

Poverty and Sexual Violence

Building Prevention and Intervention Responses

A G U I D E F O R C O U N S E L O R S A N D A D V O C A T E S

PCAR
PENNSYLVANIA COALITION AGAINST RAPE



Leadership, Advocacy, Action

The Pennsylvania Coalition Against Rape is a non-profit organization working at the state and national levels to prevent sexual violence. Since its inception in 1975, PCAR has been at the forefront of the anti-sexual violence movement, utilizing its voice to advance the rights of victims and to effect critical change through its active role in public policy, education, and prevention. At the core of PCAR's success is its statewide network of 52 sexual violence centers that provide counseling, crisis intervention, referral services; hospital, court and police accompaniment; prevention education, community outreach, and more. Together, PCAR and its member programs will continue to educate society and its systems about sexual violence and to advocate for better treatment and empowerment of victims of sexual assault.

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Acknowledgements

Focus Group Participants

The Pennsylvania Coalition Against Rape would like to thank the advocates who participated in the focus groups on poverty and sexual violence in Spring 2005. Their contributions have largely shaped PCAR's anti-poverty efforts. This guide is an attempt to respond to some of their specific requests for information and assistance in economic advocacy. A special thanks to the following centers:

Susquehanna Valley Women in Transition, (Union, Snyder & Northumberland)
Women's Resources of Monroe County, (Monroe)
Center for Victims of Violence and Crime (Allegheny)
Victims Services (Sullivan)
SPHS C.A.R.E. Center (Washington, Greene)
YWCA—Wise Options (Lycoming)
Women's Center of Beaver County (Beaver)
Crime Victims' Council of Lehigh Valley (Lehigh, Northampton)
Women's Resource Center (Lackawanna, Susquehanna)
Crime Victims' Center of Erie County (Erie)
YWCA of Greater Harrisburg—Violence Intervention Prevention Program (Dauphin, Perry)
WIN/Victim Services (Franklin, Fulton)
CAPSEA (Cameron, Elk)
Blackburn Center Against Domestic and Sexual Violence (Westmoreland)
YWCA-Victims Resource Center (McKean)
Passages (Clarion, Clearfield, Jefferson)
Victims Outreach Intervention Center (VOICE) (Butler)

Workgroup Members

PCAR would also like to thank the dedicated members of the poverty and sexual violence workgroup, who have contributed their time, expertise, and passion to PCAR's anti-poverty efforts.

Lynn Carson, Judicial Project Specialist (PCAR); Diane Dahm, Technical Assistance Coordinator (PCAR); Donna Greco, Education and Resource Coordinator (PCAR); Crystal Karenchak, (Elk, Cameron); Vickie Knestaut (Westmoreland); Sally Laskey, Associate Director (NSVRC); Cathy Lopez, Training Project Specialist (PCAR); Joyce Lukima, Deputy Director of Field Services (PCAR/NSVRC); Diane Moyer, Legal Director (PCAR); Richard Price, Contract Liaison (PCAR); Cathy Reeves (Westmoreland); Michelle Sampeur, Executive Assistant (PCAR); Barbara Sheaffer, Medical Advocacy Coordinator (PCAR); Danielle Sunday, Communications Supervisor (PCAR); and Karla Vierthaler, Outreach Coordinator (PCAR).

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A GUIDE FOR COUNSELORS AND ADVOCATES

by Donna Greco and Sarah Dawgert

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A G U I D E F O R C O U N S E L O R S A N D A D V O C A T E S

Introduction

Introduction

“No one is free when others are oppressed.”
—author unknown

Research shows an undeniable link between poverty and sexual violence. Sexual violence can jeopardize a person’s economic well-being, often leading to homelessness, unemployment, interrupted education and health, mental health, and other daily stressors and struggles. In turn, living without one’s basic needs met can increase a person’s risk for sexual victimization. Perpetrators of sexual violence target individuals who seem vulnerable—whether due to gender, age, race, disability, sexual orientation, immigration status, income, or other reason; they exploit victims and survivors caught in Catch-22 situations created by poverty.

