted how restrictions and inflexibility can **replicate systems of power and control** experienced by survivors.



If we tell survivors they are the expert in their own lives, we should put our money where our mouth is so to speak. They don't need social service agencies leveraging power and control over them as they attempt to escape power and control.

A handful of participants also stressed the **importance of discreet funding** that allows survivors to have anonymity.

For the survivors it's so important that it keeps them anonymous, . . . protecting them from those who harm them and from the society that discriminates [against] them.

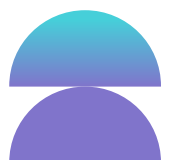
### Importance of trust, respect, and autonomy

Numerous participants stressed how meaningful it is to **trust survivors as experts in their own lives** and to **make their own decisions**, rather than assuming that others know best.

I do believe that cash grants not only help survivors take care of what they feel is important, but in a way it displays a respect that they will be good stewards of the money. That respect is so important, especially to a survivor who has had to account for every penny they spend in their relationship.

It has reaffirmed my belief in trauma-informed care when it comes to healing and believing/trusting clients as experts in their own life and financial/holistic priorities.

I love that it returns autonomy to survivors, and helps reinforce the idea that survivors and clients are the experts of their own experience.



### 3. Desire to replicate the Safety Fund model for their clients

Participants also shared that **the Safety Fund model of flexible cash assistance** was something they would like to see more of for survivors.



The cash grant was so wonderful and took away so much stress. Part of me felt guilty but it reminds me of how difficult it can be to receive help or feel like you deserve help. I think having more access to cash grants would greatly support survivors and help them along their healing journey. This was truly groundbreaking and I hope more people will think about doing programs like this.

I wish even more that we could give survivors cash the same way. We don't do that at our agency.

Some participants stressed that **flexible cash assistance is truly the best way to support survivors.**

Cash grants are SO important. It is a wonderful feeling to just be trusted to spend that money how I needed to at the time and it confirms my firm belief that that is the right way to support survivors.

I love it. This is how support for survivors should be treated. Not micromanaging what they spend.



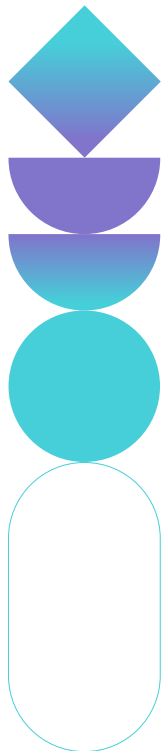
## 4. Reflections on supporting survivors

Some participants also shared their reflections on how they view their roles as service providers and how to make funds more useful and accessible to survivors. A couple of participants reflected on how **providing proof can feel like they do not trust survivors**, while another participant reflected on their **role as a “gatekeeper” of services**. For others, the experience was **“eye-opening.”**



This was eye-opening and very different from other services I have experienced. I wish more services were as easy and helpful as this one.

Needs vary from person to person, and trusting someone, especially a survivor and/or client, enough to believe they are capable to make their own best decisions is powerful. As a service provider this was a good reflection experience. So much has been taken from survivors already, and oftentimes they/we still have to give so much more to receive assistance. Unrestricted assistance like this is a refreshing change.



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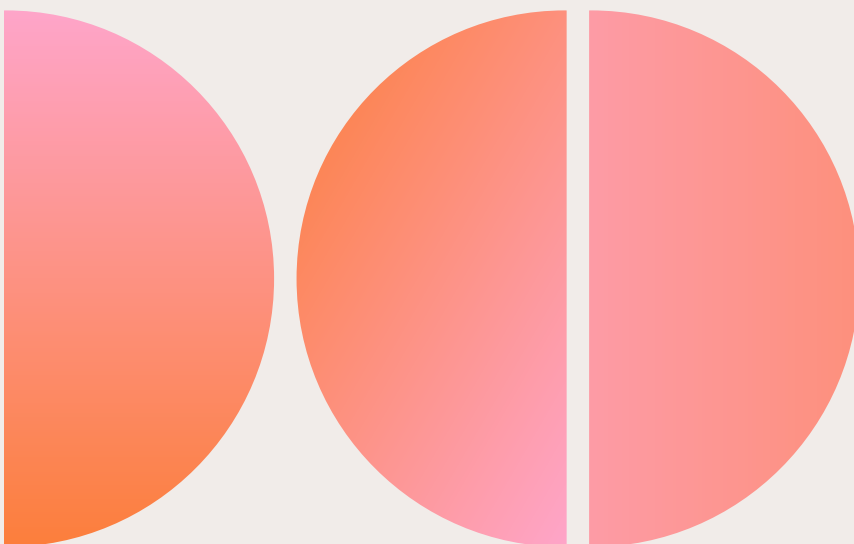
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## Envisioning an Abundant Movement:

Experiences and Recommendations from Survivors Working in the Movement

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