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ASIAN PACIFIC INSTITUTE ON GENDER-BASED VIOLENCE

ADVISORY

How COVID-19 and Systemic Responses Are Impacting Asian and Pacific Islander Survivors of Domestic Violence and Sexual Assault

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I. Introduction

The coronavirus (or COVID-19) pandemic has been impacting countless individuals, families, businesses, and industries across the globe, including in the United States. The outbreak has caused a public health crisis, economic instability, and drastic changes to our daily lives. Along with the hardships that all individuals in the U.S. are facing, COVID-19 poses many unique challenges and dangers for survivors of domestic violence and sexual assault. Survivors from communities of color and immigrant communities, including Asian and Pacific Islander (API) survivors, are especially experiencing increasing barriers to safety as a consequence of the coronavirus outbreak.

As of September 30, 2020, Congress has enacted, expanded, and extended several economic stimulus measures through the Families First Coronavirus Response Act (FFCRA)[1], the Coronavirus Aid, Relief, and Economic Security Act (CARES Act)[2], the Paycheck Protection Program and Health Care Enhancement Act,[3] the Paycheck Protection Program Flexibility Act of 2020,[4] and the Continuing Appropriations Act, 2021 and Other Extensions Act,[5] in response to the pandemic. The largest legislative enactment, the CARES Act, took effect March 27, 2020. The CARES Act includes a number of provisions that will provide both targeted and broad assistance to those struggling in the face of the crisis, including survivors of domestic and sexual violence. The CARES Act importantly provides $45 million in funding for domestic violence victim services under the Family Violence Prevention and Services Act (FVPSA), as well as $2 million for the National Domestic Violence Hotline.[6]

This advisory will explain how the COVID-19 outbreak is impacting Asian and Pacific Islander (API) survivors of domestic violence and sexual assault. In addition, the Advisory will address policies enacted to address the pandemic including the CARES Act, and API and immigrant survivors' eligibility for the programs and services offered in the legislation, as well as the implications of utilizing the services. Finally, the Advisory will discuss the effect of systematic

responses to the COVID-19 crisis and the unique issues that API survivors face that systems must account for to support survivor safety during the pandemic.

II. Barriers to Safety for Asian and Pacific Islander Survivors of Domestic and Sexual Violence

Increases in Violence

Shelter-in-place, stay-at-home, social distancing, and quarantine orders are having profound impacts on the lives of survivors of domestic violence, putting many of them at risk of increased abuse. Abusers and survivors confined indoors together for long periods of time, increased stress from instability and uncertainty, heightened anxiety triggered by the disease, feeling of a loss of power and control, and other factors lead to a likelihood of more frequent and intense incidents of abuse.[7]

While some victim services organizations have reported decreased calls, potentially because survivors have been thwarted from reaching out for help due to lack of privacy at home, fear of leaving home to seek help due to anti-Asian racism,[8] or fear of seeking services due to concerns of contracting COVID, when they do, their injuries have reportedly been more severe.[9]

As stay-at-home orders have loosened as the pandemic progresses, victim advocates communities are reporting that API survivors are experiencing heightened surveillance and cyberstalking.[10]

Tools of Abuse

COVID-19 concerns have also been providing abusers with new weapons to intimidate and control survivors specific to the virus itself, such as threatening to expose them to the virus or throw them out of the house if they display symptoms, such as coughing, even if the symptoms are not persistent and likely do not indicate the survivor has the disease.[11] Some abusers may also prevent survivors from accessing basic cleaning and hygiene products that would help decrease the risk of COVID-19 infection, such as hand sanitizers.[12] Others have reported that their abusers forced survivors to clean themselves to an unreasonable extent, including an example of forcing the survivor to wash their hands until they are raw.[13]

Economic Abuse and Coercion

COVID-19 has greatly impacted the economy and employment rates in the U.S., which has had significant consequences for immigrant survivors of violence. Many individuals are losing their jobs during this crisis, as businesses are unable to continue paying and supporting their workers. Asian American unemployment has been spiking[14], as Asian American workers and business

owners have a disproportionate representation in industries at higher risk of closure or impacted by the physical distancing mandates of COVID-19 related guidelines.[15] Almost a quarter of the Asian American workforce is employed in hard-hit industries such as restaurants, retail, and personal services.[16]

Amongst Asian American and other communities, women and immigrants are disproportionately impacted by the rising unemployment, as they dominate occupations in the service industry – such as waitressing, food preparation, and housekeeping – which are experiencing mass layoffs.[17] Twenty percent of Asian American women and 25% of Pacific Islander women work in the service industry,[18] meaning many API survivors of violence are likely to have been laid off or are at risk of being laid off. Abusers may also exploit the coronavirus pandemic to force survivors to stay at home rather than go to work at essential jobs,[19] or interfere with the work of survivors who are able to work from home, potentially leading them to lose their jobs.