Poverty is among the root causes of sexual violence and has a daily presence in the lives of many victims and survivors. Therefore, the thread of economic advocacy must be woven throughout the fabric of all intervention and prevention efforts. Economic advocacy is a social justice issue and among the philosophical building blocks of the rape crisis movement. Many advocates already engage in economic advocacy—whether they call it that or not—because it has been an ongoing need of victims, survivors, and communities.

Economic advocacy is not a one-size-fits-all endeavor. There is no single model or technique that will work for every person or group. The voices and experiences of victims, survivors, and communities must guide the work every step of the way. Having said that, there are principles and critical questions that can help shape the work. The purpose of this guide is to support advocates in their economic advocacy efforts—to validate and strengthen what they already do and provide a philosophical framework for integrating economic advocacy into the work at all levels. To these ends, the guide includes definitions and discussion of terms; a review of current literature showing the links between sexual violence and poverty; a philosophical framework for economic advocacy; strategies for applying economic advocacy to the work; concluding thoughts; tools and resources; and fact sheets.

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The terms “victim/survivor” are used throughout this guide in an attempt to be most inclusive. However, when referencing specific studies, the terminology reflects the language used in those studies.

Defining the Terms

The Self-Sufficiency Standard, or a basic needs approach, is a more accurate measure of poverty in that it “measures how much income is needed for a family of a certain composition in a given place to adequately meet their basic needs—without public or private assistance” (Pearce, 2006).

What is Sexual Violence?

There are many definitions of sexual violence in our society, all of which are influenced by social, economic, political, and cultural forces and perspectives. The rape crisis movement has strived to define sexual violence comprehensively and from the perspectives of victims and survivors while acknowledging that individuals define and experience sexual violence in unique ways.

Sexual violence is perpetuated by a rape culture—a system of attitudes, beliefs, messages, inequities, and acts that support sexual aggression and violence. Sexual violence occurs within a context of oppression including sexism, racism, ableism, heterosexism, ageism, and classism.

The World Health Organization defines sexual violence as follows (Jewkes, Sen, and Garcia-Moreno, p. 149, 2002):

any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work

The continuum of sexual violence includes but is not limited to the following acts or attempted acts: blocked access to birth control and protections from disease, child sexual abuse, forced abortions and/or sterilization, incest, indecent/sexualized exposure, marital and partner rape, rape resulting in murder, ritual abuse, sex trafficking, sexual exploitation, sexual harassment, stalking, statutory rape, stranger and non-stranger rape, voyeurism and any other unwanted sexual contact.

What is Poverty?

In 2006, a family of four was considered “poor” by federal poverty standards if their average annual income was at or below \$20,614 (U.S. Census Bureau, 2006).¹ Many anti-poverty advocates feel that federal poverty thresholds are problematic because they are set too low to account for all the faces of poverty, including the working poor who may earn above the poverty line but still struggle to meet basic needs in life. Federal poverty lines do not account for geographical differences in costs of living, nor do they consider modern-day costs such as healthcare, housing, and childcare. Poverty thresholds were developed in 1963 and 1964. They were based on the cheapest US food plans of the time and were intended to be used as a temporary or emergency measure should the country’s economic resources undergo severe shortages. The formulas for these thresholds were never intended to

¹ For more information about U.S. Census Bureau poverty thresholds, go to www.census.gov.

Discussion of Terms

accurately measure poverty or economic struggle. If only using federal poverty thresholds as a measure, a person is considered “poor” if they are at or below a certain income. The fact that most public assistance programs have eligibility limits at sometimes 200 percent of poverty lines demonstrates the inability of federal poverty lines to truly reflect “need” or “poverty.”

