



Intersectional Justice and safety from Sexual  
Violence: Spotlights from a New Report on  
Health Equity Strategies

Tuesday August 24th, 2021  
11 AM-12:30 PM PT/2 PM-3:30 PM ET

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AKJ: You can download the PowerPoint slides for this session here:

<http://www.preventconnect.org/wp-content/uploads/2021/08/8.24-Final-NSVRC-August-2021-PreventConnect-slides.pdf>

AKJ: Text Chat Question: What does health equity mean to you?

LT: Access.

ADJ: Everyone has fair opportunity/chance for health care and services.

RS: Every person receiving that same access to and quality of health care.

HW: Ensuring health access is available no matter demographics.

AT: Equal access to health care.

IK: Everyone receives the specified needs of their particular health situation.

IH: Access to everyone.

KF: All can access the services necessary for their wellbeing.

AC: Equal protections and considerations for people pf all walks of life.

AM: access.

MR: Equal opportunity/access.

P: accessible.

MM: impact of systems of oppression being taken into account.

TJ: Filling in where there is a gap in available health care.

TB: Health access for all.

KC: Folks have access to the services they need regardless of who they are, where they are, their socioeconomic status, etc.

LG: Equitable access.

TD: access but also addressing the root problems causing health disparities.

PS: same services for everyone.

BW: Everyone has access (physical, financial, etc) to what they need.

DW: To me Health Equity is having accessible and quality care across the board for all.

CT: To have equal access to quality physical and mental health care free of judgment and bias from providers.

DB: That everyone has equal access to all forms of healthcare regardless of where you live, what your economic situation is, or life style.

KM: Everyone can achieve optimal health.

MP: accessibility by everyone of all intersections.

HC: everyone having the individual resources and access needed to health (which includes SO MANY THINGS).

LR: to me: it encompasses not only the equal access to resources such as sexual assault exams but also includes the timely testing by healthcare centers of said exams.

HG: Ensuring the health and safety of everyone in the community. Making it accessible, but also making sure to tackle structural barriers that persist.

QF: To me health equity means having access to quality care regardless of SES.

NP: providing the resources people want- not just what others think they need.

SM: Access to low-cost or affordable services performed by knowledgeable practitioners who operate from a place of cultural humility.

DF: Fair opportunity for all to be as healthy as possible.

HC: and the elimination of oppressive structures and systems.

AFC: All communities have access to healthcare, an environment that is secure and free from toxic, interpersonal, police, and militarized violence.

BK: To have access and low cost medical resources to all communities.

AKJ: A Health Equity Approach to Preventing Sexual Violence:  
<https://www.nsvrc.org/resource/2500/health-equity-approach-preventing-sexual-violence>

KM: Not just about access but also care and treatment.

HB: Access to all needs equally, not only if you can afford insurance, but for everyone to have the access to get the help they truly need.

AK: Providing resources according to need to ensure equitable outcomes.

AM: Helping people achieve superior mental health, physical health; along with violence prevention and safe strategies.

TV: I love that I can follow your podcast, Resource on the Go, from Spotify, so it's there with all my other podcasts!

TJ: Where is the podcast?

AD: transparent access to care.

AKJ: <https://www.nsvrc.org/podcasts>.

TV: @Tayshah, at this link, or search "Resource on the Go" wherever you listen to podcasts: <https://www.nsvrc.org/podcasts>.

WC: very excited to listen to the podcast!

AKJ: A Health Equity Approach to Preventing Sexual Violence: <https://www.nsvrc.org/resource/2500/health-equity-approach-preventing-sexual-violence>.

JG: And here's NSVRC's Resource on the Go podcast: <https://www.nsvrc.org/podcasts>.

RR: Health equity to me is about not just equal access, but how do we acknowledge the current disparities and provide those who have been systemically denied access, MORE access, MORE resources and MORE opportunities.

JG: YES, Rae!

AKJ: STOP SV technical package: <https://www.cdc.gov/violenceprevention/pdf/sv-prevention-technical-package.pdf>.

AKJ: Preventing IPV technical package: <https://www.cdc.gov/violenceprevention/pdf/ipv-technicalpackages.pdf>.

AKJ: PreventConnect blog with more resources on health equity approaches to preventing sexual violence: <http://www.preventconnect.org/2021/08/health-equity-approaches-to-prevent-sexual-violence/>

CB: Yes!!!!!! 100% agreed.

MT: Thank you for the work you do in support of service workers. A recovering waitress.