When survivors of domestic violence are unable to earn their own income and access financial resources, they cannot support themselves and are forced to depend on their abusers to provide for housing, food, health care, and other basic needs. The pandemic is providing abusers with more opportunities to engage in economic abuse. For example, one man allegedly withheld his wife's medication, claiming the "need" to cut costs during this pandemic.[20] Others are reporting that during this pandemic, abusers are withholding government-issued money—for example, the recently issued stimulus checks—especially in situations where those payments were issued to both parties based on a jointly filed tax return.[21]

In addition to increased domestic violence, the pandemic is increasing opportunities for sexual assault and coercion of those who are economically vulnerable. For example, advocates are reporting that some landlords are sexually harassing and coercing sexual acts from those who are housing insecure.[22] In addition, many workers who face sexual harassment at work are more vulnerable during the pandemic, likely enduring the harassment in silence, for fear that complaining about unwanted behavior or coercion could put already precarious jobs at risk.[23]

Immigration Status and Help-Seeking

Law enforcement and domestic violence hotlines in multiple cities across the country are reporting increases in calls from survivors reporting domestic violence. Several cities have seen double-digit percent increases in calls in April 2020 compared to prior months in 2020 or the same months last year.[24] At the same time, other cities are reporting a decrease in calls and reports from survivors. This is most likely due to underreporting rather than an actual reduction in domestic violence incidents.[25] One organization serving South Asian survivors of domestic violence reported a 76% drop in hotline calls since widespread stay-at-home orders took

effect.[26] Another victim services organization in the Asian community reported drops in both helpline calls and survivors arriving at their shelters.[27]

Underreporting and decreases in survivors seeking services during this time is likely particularly high among survivors who are concerned about immigration status. Increases in immigration enforcement and restrictive immigration policies enacted during recent years have contributed to many immigrant survivors fearing to reach out for help from law enforcement due to concerns they may be working with immigration officials, detained, deported, and separated from their children. Advocates working with survivors report that three in four immigrant survivors have concerns about contacting police.[28]

In addition, survivors who have physical injuries or who have been sexually assaulted may also be less likely to go to the hospital to be treated or to have a rape kit conducted due to concerns about the coronavirus,[29] as well as due to fear of negative immigration consequences.[30] These cases may also be de-prioritized with the majority of the attention and urgency focused on COVID-19, which would delay and potentially discourage survivors from getting treatment or undergoing the forensic examination.

Language Access

One of the greatest challenges Asian and Pacific Islander survivors of domestic and sexual violence are facing during the COVID-19 pandemic is language access. Immigrant survivors of violence often do not have opportunities to learn English, as abusers commonly prevent them from doing so, force them into isolation, and/or prevent them from working.[31] Nearly 48% of Asian and Pacific Islanders in the U.S. report speaking English less than "very well."[32]

API survivors who have limited English proficiency (LEP) face difficulty obtaining current, accurate information about the coronavirus pandemic and corresponding stay-at-home orders, business restrictions, and accessing the services they need, putting their health and safety at risk. Most of the information and resources about COVID-19 are available online, such as on the websites of public health agencies like the Centers for Disease Control and Prevention, or through media like briefings streamed on television or news articles, and are primarily provided in English. Although some are translated into other languages, they are rarely provided in enough Asian and Pacific Islander languages to meaningfully reach the API community.[33] The information and resources posted online are also likely to be difficult to find, especially when the websites housing them are in English. Several API-serving organizations and programs have taken it upon themselves to provide translated information and materials to the community – often sharing through social media. However, this still poses a challenge for many API survivors of domestic violence to learn about COVID-19, as abusers may prevent them from using social media.

In addition, API survivors who are uncomfortable speaking English may fail to receive proper care if they contract COVID-19 and go to a clinic or hospital for treatment. If the health care provider lacks a robust language access plan and protocol, LEP survivors will face challenges in providing emergency health care providers with critical information, such as their medical history, the intensity or duration of the symptoms, other health concerns or complications that may be co-occurring, any questions they may have, or other information that health care providers need to make medical decisions. Health care providers and survivors have to rely on interpreters to help them understand one another.