The Self-Sufficiency Standard, or a basic needs approach, is a more accurate measure of poverty in that it “measures how much income is needed for a family of a certain composition in a given place to adequately meet their basic needs—without public or private assistance” (Pearce, 2006). The Self-Sufficiency Standard addresses costs of housing, childcare, food, transportation, healthcare, taxes, and other essentials of life in its formula, which distinguishes it from federal poverty lines and enables it to paint a more accurate picture of poverty. Therefore, in this approach, a person is “poor” if he or she cannot meet basic needs without public assistance of some form. Using this definition, poverty and wealth can be thought of on a continuum with extremes and many shades of gray in between. For more information about the Self-Sufficiency Standard, go to www.pathwayspa.org.

“Poverty is a lack of options.”²

“Poverty is relative. A lot of the clients we see are working, yet still unable to make ends meet.”

“Poverty is having a need you can not meet.”

People who have experienced sexual violence and/or poverty do not necessarily consider themselves “victims” or “poor.” Language is extremely important. Even with the best intentions, as soon as a frame or definition is placed around a social problem, there is risk of losing sight of the whole person and only seeing “the problem” or “condition.” There is a risk of examining the problem as it affects those with some degree of power or privilege in society, leaving out the experiences of many marginalized groups. Or, on the flip side, there is a tendency to portray social problems *only* as they affect marginalized groups, skewing the real picture and perpetuating myths and harmful stereotypes. There is also a tendency to find the causes of the problem in individual behaviors or attributes rather than in the social conditions that perpetuate the problem.

Even with the best intentions, as soon as a frame or definition is placed around a social problem, there is risk of losing sight of the whole person and only seeing “the problem” or “condition.”

² Unless otherwise noted, the italicized anecdotes and quotes throughout this guide are from focus groups on poverty and sexual violence, which were conducted with Pennsylvania rape crisis advocates in Spring 2005.

Society tends to either ignore or dismiss the problems of sexual violence and poverty—“it doesn’t happen here” or “it only happens to ‘those’ people because of their bad choices.” The lens is typically focused on individuals—what they did to bring on their status as “rape victim” or “low income.” As a result, the double stigma of sexual violence and poverty can prevent victims/survivors from receiving the services they need.

Blaming the Victim

“Everyone who depends for the sustenance of himself and his family on salary and wages, and who does not have a separate source of income through some substantial ownership of wealth, is a potential victim [of poverty] in America. Poverty is most simply and clearly understood as a lack of money. Being poor is having no cash in hand and damned little on the way. To suppose that the road from lower class to middle class position involves changing culture, or life style, or even social acceptability is naïve. Inequality in prestige can only be corrected by altering imbalance in wealth and power, seldom by changing table manners or sexual habits.”

—William Ryan, from *Blaming the Victim*

In his pivotal book from the late 1960s, *Blaming the Victim*, William Ryan discusses how social problems, such as racism and poverty, are often over-simplified, which results in victim blaming practices (Ryan, 1971, p.5):

The generic process of blaming the victim is applied to almost every American problem. The miserable healthcare of the poor is explained away on the grounds that the victim has poor motivation and lacks health information. The problems of slum housing are traced to the characteristics of tenants...

Still relevant thirty years later, Ryan describes a four-step process by which society and sometimes social service providers blame individuals for social problems, even with the most noble of intentions (Ryan, 1971, p.8):

1. First, identify a social problem.
2. Second, study those affected by the problem and discover in what ways they are different from the rest of us as a consequence of deprivation and injustice.
3. Third, define the differences as the cause of the social problem itself.
4. Finally, ... invent a humanitarian action program to correct the differences.

Victim blaming ideology is often applied to both sexual violence and poverty. The terms “sexual violence” and “poverty” evoke images and stereotypes about victims and the poor—what they look like, how they dress, where they live, how many children they have, their behaviors, how they talk, what they value, what they de-value, what their work ethic may be, their race, ethnicity, gender, age, etc. Society tends to either ignore or dismiss the problems of sexual violence and poverty—“it doesn’t happen here” or “it only happens to ‘those’ people because

of their bad choices.” The lens is typically focused on individuals—what they did to bring on their status as “rape victim” or “low income.” As a result, the double stigma of sexual violence and poverty can prevent victims/survivors from receiving the services they need. These barriers are often compounded when individuals experience multiple oppressions, forms of violence, and social struggles.