TV: Yep! Started as a barista!

MJ: yes.

CE: yes.

AD: yes.

LK: yes.

HW: yes.

VR: yes.

JD: Yep!

KG: yes.

MM: Me and on and off still do!

BK: worked in my families donut shop.

EF: Yes I did!

K: yes!

JH: Former Starbucks Barista here :)

KS: yes.

GP: Yes.

MP: Yes, started as a restaurant server.

BH: yes.

ALJ: I worked in restaurants for a decade!

GP: yes.

ET: I did for 5 years.

P: I have.

CW: Yes.

RR: yes!

AKJ: I was a front of house and a server and it was ROUGH

AR: Yes I started as a waitress.

AM: oh yeah! loved the cash.

JG: YES - first job and first experience with sexual harassment.

CB: Yup, bartender. So much harassment.

PS: Yes for many years.

KM: yes.

AC: Yes.

LR: I have not worked in the service industry.

DP: yes started as a waitress for a pancake house.

SS: Yes! Still do.

LG: For years! As a barista was definitely the most sexual harassment.

CT: I have/did for 2 decades, and was sexually assaulted while doing so twice.

LFP: Yes! Waffle House in Durham North Carolina, then many cafes as a barista.

JC: Yes.

ZJ: Yep! Started as a server in a diner when I was 16. Sexual harassments daily.

LT: Yes, started in restaurants as a teen.

GB: Many years!

ZM: yes.

MBN: Just north of you in Lowell; I was a bus boy.

LWC: Over a decade in the service industry including housekeeping, barista, bar tender, and server.

RS: It's so rough out there right now.

HC: My first few jobs were in the restaurant industry. I didn't know what sexual harassment was at the time, but I will always remember how uncomfortable I would feel at work, often because of my male co-workers and male customers. Including a male boss and co-worker in their 40's staring at me and when I asked them what they were doing they said "wondering what kind of underwear you are wearing". (I was 15).

JD: For sure. This American Life did an episode recently on how the pandemic has effected different folks deemed as essential workers.

AM: Sexually harassed when working at previous grocery stores.

MM: my partner is still a full time server and while sexual harassment hasn't been the issues he's run into - he had the worst issues with guests being entitled and disrespectful during the last year and a half he's had in his career. We all know how closely tied respect and entitlement are to sexual harassment.

HC: Same Lisa! housekeeper, barista, bartender, and server! Working in Idaho at \$2.75 an hour!

LFP: A collective sorry for your pain and suffering to everyone sharing their experiences of harassment and violence. Grief... And hearing your stories lights my fire to advocate and work for change!

RS: ^^

MM: WOW.

BCR: Wow is right!

YR: Seven states – CA, OR, WA, AK, MN, NV, and MT – have eliminated the lower wage for tipped workers.

TV: Text Chat Question: Which fields and movements are you partnering with or considering partnering with to advance health equity and sexual violence prevention?

AK: Disability justice.

SS: Music industry here in Nashville

AK: Community theater.

LFP: We work a lot with the community violence prevention field. My goal is to work with the environmental and climate justice movements!

LR: Leda Health - at home rape kits.

AFC: Work with currently/formerly incarcerated survivors; work with organizations working with low wage workers

CT: Black Lives Matter, barber shops, after school programs.

TJ: Medical facilities in screening for potential SA and DV victims

MJ: progressive faith based communities.

RS: Schools, police departments, and local organizations involved with substance abuse prevention.

CW: Queer and trans specific orgs.

CT: Juvenile detention center.

CH: Same, Carla!

LR: and schools.

MR: domestic violence / IPV.

ZM: Regional Economic Council.

AT: We partner with our local health department, local hospital and law enforcement. We have also been focused on advocating for our states proposed health standards for schools which focuses on inclusion and violence prevention.

JT: work in healthcare and injury prevention. Work with local community prevention groups to help education health care workers on recognition, education, and how to incorporate prevention into their practice.

EB: faith based orgs, after school programs and community centers.

YR: In the seven states that have implemented #OneFairWage, the poverty rate among tipped workers is over 1/ 3 lower, and the rate of sexual harassment among female workers drops in half.

JG: I'd love to know of programs working with environmental and climate justice orgs...we are releasing our SV in Disasters re-visioned guide soon and want to highlight those connections.

AM: Community and local government violence prevention programs.

HC: ^so interesting Jamila!

MBN: Policy!!!!

JG: Amazing work, Yamila!!