With COVID-19, however, having to rely on interpretation and translation comes with its own complications. Many hospitals are currently employing remote interpretation services, and it can be difficult to reach an interpreter on such short notice, especially if the language the survivor speaks is not a common one. One nurse in a hospital in Brooklyn reported that it can take over an hour for the hospital to connect with interpreters for certain Asian languages and dialects that are less frequently used in the United States.[34] In addition, even with the help of interpreters, communication between health care workers and survivors can still be confusing. Several health care providers note that the inability for health care providers, interpreters, and LEP patients to be able to clearly speak with and hear one another may have contributed to potentially unnecessary deaths of LEP patients with COVID-19.[35]

III. Policies and Programs Addressing the Coronavirus Pandemic

Unemployment Insurance

Unemployment Insurance ("UI") is a benefit earned by workers during their employment that is intended to be paid if workers lose their jobs. UI temporarily provides workers partial replacement income if they have involuntarily lost their jobs. To be eligible for regular state UI, as general rules, workers must be unemployed "through no fault of their own," they must have worked enough hours or earned enough wages in a certain "base period," and they must be "able and available" to work.

Some API and immigrant survivors will be ineligible for UI benefits if they do not have valid work authorization **during the period they were working, at the time that they apply for benefits, and throughout the period during which they are receiving benefits**.[36] In addition, if a survivor has quit their job for a reason related to domestic violence, sexual assault, or stalking, they will need to examine state law to determine whether they qualify for UI because they have "good cause" to have voluntarily quit.[37]

As part of the CARES Act (§2102), Pandemic Unemployment Assistance (PUA), was created to address **unemployed workers who are left out of regular state UI or who have run out of their state UI benefits** without work for reasons related to the COVID pandemic. These provisions

may be helpful to many API survivors who are self-employed (i.e., independent contractors and freelancers), as well as those who have irregular or insufficient work histories to qualify them for regular state UI benefits.

Also included in the CARES Act (§ 2104), was Pandemic Unemployment Compensation (PUC), which provides an extra $600 a week to be paid to all workers receiving state UI, PUA, or Short-Time Compensation (work-sharing benefits, starting the week ending April 4, 2020, and ending the week ending July 26th.) This benefit expired on July 30, 2020, though temporarily reduced benefits have been provided through executive action.

The CARES Act §2107, also created the Pandemic Emergency Unemployment Compensation (PEUC) which provides workers who have run out of regular state UI benefits (typically after 26 weeks, though some states have different durations) with an extra 13 weeks of benefits, who are unemployed for reasons directly related to COVID-19.[38] These provisions will expire December 31, 2020, and unless they are extended, millions of individuals will have no income supports.

Cash Payments and Paid Leave

The CARES Act (§2201) included "Economic Impact Payments" of $1,200 per adult ($2,400 for a married couple) and $500 per dependent child aged 16 or younger in the form of a tax credit.[39] The payment levels gradually decrease for married couples with incomes above $150,000, heads of households with incomes above $112,500, and individuals with incomes above $75,000. To be eligible for the payments under the CARES Act, every person on a household's tax return must have a Social Security number (SSN); if a parent has an SSN and the children in the household do as well but the other spouse on the tax return lacks an SSN, the entire household is disqualified. To be eligible for the payments under the CARES Act, every person on a household's tax return must have a Social Security number (SSN). For survivors in a household where one parent has an SSN and the children in the household do as well, but the other spouse on the tax return lacks an SSN, the entire household is disqualified.[40] There have been bipartisan efforts to provide economic impact payments for mixed-status families, but as of the date of this advisory,[41] even U.S. citizen parents and children are ineligible for these rebates. For more information about how to access the Economic Impact Payments, see https://www.irs.gov/coronavirus/get-my-payment-frequently-asked-questions.

For survivors who have maintained their employment and need to take time off of work, they may be eligible for paid sick days, or longer-term paid family leave. Eligibility for such programs would depend on how many employees the employer has, how many hours one has worked, and a worker's usual salary. The Families First Coronavirus Response Act[42] (Families First), Divisions C & E, enacted in March 2020, and amendments in the CARES Act, provide for short-term paid time away from work for coronavirus-related health and caregiving reasons, and

provides long-term emergency paid family leave for working people who need to take care of a child whose school or daycare is closed.[43] These provisions apply to workers who work for employers with less than 500 workers, state and local governments, and most federal workers. Health care workers can also be excluded at their employers' discretion. For self-employed workers, the laws provide for tax credits between April 1-December 31, 2020.

Workers can take up to two weeks, or 80 hours of emergency paid sick leave, or up to 12 weeks of emergency leave for child care, only 10 weeks of which are paid. The paid sick leave is paid at the worker's regular wage, up to $511 per day, and 2/3 pay or up to $200 a day for family leave. These leave provisions took effect on April 1, 2020, and are due to expire on December 31, 2020. For more information, see https://www.dol.gov/agencies/whd/pandemic/ffcra-employee-paid-leave.