Individual rape victims are often re-victimized when they come forward, made to feel they did something wrong to provoke their attacker. Rape victims are often described as promiscuous, substance abusers, mentally ill, irresponsible, risky, lacking boundaries, indecisive, a “tease,” deceitful, provocatively dressed, “asking for it,” out for money, etc. Marginalized and traditionally oppressed groups are often further stigmatized. Social systems tend to respond more positively to victims who fit a constricted mold of the “good victim”—a victim who is assaulted by a stranger with a weapon resulting in injury (Campbell, 1998). Victims’ whose experiences deviate from this are less likely to receive desired services with outcomes consistent with their needs (Campbell, 1998).

People living in poverty are also made to feel as if they are to blame for their economic situations, often described as impulsive, unable to save money, focused on the here and now, helpless, fatalistic, “doomed,” “handing down ‘poverty-behaviors’ from generation to generation, apathetic, having a poor work ethic, sexually promiscuous, apathetic towards the future and goals, lacking proper familial and social boundaries, lacking proper parenting skills, lazy, manipulative of “the system,” and so on. These characteristics can be found in any income bracket; but when they are attached to poverty they are often over-emphasized and used to blame individuals living in poverty.

When victim blaming ideology is applied to social problems like poverty and sexual violence, the scope is too narrowly focused, shifting the focus off of social, economic, and political disparities and oppressions and onto the shoulders of individuals. Prevention and intervention becomes solely the responsibility of victims and potential victims. This fosters a belief that certain problems only happen to a select few, creating false categories of “other” and perpetuating an “us-them” mentality. In a victim blaming approach, myths and stereotypes about individuals experiencing the social problems dominate; the complex relationships between institutionalized oppression and individual behaviors are often overlooked. This is the very type of thinking that rape crisis and anti-poverty advocates have historically struggled against.

Widening the Lens

While there may be individual and familial level risk factors for poverty, individual level characteristics alone do not cause poverty or sexual

When victim blaming ideology is applied to social problems like poverty and sexual violence, the scope is too narrowly focused, shifting the focus off of social, economic, and political disparities and oppressions and onto the shoulders of individuals.

When engaging in economic advocacy, it is necessary to widen the lens and understand how individuals and communities experience oppression and what social forces are at play in perpetuating poverty and sexual violence in their lives.

Economic advocacy entails sustained systematic change, encompassing all levels of society.

violence. Poverty cannot be explained entirely as an intergenerational phenomenon, handed down from grandparent to parent to child. Rape cannot be understood solely as a result of individual choices and actions. Systemic and structural disparities and oppressions play large roles in perpetuating poverty and sexual violence over time. This is evident when examining the groups that have been and continue to be disproportionately affected by poverty in the U.S.: women, children, people of color, ethnic minorities, geographically-isolated communities such as inner cities and rural locations. When engaging in economic advocacy, it is necessary to widen the lens and understand how individuals and communities experience oppression and what social forces are at play in perpetuating poverty and sexual violence in their lives.

The following concepts might help to promote a greater understanding of the complexities that surround the issues of poverty and sexual violence:

1. Get comfortable with complexity; do not try to over-simplify or individualize complex social problems.
2. Examine and address risk and protective factors at all levels—individual, relationship, community, and societal.
3. Remain committed to understanding the historical and current roles of oppression and power disparities in perpetuating the social problem.
4. View problems and people holistically—including their cultures, environments, strengths, barriers, and experience of related social issues—resisting the urge to “silo” issues and compartmentalize people.
5. Do not assume that all people act a certain way solely because of their income or experience as a victim.
6. Reject an “us-them” mentality and putting people in categories of “other.”
7. Partner-up; this work can not be accomplished alone.