YR: [highroadkitchens.org](http://highroadkitchens.org)

MM: was that high road kitchens or high right kitchens? I want to share with industry friends.

AH: Awesome!!

MM: oh thanks for the link!

YR: <https://highroadkitchens.com/>

TV: STOP SV technical package: <https://www.cdc.gov/violenceprevention/pdf/sv-prevention-technical-package.pdf>

Preventing IPV technical package: <https://www.cdc.gov/violenceprevention/pdf/ipv-technicalpackages.pdf>

LFP: Brilliant work jumping on policy windows in NY state and building a multi-issue progressive agenda!

YR: If you are NY based- #NYBOLD agenda: <https://bluejacket.nyc/news-1/2021/8/19/coalition-calls-on-hochul-to-take-bold-action-to-reform-albany>

BC: Currently working with St. Leo University, Premier Community Healthcare in Pasco County, FL

WC: musicians live off tips AND many of my closest musician friends also have service industry jobs - strong connection. grateful others are lifting this up!

YR: Those states— CA, OR, WA, AK, MN, NV, and MT – have eliminated the lower wage for tipped workers.

ZM: community organizing and canvassing workers are also vulnerable

YR: Thank you all! So happy to learn of all your amazing work in the chat.

JG: thank you, Yamila - so grateful for the work you do and for OFW.

LWC: <https://www.pokagonband-nsn.gov/our-culture/history>  
<https://unitingthreefiresagainstviolence.org/>

PC: Always beautiful to see folks noting the intersections of racism, sv, and capitalism so clearly!  
Thanks Yamila.

KBK: Thank you for such an awesome line of work..... I appreciate this so much.

AKJ: STOP SV technical package: <https://www.cdc.gov/violenceprevention/pdf/sv-prevention-technical-package.pdf>.

Preventing IPV technical package: <https://www.cdc.gov/violenceprevention/pdf/ipv-technicalpackages.pdf>.

TV: Text Chat Question: How is your organization facilitating internal organizational change for health equity and economic and racial justice?

DL: Applying CLAS standards in our organization and additional focus on community engagement.

CT: We have a vision group that is working on our internal and external policies and statements regarding these topics. We also have an Aspiring White Accomplices group. Both are challenging and having difficult conversations (not always productive).

ZM: Commissioners passed a Resolution and adopted a formal Equity & Inclusion Action Plan to address Racism as a Public Health & Public Safety Crisis

AKJ: Want to share two workshop recordings from this year's National Sexual Assault Conference that seem relevant to this conversation.

First, API Chaya presented a web conference called "Living Wages: Advancing Equity in Our Organizations" -

<http://www.nationalsexualassaultconference.org/2021/06/27/living-wages-advancing-equity-in-our-organizations/>.

Second, LAFASA and OAESV presented a workshop titled, "Walking the Walk: Connecting Social Justice Values to Your Organization's Work" -

<http://www.nationalsexualassaultconference.org/2021/06/27/walking-the-walk-connecting-social-justice-values-to-your-organizations-work/>

TV: MCEDSV UMOJA Self Care Guide: <https://mcedsv.org/wp-content/uploads/2020/12/UMOJA-Self-Care-Guide.pdf>

MJ: We hired two reputable consultants to help us prioritize, implement and sustain changes identified in an earlier Equity & Belonging process.

EF: We are currently hiring for a health equity coordinator that will lead the charge in our own workplace and address disparities in our community due to COVID and other health areas.

AK: Monte, would you mind sharing who you worked with?

JG: YES\_ thank you for pointing that out, Lisa!

JG: This conversation is so important!

CT: Do you see universal health care as a way of freeing up funding in our type of agencies? Could that be one piece of creating more health equity?

LFP: The discussion around valuing different types of labor, including emotional labor, reminds me a bit of the movement around worker rights and economic justice for care providers, e.g., the #carecantwait campaign.

LT: How true is this?! We made it our policy to always plan for community engagement or facilitation with a stipend and put that into our grant proposals.

JG: this is really challenging the voices that have been saying for years, "well, people don't get into this work for the money." As an excuse for low pay and limited (if any) benefits. So appreciative that MCEDSV is moving those internal conversations into action.

CT: Lisa, that last comment was sooooo true!

JT: We've found that cultural self-awareness is hugely important. We've all been working with a local organization to help us deepen our understanding of mainstream American culture, Western culture, and our root cultures. It's really helped us to cultivate cultural humility and centered the value of diverse communities where there is respect and understanding of different cultures. It's helped me to realize that, for instance, when I look at this image, we're all seeing the baseball game as every individual's goal, but maybe some of them don't have the goal of seeing the baseball game, you know?