Housing

Over the course of the pandemic, many survivors who have lost their jobs are facing eviction. According to the Census Bureau's Household Pulse Survey, one in five Asian renters surveyed (20%) reported that they were not caught on up on their rent in September 2020.[44] On September 1, 2020, the Centers for Disease Control and Prevention (CDC) issued a temporary national moratorium[45] on most residential evictions for nonpayment of rent to help prevent the spread of coronavirus. Citing the historic threat to public health posed by coronavirus, the CDC declared that an eviction moratorium would help ensure people are able to practice physical distancing and comply with stay-at-home orders. The moratorium is effective September 4 and lasts until December 31, covering every state and U.S. territory with reported Coronavirus cases. To qualify, an individual must 1) be a "tenant, lessee, or resident of a residential property" and 2) provide a signed declaration to their landlord stating that they:

1. Have "used best efforts to obtain all available government assistance for rent *or* housing;"
2. Expect to earn no more than $99,000 annually in 2020 (or no more than $198,000 jointly), or were not required to report income in 2019 to the IRS, *or* received an Economic Impact Payment;
3. Are unable to pay rent in full or make full housing payments due to loss of household income, loss of work hours, wages, lay-offs, or extraordinary out-of-pocket medical costs;
4. Are making their best efforts to make timely partial payments as close to the full rental/housing payment as possible;
5. Would likely become homeless, need to live in a shelter, or need to move in with another person (aka live doubled-up) because they have no other housing options;
6. Understand they will still need to pay rent at the end of the moratorium (Dec. 31, 2020); and
7. Understand that any false/misleading statements may result in criminal and civil actions.

While the moratorium is in effect, rent or fees and penalties continue to accrue and will still be due. Thus, while the moratorium provides immediate protection to renters, it simply postpones evictions until the moratorium ends on December 31, 2020, unless renters are able to obtain sufficient income or rental assistance to pay back rent. For more information about tenant rights for survivors during the pandemic, see, https://www.nhlp.org/wp-content/uploads/VAWA-Housing-Protections-COVID-19.pdf

Access to COVID-19 Testing, Treatment, and Care

The FFCRA, CARES Act, and the Paycheck Protection Program and Health Care Enhancement (Paycheck Protection) Act[46] provided funds to health care providers that expanded the availability of free testing for COVID-19. The funding pays for testing at community health centers, outpatient clinics, doctors' offices, and hospitals. The CARES Act also extended general funding for community health centers and made available funds to reimburse eligible health care providers for expenses and lost revenue related to COVID-19.

For survivors who have health insurance, whether private health insurance, or through Medicaid, Medicare, Medicare Advantage, the Children's Health Insurance Program (CHIP), or insurance purchased through the Affordable Care Act (ACA) marketplace, the FFCRA provided for full coverage for COVID-19 ***testing***, with no cost-sharing (including copays and deductibles) for the duration of the public health emergency.

In contrast to federal law for coverage of *testing*, there has not yet been federal legislation to limit cost-sharing for the ***treatment*** of COVID-19, such as hospitalization for those who become very ill. COVID-19 treatment costs will depend on the type of healthcare coverage a survivor has. While many people are able to recover on their own without treatment, those with more serious cases require hospitalization. Currently, there is no cure for COVID-19, but hospitalization to treat COVID-19 symptoms is often very expensive, particularly for people who are uninsured or underinsured.

For survivors who are ***uninsured***, they face having to pay the full price of COVID-19 testing and treatment out of pocket, unless they can find free or low-cost testing or care. There are some options available for uninsured individuals, depending on what state they are in, and whether certain providers in the community are providing such services, some of which are subsidized under the FFCRA and CARES Act.

One program under the FFCRA allows states to choose to cover the costs of testing uninsured individuals through federal Medicaid matching funds.[47] This optional state Medicaid program (for testing only) is unavailable to non-citizens who are ineligible for federal nonemergency Medicaid (including immigrant survivors who have U-visas, Temporary Protected Status, Deferred Action, those on temporary visas, or those who are undocumented). Non-citizens without insurance are only eligible for testing under this program if they are eligible for federal

Medicaid, i.e, if they are "qualified" under federal immigration laws.[48] In the states which elect to cover the costs of testing under this program, uninsured patients who are otherwise eligible can apply at Disproportionate Share Hospitals (DSHs) and federally qualified health centers (FQHCs).