Complex social problems demand complex responses. Economic advocacy entails sustained systematic change, encompassing all levels of society. When working at the intersection of sexual violence and poverty, it is necessary to have an understanding of risk and protective factors as they occur at individual, relationship, community, and societal levels (Heise, 1998). Feminist theory and empirical data from the research both make a strong case for “interventions beyond the personal and interpersonal” when addressing sexual violence (Lee, Guy, Perry, Keoni Sniffen, Alamo Mixson, 2007). The same could be said for addressing poverty. The Spectrum of Violence Prevention—which will be discussed in greater detail in the “Applying Economic Advocacy to the Work” section of this guide—also calls for multi-level efforts (Cohen & Swift, 1999; Davis, Fujie Parks & Cohen, 2006).



A G U I D E F O R C O U N S E L O R S A N D A D V O C A T E S

Literature Review

Literature Review

Sexual violence can happen to anyone regardless of age, race, income level, ethnicity, religion, sexual orientation, and education level. However, certain vulnerabilities or risk factors contribute to sexual violence victimization and perpetration; poverty is among those factors (CDC, 2007; Bassuk, Melnick, & Browne, 1998; Jewkes, Sen, & Garcia-Moreno, 2002).

Perpetrators of sexual violence often target individuals who lack power in the larger society, such as women; people with disabilities; elders; children; teens; people of color; lesbian, gay, bisexual, and transgendered individuals; immigrants, migrants, and refugees; individuals who speak English as a Second Language; people living in poverty; people with addictions or criminal records; the homeless; sex workers; prisoners and others. Perpetrators deliberately target individuals who will be less likely to report or when they do tell someone, less likely to be believed or deemed credible. People living in poverty are often either ignored or penalized by the larger society. Therefore, poverty often serves to silence and discredit victims/survivors, especially when it is compounded by other forms of oppression and isolation.

Poverty in the U.S. and Pa

Thirty-eight million, or 13.3% of Americans live in poverty, according to U.S. Census Bureau 2005 data (U.S. Census Bureau, 2005). The same data show that women and children—particularly homes headed by females—are disproportionately among the poor in the U.S. The 2005 report shows disproportionate poverty rates amongst races as well: 25.3% of American Indians and Alaska Natives, 24.9% of blacks, 21.8% of Hispanics, 8.3% of non-Hispanic whites, and 11.1% of Asians live at or below poverty.

In 2005, approximately 1.5 million (11.9%) Pennsylvanians were living at or below poverty (U.S. Census Bureau, 2005). According to a PathWaysPA report entitled, *Investing in Pennsylvania's Families: Economic Opportunity for All*, Pennsylvania is home to almost half a million families with incomes below 200% of the poverty line, two thirds of whom are working families (PathWaysPA, 2007). The same report indicates that low pay and low incomes are widespread among many working families headed by adults with a high school degree or higher education levels. These low pay jobs generally have little opportunity for advancement. The report shows that two thirds of the families that were considered low income in 1998 were still low income in 2004. The report states that Pennsylvania low-income families come from every race and ethnic group and live in all parts of the state. However, African

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Americans and Latinos have higher unemployment or underemployment rates than whites – 44% of all racial and ethnic minority working families are low income compared to 20% of all white working families. Additionally, 28% of working families in rural Pennsylvania are among the working poor versus 22% in urban areas.

The Link between Poverty and Sexual Violence

Research shows an undeniable, complex, and often cyclical connection between poverty and sexual violence. People living in poverty and lacking economic power and resources are at greater risk for sexual violence. Persons with a household income under \$7,500 are twice as likely as the general population to be sexual assault victims (Bureau of Justice Statistics, 1996). For thousands of women, a lack of economic resources has devastating consequences on their abilities to alter their environments or to live in safety, particularly if they have dependent children (Browne, Salomon, Bassuk, Dawson, & Huntington, 2004).

People living in poverty experience daily stressors in meeting the basic needs some of us take for granted, such as obtaining food, shelter, transportation or clothing and keeping themselves and their families safe. Poverty can make the daily lives of women and children more dangerous and make them more dependent on others for survival and, therefore, less able to control their own sexuality, to consent to sex, to recognize their own victimization or to seek help when victimized; poverty can necessitate high-risk survival activities (CDC, 2007). For instance, according to the World Health Organization's *World Report on Violence and Health* (2002), poverty increases one's vulnerabilities to sexual exploitation in the workplace, schools, and in prostitution, sex trafficking, and the drug trade (Krug, et al., 2002). Individuals who lack sufficient economic resources to meet their basic needs, specifically women, may have to resort to bartering for essential goods with sex (Jewkes, Sen, & Garcia-Moreno, 2002).