AKJ: STOP SV technical package: <https://www.cdc.gov/violenceprevention/pdf/sv-prevention-technical-package.pdf>

Preventing IPV technical package: <https://www.cdc.gov/violenceprevention/pdf/ipv-technicalpackages.pdf>

KM: Excellent point Julia

JG: @Julia - wow...that just blew my mind.

AKJ: Text Chat Question: How is your organization facilitating internal organizational change for health equity and economic and racial justice?

SS: To the point of knowing what the goals are of the people we serve, I'm trying to advocate internally for advisory boards. We need to make sure that the work we do is deeply rooted in what communities are already working on/doing/asking for/need.

JT: @Jen this work has been blowing my mind too!!

MJ: If there's an expectation that we will all feel safe to share what needs to change, then a lesson we learned and are continuing to is to protect all of our identities and positions. If we don't feel safe, then we can't be expected to talk about what needs to change.

KM: Had my mind blown frequently of late - we have a book club/discussion group that is focused on racial equity. It has been eye opening in so many ways. One of our recent books focused on the internment camps that housed the American Japanese at the start of WWII. Lots of parallels with the refugees coming over the boarder now and how they are being treated.

JT: @Karen can you share what the book was? I'm really wanting to expand my knowledge of historical trauma experienced by Japanese and Japanese American communities.

ALJ: Follow us @arizonasaferbarsalliance for bar-specific bystander intervention.

KM: I found two (graphic novels) - "Displacement" by kiku hughes; and "They Called Us Enemy" by George Takei

ALJ: I totally agree with Yamila that bars and restaurants need their own type of specific training.

LR: I'm also an educator and Jew who has lived in Israel which made May of this year extra challenging. People seem to believe belief systems are binary and it's okay to protest in the name of justice - which it is and I fundamentally agree with - but not when, as was the case in London, "protestors" are yelling "F\*\*k the Jews, r\*pe their daughters".

YR: Amazing resource Allison!

JT: @Karen thank you for sharing! Adding these to my list.

ALJ: I co-designed the curriculum updates with my boss, Dr. Elise Lopez @uarizonacgbv on Instagram

ALJ: Thank you all so much for your work!

KM: We are currently reading "My Grandmother's Hands" by Resmaa Menakem. Racialized Trauma and the Pathway to Mending Our Hearts and Bodies.

JT: I can recommend the book My Grandmother's Hands by Resma Menakem, which talks about how racialized trauma lives in the body and has focused chapters dedicated to African Americans, white Americans, and law enforcement with exercises for healing and self-awareness.

JT: @Karen great minds think alike!!!

KM: LOL – Julia

LFP: Comments in the chat are reinforcing for me the need for multiple strategies, including addressing root causes, and addressing the need for healing within our prevention work.

MBN: ^^^

TV: Yes Lisa! There's no nonprofit worker discount on rent/housing/life!

JG: Yes, Lisa!

SL: Love the modeling and accountability that Lisa is talking about!

JG: ^^

MT: Imagine retirement funded.

AKJ: I think Tori used the term "sponge-mode" earlier and that is how I feel. Thank you for this conversation!

AK: YES.

JG: OMG - SO MUCH YES.

RR: Well said, Lisa!

AKJ: OVER EXTEND and UNDER RESOURCE. This is the TRUTH and it has to change!

BK: yes.

ET: all agencies need this change.

CMK: well said Lisa.

MBN: We lose so many amazing preventionists who can't afford to stay in the movement!

JT: AGREED! And I think there's a race and class driven system of how people in our field get into the higher paying positions. White/wealthy people who have the ability to do internships and volunteer get into high paying admin jobs with a path up to leadership. BIPOC/poor folks start in entry level advocacy positions where they're overworked with limited opportunities for professional development and are passed over for promotion even within the field.

GB: Yes Julia!

SR: Such an important to know our history. I did not know that particular lineage of tipped wages and am very appreciative of that information. Thank you.

GB: White/wealthy people also have the ability and time to become board members and can drive organizational change (or stifle it).

AM: Thanks, Yamila for advising on the history of workers relying on tips!

JT: Yes absolutely Gabby, and may be more likely to have advanced degrees.