Uninsured survivors might also be able to obtain COVID-19 ***testing*** and ***treatment*** through health-care providers who are willing to offer such services which can be reimbursed through the U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA). Eligible healthcare providers include for-profit as well as public and nonprofit providers that offer testing, diagnosis, or care for people with actual or suspected cases of COVID-19. FFCRA (and the subsequent expansion in CARES) provided funding to reimburse health care providers on a rolling basis for COVID-19 ***testing*** and ***treatment*** for the uninsured through HRSA. This program does not have immigration status restrictions on reimbursement.

In addition, the CARES Act increased funding for Community Health Centers (CHCs), which provide primary and preventive health care to anyone, regardless of their ability to pay or their immigration status. To find the nearest health center, go to https://findahealthcenter.hrsa.gov/, to find out about the availability of COVID-19 screening and testing at the local CHC.

Finally, some states and localities provide state- or locally-funded healthcare coverage programs for immigrants. To learn more, refer to https://www.nilc.org/wp-content/uploads/2015/11/med-services-for-imms-in-states.pdf. In addition, some states have determined that testing, diagnosis, and treatment of COVID-19 would be covered under emergency Medicaid,[49] which is available to individuals who are otherwise eligible for Medicaid, but for their immigration status. As mentioned previously, some lawfully present individuals are ineligible for non-emergency Medicaid based on immigration status (such as some survivors with U-visas, temporary protected status (TPS), Deferred Action for Childhood Arrivals (DACA), or people with lawful permanent resident status who have had that status for less than five years), and undocumented individuals. Emergency Medicaid covers "a medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in (A) placing the patient's health in serious jeopardy, (B) serious impairment to bodily functions, or (C) serious dysfunction of any bodily organ or part."[50] States have the flexibility to cover testing, treatment, and vaccines (when available) for COVID-19 as emergency Medicaid, and each state that has chosen to do so has a slightly different policy. For example, some states allow treatment in any outpatient setting, and some states include medication and follow-up visits.

Immigration

During the public health emergency, U.S. Citizenship and Immigration Services (USCIS) has posted an alert clarifying that it will not consider testing, treatment, or preventive care

(including vaccines if a vaccine becomes available) related to COVID-19 in a public charge inadmissibility determination, even if the health care services are covered by Medicaid.[51] USCIS also specified that individuals who live in a jurisdiction where quarantine or social distancing are taking place and individuals who work for an employer or attend a school or university that shuts down to prevent the spread of COVID-19 can submit a statement with their immigration application about how these policies have affected factors considered in the public charge determination.

It is important to note that the immigration cases of many survivors of domestic violence, sexual assault, and human trafficking are not impacted by the Department of Homeland Security's Public Charge Rule.[52] In addition, for the purposes of a public charge determination, Medicare, CHIP, state-funded health programs, the health care marketplaces, and private insurance are not considered "public benefits" under the public charge regulations and may be weighed positively as a source of health care coverage. Medicaid for emergency services, services provided to children under 21 years old, or pregnant women (including 60 days of postpartum services) are also not weighed negatively in a public charge determination.

For immigrant survivors who need to access other benefits, the public charge rule specifies that public benefits that are not listed in the rule will not be counted for public charge determinations. These may includebut are not limited to include earned benefits, such as unemployment compensation, worker's compensation, Social Security Retirement, and Veteran's Benefits, and non-cash benefits that provide education, child development, and employment and job training. A state, local or tribal public benefit that is not cash assistance for income maintenance, institutionalization for long-term care at government expense, or another public benefit program not specifically listed in the regulation,[53] would not be included in the definition of the term "public charge."

In addition to concerns about public charge, immigrant survivors who are in the process of seeking immigration benefits, such as humanitarian protections[54] provided for under the Violence Against Women Act, the Trafficking Victims Protection Act, or asylum, are facing challenges with renewing employment authorization documents, obtaining evidence to respond to USCIS correspondence requesting documentation for survivors' applications, or attending appointments or hearings. In response, USCIS has issued guidance for those immigration cases that have been impacted by the COVID-19 pandemic, including accommodating extensions of stay or changes of stay caused by the public health emergency.[55]

IV. CONCLUSION

The COVID-19 pandemic has underscored the critical needs and barriers facing API and immigrant survivors of domestic violence and sexual assault. The existing makeshift nature of supports for survivors, and in particular API and immigrant survivors, demonstrates why long-

term investments in a sustainable infrastructure are imperative. Efforts to support the safety, economic stability, health, and housing needs of survivors during the COVID-19 pandemic must be strengthened to improve the existing foundations of survivor supports beyond this moment. In addition to expanding upon survivor supports to include health, economic, and housing protections, there is a crucial need to examine the structural transformation of survivor supports—an effort that will require investment in language access and immigrant-supportive, culturally appropriate services, as well as significant resources to improve economic security, housing, and healthcare.