Poverty is a risk factor for perpetration of sexual violence. Risk factors for perpetration at community and society levels include poverty, lack of employment opportunities, lack of institutional support from police and judicial system, and a high tolerance for crime and other forms of violence (CDC, 2007). While these factors exist in all income levels, they are especially prevalent in economically impoverished communities.

Sexual violence can increase the likelihood that the victim will become homeless, develop mental or physical illnesses, use/abuse substances, and be put in situations where their own emotional well-being becomes secondary to basic survival. Multiple victimizations put women at greater risk for developing harmful coping mechanisms, which can in turn contribute to their risk of becoming poor. Bassuk, Melnick, and Browne (1998) state that traumatic experiences such as sexual violence

can interfere with care giving obligations, pursuit of goals and the ability to hold a job while the cumulative effects of trauma increase the risk of developing stress-related illnesses (Bassuk, Melnick, & Browne, 1998). These stresses on mental, physical, and emotional well-being can lead to and perpetuate poverty, a risk factor for sexual violence.

A Pennsylvania Perspective

In the spring of 2005, the Pennsylvania Coalition Against Rape (PCAR) conducted focus groups with rape crisis advocates from 28 (or 42%) of Pennsylvania's 67 counties to identify gaps in services for victims/survivors of sexual violence impacted by poverty and to identify the training and technical assistance needs of advocates.¹ Thirty-two rape crisis advocates volunteered to participate from 19 out of 52 (or 37%) of rape crisis centers in the state. Advocates spanned many job roles—including administrative assistant, counselor, crisis worker, legal advocate, prevention educator, outreach coordinator, and administrator—and shared the stories of the diverse victims/survivors they serve: those living in rural, urban, and suburban settings; people of color; people with disabilities; lesbian, gay, bisexual, transgender individuals; children, teens, adults, and elders; refugees, immigrants, and migrant workers; prison rape victims; and others. Advocates' specific recommendations and requests have guided PCAR's efforts around poverty, including the contents of this guide.

According to participants of focus groups and recent statewide surveys of centers, the majority (between 70 and 90%) of victims/survivors served by rape crisis centers in Pennsylvania. are on public assistance and/or struggling to meet their basic needs, including the following (Greco, 2006):

- affordable and safe housing
- emergency shelter
- food and clothing
- employment with living wage and benefits
- utilities and phone bills
- health insurance
- quality health services
- childcare
- transportation
- co-pays for medical and mental health services
- education and literacy

¹ For more information on focus group findings, see PCAR Pinnacle, *Breaking the Ties that Bind* (Fall/Winter 2006), available in the publications section of PCAR's web site: www.pcar.org.

Bassuk, Melnick, and Browne (1998) state that traumatic experiences such as sexual violence can interfere with care giving obligations, pursuit of goals and the ability to hold a job while the cumulative effects of trauma increase the risk of developing stress-related illnesses.

Focus group results show that victims/survivors are trying to meet these basic needs while coping with layers of trauma and oppression. They are often caught in Catch-22 situations, which involve impossible either-or choices, illogical rules, and no easy answers. For example, they may have to choose:

- *either* the gas it would take to get to a rape crisis center for counseling *or* groceries for the family
- *either* paying the water bill *or* paying the phone bill
- *either* missing an important court date *or* attending court and risk getting fired

Victims/survivors of sexual violence who are also struggling economically face these basic needs and Catch-22 decisions every day. Their lack of choices often traps them in unsafe situations and relationships in which they may be dependent on their perpetrators for basic goods, such as shelter, food, medicine, transportation, healthcare, childcare, and others. This dependence may be heightened for individuals with disabilities, elderly, children and teens, immigrants, migrant workers, sex workers, and battered women. As highlighted earlier, living without one's basic needs can heighten stress levels and increase elements of risk associated with health, wellness and safety.