EB: I've experienced it even with the extremely large, well-funded national anti-sexual violence nonprofits. Women of color doing the direct line work, an entirely white senior leadership team completely disconnected from the work. Leadership making well over 100k, but direct line workers barely making \$18 an hour.

JT: Ebonique, absolutely, I think that's really common. And direct line advocates are asked to buy into the idea that the org is a "family" and as a non-profit all they can afford is minimum wage, not always aware of EDs making six figures.

YR: My email is [Yamila@onefairwage.org](mailto:Yamila@onefairwage.org).

YR: <https://onefairwage.site/take-action>.

YR: <http://highroadrestaurants.org/>.

EB: Exactly Julia! I literally almost walked away from the field because I just keep seeing it everywhere.

JT: Ebonique I hear you, it's such a huge and exhausting challenge to face. Solidarity <3.

TV: Rae, I remember your team sharing the beginnings of this story on a PreventConnect web conference. I know things have changed since then (3 years ago!), but I remember being so inspired by the initial actions of this work: <http://www.preventconnect.org/2018/11/getting-started-on-supporting-economic-opportunity-for-sexual-and-domestic-violence-prevention/>.

PS: Thank you SO much for sharing about this in such an authentic way.

LFP: Thank you Rae for this authentic story. Ditto, Paige!

JG: Rae, I am so appreciative of you being here today and sharing the lessons learned...so important!

JB: Ditto

GB: Yes Rae! lots of conversations about gender pay inequity in SV/DV prevention and rarely are racial inequities addressed. I thank you for addressing that so forwardly.

RR: Thanks y'all! Honored to be in community with each of you.

MBN: Thank you Rae, Yamila, Lisa, Lisa, Tori, Will, Ashleigh, and Jen!

LFP: Yes, Gabby! We need to work intersectionally!

KD: We are grateful for Rae as well!

AKJ: One Fair Wage Take Action: <https://onefairwage.site/take-action>

TV: You can download the PowerPoint slides for this session here:

<http://www.preventconnect.org/wp-content/uploads/2021/08/8.24-Final-NSVRC-August-2021-PreventConnect-slides.pdf>.

JT: Thank you!!!

SJ: Thank you!!

DW: Great webinar thank you!

TV: MCEDSV UMOJA Economic Justice Whitepaper: <https://mcedsv.org/wp-content/uploads/2019/11/Economic-Justice.pdf>

MCEDSV UMOJA Self Care Guide: <https://mcedsv.org/wp-content/uploads/2020/12/UMOJA-Self-Care-Guide.pdf>

AKJ: MCEDSV UMOJA Economic Justice Whitepaper: <https://mcedsv.org/wp-content/uploads/2019/11/Economic-Justice.pdf>

AKJ: MCEDSV UMOJA Self Care Guide: <https://mcedsv.org/wp-content/uploads/2020/12/UMOJA-Self-Care-Guide.pdf>

LFP: Super rich conversation, amazing organizing work. Let's go healing and transformation advocates! Grateful to be in community and movement with you all!

JG: This has been inspiring! Thank you to all the presenters and their programs, and all the staff doing this important work!

TV: PreventConnect blog with more resources on health equity approaches to preventing sexual violence: <http://www.preventconnect.org/2021/08/health-equity-approaches-to-prevent-sexual-violence/>

MR: Thank you so much!!

KC: Thank you!! SO much to think about and appreciate all the amazing work you all are doing and shared with us!

IK: Thank you!

RR: Oh, and I wanted to share an awesome Alaska Resource @ Jen Grove's question way back about the connection between environmental and gender justice: Native Movement in Alaska is working to tie climate justice with gender justice: <https://www.nativemovement.org/>  
Their work is amazing! "There is a direct correlation between violence against the earth & violence against women. The health of our people is directly tied to the health of our land & waters. Our survival and well-being depend on how BOTH are cared for and protected."

YR: Thank you all SO much for tuning in and participating!

JC: Thank you all! Wonderful collaborative program!

AH: That's refreshing!! We address these issues for those we serve and should be reciprocated to those doing the work. Thank you so much!

JG: thank you, Rae! I will check that out!

MJ: Thank you!

SF: Thank you!

AKJ: Bye everyone! Thanks for joining us today! Intersectional justice and safety from sexual violence: Spotlights from a new report on health equity Strategies.

CKD: This was excellent! Thank you.

AM: Thanks Everyone for sharing and educating!!

FV: Thank you for all the great information! I appreciate your time.

FR: Thank you!

DL: Thanks everyone! This has been wonderful!