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[1] Families First Coronavirus Response Act, Public Law No. 116-127 (Mar. 18, 2020)
[2] Coronavirus Aid, Relief and Economic Security Act, Public Law No. 116-136 (Mar. 27, 2020).
[3] Paycheck Protection Program and Health Care Enhancement Act, Public Law No. 116-139 (Apr. 24, 2020).
[4] Paycheck Protection Program Flexibility Act of 2020, Public Law 116-142 (June 5, 2020)
[5] Continuing Appropriations Act, 2021 and Other Extensions Act, Public Law 116-159 (Oct. 1, 2020)
[6] CARES, *Supra,* note 2.

[7] Kaplan, A. & Wang, W., (May 2020). It's Hard to Flee From your Domestic Abuser During a Coronavirus Lockdown: During the COVID-19 Lockdown, Calls for Help to Domestic Violence Hotlines Have Grown Shorter and More Frantic. One Woman Shared her Story with NBC News, *NBC News*. Retrieved from https://www.nbcnews.com/health/health-care/it-shard-flee-your-domestic-abuser-during-coronaviruslockdown-n1205641

[8] Tessler, H., Choi, M., & Kao, G. (June 2020) The Anxiety of Being Asian American: Hate Crimes and Negative Biases During the COVID-19 Pandemic, *American Journal of Criminal Justice,* 1-11.

[9] Al-Arshani, S. (Aug. 2020). COVID-19 lockdowns generated a crisis within a crisis for the victims of domestic violence, new study finds. *Insider.* Retrieved from https://www.insider.com/covid-19-lockdowns-amplified-the-severity-of-domestic-abuse-cases-2020-8

[10] Kam, K. (Oct. 2020). Why domestic violence calls are surging for Asian American women during the pandemic, NBC News. Retrieved from https://www.nbcnews.com/news/asian-america/why-domestic-violence-calls-are-surging-asian-american-women-amid-n1240663

[11] Fielding, S. (April 2020). In quarantine with an abuser: surge in domestic violence reports linked to coronavirus. *The Guardian*. Retrieved from https://www.theguardian.com/us-news/2020/apr/03/coronavirus-quarantine-abuse-domestic-violence.

[12] *Id*.

[13] Tolan, C. (April 2020). Some cities see jumps in domestic violence during the pandemic. *CNN*. Retrieved from https://www.cnn.com/2020/04/04/us/domestic-violence-coronavirus-calls-cases-increase-invs/index.html

[14] Horsley, S. (Oct. 2020). 'Overlooked': Asian American Jobless Rate Surges But Few Take Notice. *NPR.* Retrieved from https://www.npr.org/2020/10/01/918834644/overlooked-asian-american-jobless-rate-surges-but-few-take-notice?

[15] Kochhar, R. (April 2020). The Financial Risk to U.S. Business Owners Posed by COVID-19 Outbreak Varies by Demographic Group. *Pew Research Center.* Retrieved from https://www.pewresearch.org/fact-

tank/2020/04/23/the-financial-risk-to-u-s-business-owners-posed-by-covid-19-outbreak-varies-by-demographic-group/

[16] Horsley, *Supra,* note 14.

[17] Gelatt, J. (April 2020). Immigrant Workers: Vital to the U.S. COVID-19 Response, Disproportionately Vulnerable. *Migration Policy Institute*. Retrieved from https://www.migrationpolicy.org/research/immigrant-workers-us-covid-19-response; Robbins, K. G., & Vogtman, J. (April 2016). Low Wage Jobs Held Primarily By Women Will Grow the Most Over the Next Decade. *National Women's Law Center.* Retrieved from https://nwlc.org/wp-content/uploads/2016/04/Low-Wage-Jobs-Held-Primarily-by-Women-Will-Grow-the-Most-Over-the-Next-Decade.pdf

[18] National Asian Pacific American Women's Forum (2017). Still Fierce, Still Fighting. Retrieved from https://static1.squarespace.com/static/5ad64e52ec4eb7f94e7bd82d/t/5d51c0c95402100001b8a78b/1565638859015/still-fierce-still-fighting.pdf

[19] Fried, Ina (April 2020). Increase in domestic violence feared during virus lockdown. *Axios*. Retrieved from https://www.axios.com/coronavirus-domestic-violence-de98b402-51f2-49ec-919c-c70052e29eef.html

[20] Mukherji, A. (April 2020). South Asian Domestic Violence Survivors in Silicon Valley Grapple With COVID-19 Lockdown. *The Wire*. Retrieved from https://thewire.in/women/south-asian-domestic-violence-survivors-in-silicon-valley-grapple-with-covid-19-lockdown.

[21] Jagannathan, M., and Keshner, A. (Aug. 2020). Domestic abusers are taking survivors' stimulus checks-and lawmakers want the IRS to do something about it. *MarketWatch.* Retrieved from https://www.marketwatch.com/story/my-abusive-soon-to-be-ex-husband-is-withholding-my-half-of-the-stimulus-check-why-some-domestic-violence-survivors-still-havent-gotten-relief-payments-2020-07-2

[22] Aviles, G., (April 2020). Landlords are targeting vulnerable tenants to solicit sex in exchange for rent, advocates say, NBC News, Retrieved from https://www.nbcnews.com/news/us-news/landlords-are-targeting-vulnerable-tenants-solicit-sex-exchange-rent-advocates-n1186416

[23] Peterman, Potts, O'Donnell, Thompson, Shah, Oertelt-Prigione, and van Gelder (2020).Pandemics and Violence Against Women and Children. CGD Working Paper 528. Washington, DC: Center for Global Development. Retrieved from https://www.cgdev.org/publication/ pandemics-and-violence-against-women-and-children

[24] Tolan, *Supra* note 13.

[25] Bucchino, R. (April 2020). Domestic violence cases surge amid stay-at-home orders. *The Hill*. Retrieved from https://thehill.com/homenews/news/492506-domestic-violence-cases-surge-amid-stay-at-home-orders.

[26] Fougere, D. (April 2020). Some Domestic Violence Hotlines Are Reporting a Dip in Calls. Here's Why That's Bad News. *Spectrum News NY1*. Retrieved from https://www.ny1.com/nyc/all-boroughs/news/2020/04/05/some-domestic-violence-hotlines-are-reporting-a-dip-in-calls--here-s-why-that-s-bad-news-.

[27] *Id*.

[28] Asian Pacific Institute on Gender-Based Violence et.al, 2019 Advocate and Legal Service Survey Regarding Immigrant Survivors (2019), Retrieved from http://alturl.com/ta3i5

[29] Fougere, D., *Supra*, at 22.

[30] Jordan, M. (March 2020). 'We're Petrified: Immigrants Afraid to Seek Medical Care for Coronavirus, *New York Times,* Retrieved from https://www.nytimes.com/2020/03/18/us/coronavirus-immigrants.html

[31] Kim, C., & Sung, H.E. (2016). The Effects of Acculturation on Intimate Partner Violence Among Chinese Immigrants in New York City, *Journal of Family Violence,* 31: 325-336.

[32] U.S. Census Bureau (Oct. 2015). 2009-2013 American Community Survey. https://www.census.gov/data/tables/2013/demo/2009-2013-lang-tables.html;

[33] Bergstrom, D. (March 2020). Fresno-area translators race to get coronavirus info to Hmong, Punjabi, Spanish speakers. *The Fresno Bee*. Retrieved from https://www.fresnobee.com/fresnoland/article241450391.html;

Bernal, R., & Moreno, J. E. March 2020). Language barriers hamper coronavirus response. *The Hill*. Retrieved from https://thehill.com/latino/488834-language-barriers-hamper-coronavirus-response

[34] Kaplan, J. (March 2020). Hospitals Have Left Many COVID-19 Patients Who Don't Speak English Alone, Confused and Without Proper Care. *ProPublica*. Available at https://www.propublica.org/article/hospitals-have-left-many-covid19-patients-who-dont-speak-english-alone-confused-and-without-proper-care

[35] *Id*.

[36] Harrington, B. (April 2020). Legal Sidebar LSB10442, Congressional Research Service, Retrieved from Recovery Rebates and Unemployment Compensation under the CARES Act: Immigration-Related Eligibility Criteria.

[37] *See,* Legal Momentum (2014). State Law Guide-Unemployment Insurance Benefits for Victims of Domestic & Sexual Violence, Retrieved from https://www.legalmomentum.org/sites/default/files/reports/State%20Law%20Guide-Unemp%20Ins%20for%20Victims%20of%20DV%20%26%20SA-7-14.pdf

[38] *See*, National Employment Law Project (Mar. 2020). Unemployment Insurance Provisions in the Coronavirus Aid, Relief, and Economic Security (CARES) Act, Retrieved from https://s27147.pcdn.co/wp-content/uploads/Fact-Sheet-Unemployment-Insurance-Provisions-CARES-Act.pdf

[39] Crandall-Hollick, M. (April 2020) COVID-19 and Direct Payments to Individuals: Summary of the 2020 Recovery Rebates/Economic Impact Payments in the CARES Act (P.L. 116-136), Congressional Research Service, Retrieved from https://crsreports.congress.gov/product/pdf/IN/IN11282

[40] National Immigration Forum (2020) Mixed Immigration Status Families and COVID-19 Economic Relief, Retrieved from https://immigrationforum.org/wp-content/uploads/2020/08/Mixed-Status-Families-and-COVID-19-Economic-Relief_UPDATED.pdf

[41] Carrasquillo, A. (June 2020). Exclusive: Marco Rubio Introduces Bill to Give Citizens in Mixed-Status Families Stimulus Checks. *Newsweek.* Retrieved from https://www.newsweek.com/exclusive-marco-rubio-introduces-bill-give-citizens-mixed-status-families-stimulus-checks-1513413

[42] Families First Coronavirus Response Act, Public Law No. 116-127 (Mar. 18, 2020)

[43] Williamson, E. (June 2020) 10 Things You Should Know about Coronavirus Paid Sick and Family Leave Rights, Center for Law and Social Policy, Retrieved from https://www.clasp.org/blog/10-things-you-should-know-about-coronavirus-paid-sick-and-family-leave-rights

[44] https://www.census.gov/data/experimental-data-products/household-pulse-survey.html

[45] 85 Fed. Register 55292 (September 4, 2020).

[46] Paycheck Protection Program and Health Care Enhancement Act, *Supra*, note 3.

[47] Rosenbaum, S., Morris, R., & Velasquez, M. (Aug. 2020). States Can Test for COVID-19 Under the Uninsured Medicaid Eligibility Option, but Why are Many Opting Out? *Commonwealth Fund,* Retrieved from: https://www.commonwealthfund.org/blog/2020/states-test-covid-19-medicaid-eligibility-option

[48] Qualified" immigrants are: (1) lawful permanent residents (LPRs); (2) refugees, asylees, persons granted withholding of deportation/removal, conditional entry (in effect prior to Apr. 1, 1980), or paroled into the U.S. for at least one year; (3) Cuban/Haitian entrants; (4) battered spouses and children with a pending or approved (a) self-petition for an immigrant visa, or (b) immigrant visa filed for a spouse or child by a U.S. citizen or LPR, or (c) application for cancellation of removal/suspension of deportation, whose need for benefits has a substantial connection to the battery or cruelty (parent/child of such battered child/ spouse are also "qualified"); and (5) victims of trafficking and their derivative beneficiaries who have obtained a T visa or whose application for a T visa sets forth a prima facie case. (A broader group of trafficking victims who are certified by or receive an eligibility letter from the Office of Refugee Resettlement are eligible for benefits funded or administered by federal agencies, without regard to their immigration status.) *See*, National Immigration Law Center (May 2020). Update on Access to Health Care for Immigrants and Their Families. Retrieved From https://www.nilc.org/issues/health-care/update-on-access-to-health-care-for-immigrants-and-their-families/#_ftn7

[49] Kaiser Family Foundation (Oct. 2020). Medicaid Emergency Authority Tracker: Approved State Actions to Address COVID-19. Retrieved from: https://www.kff.org/medicaid/issue-brief/medicaid-emergency-authority-tracker-approved-state-actions-to-address-covid-19/#Table1

[50] Social Security Act, §1903(v)(3).

[51] https://www.uscis.gov/green-card/green-card-processes-and-procedures/public-charge

[52] See, Huang, G. (2019) How Will Public Charge Policy Changes Impact Immigrant Survivors of Domestic Violence and Sexual Assault, Asian Pacific Institute on Gender-Based Violence, Retrieved from https://s3.amazonaws.com/gbv-wp-uploads/wp-content/uploads/2019/08/13165756/0-Public-Charge_Final-Rule_DVSA-Survivors_ByAPI-GBV_Aug_2019.pdf; See also, Protecting Immigrant Families (Feb. 2020). Public Charge: Does this apply to me? Retrieved from https://protectingimmigrantfamilies.org/wp-content/uploads/2020/02/Public-Charge-Does-This-Apply-To-Me-February-2020-ENGLISH.pdf

[53] Benefits listed in the rule include: Cash assistance programs for income maintenance, such as SSI, TANF, and other Federal, State, local, or tribal benefit programs (i.e., general assistance), and non-cash benefits such as Supplemental Nutrition Assistance Program (SNAP), Public Housing, Section 8 Housing Assistance under the Housing Choice Voucher Program, Section 8 Project-Based Rental Assistance, including housing supported by the Moderate Rehabilitation program, and non- emergency Medicaid programs.

[54] *See*, U.S. Citizenship and Immigration Services resources on provisions impacting survivors at https://www.uscis.gov/humanitarian

[55] *See,* USCIS Response to COVID-19, Retrieved from https://www.uscis.gov/about-us/uscis-response-to-covid-19