Limitations of Literature Review

The following sections examine the reciprocal relationship between sexual violence and poverty more closely. A large portion of the available research focuses on women and children. This may be because women and children are more likely to live in poverty than men, and they are also more likely to be sexually victimized than men (Nardella, 2006). Little existing research looks at sexual violence among men or transgendered people living in poverty. Additionally, much of the current research on violence and poverty looks at intimate partner violence (of which sexual violence is often a factor). Comparatively less research has been conducted specifically on sexual violence in all forms and its cyclical relationship with poverty. Questions remain about the relationship between sexual violence and poverty in certain vulnerable populations including racial, ethnic, and linguistic minorities; people with disabilities, immigrants and refugees, the LGBTi population and others. Both poverty and sexual violence breed on oppression of all forms including racism, sexism, ableism, ageism and heterosexism. The gaps and priorities in the research reflect these "isms."

More research is needed to understand the complex relationships between sexual violence, and multiple oppressions such as classism, racism, able-ism, heterosexism, ageism, and sexism. It is recommended that research involve rape crisis advocates, anti-poverty advocates, as well as allied groups and individuals experiencing these disparities.

Poor women, especially poor women of color, have been victimized by researchers in many instances throughout time. Culturally appropriate, non-victimizing research must be done.

In addition, further research on resilience as it relates to poverty and sexual violence is needed. Research and dissemination of best practices for working with economically disadvantaged victims/survivors as well as action steps for prevention of both poverty and sexual violence are needed.

Barriers to further research might be how to reach victims/survivors living in poverty and how to define both sexual violence and poverty. Much of the research is done through shelter or other service programs. It is possible that large numbers of people living in poverty are left out of the research. Therefore, one of the challenges in future research will be finding ways to hear the stories and experiences of people living in poverty who may be less visible or accessible. Legal definitions of sexual violence vary by state and some people hold cultural or individual definitions. Some do not define what happened to them as sexual violence. Additionally there are multiple definitions of the term poverty. Researchers must address the social stigma surrounding both sexual violence and poverty and find definitions and terms that bring out the diverse stories and experiences of victims/survivors and people living in poverty and economic insecurity.

The following review looks specifically at how sexual violence can be both an antecedent and/or consequence of many poverty-related struggles. The literature review includes information on the links between sexual violence and the following: housing, employment, education, childcare, disabilities, health, substance abuse, and crime costs.

Marginalized Housing and Homelessness Amplify Risk

“One survivor was sexually assaulted by her brothers over and over again. She couldn’t find safe housing where they couldn’t get to her. The apartments are owned by slumlords. You’re lucky if you have working locks on your doors. There aren’t any safe shelters for sexual violence victims around. She had nowhere to go.”

While not everyone living in poverty is homeless, many are a breath away from losing shelter and security. Additionally, some victims/survivors—including children, teens, battered women, people with disabilities, elders, immigrants and others—are dependent on their perpetrators for basic needs, including the roof over their heads. Escaping sexual violence may mean losing one’s shelter.

Over the course of a year, as many as 3.5 million people, or nearly 11% of America's poor, become homeless (National Alliance to End Homelessness, 2003). Families with children are increasingly homeless in the U.S. (National Alliance to End Homelessness, 2007). Once on the streets, individuals are at greater risk for victimization because they lack protective shelters, generally live in proximity to high crime areas, and may depend on high-risk employment such as sex work for survival (Nardella, 2006). Histories of previous victimization, mental illness and substance abuse compound their risk (Kushel, Evans, Perry, Robertson, & Moss, 2003).

There is much research to suggest a connection between homelessness and sexual violence. Sexual assault is both a precursor to and consequence of homelessness. As cited by Goodman, Fels, and Glenn (2006), the prevalence rates of homelessness have been estimated at up to 7-8% among adults (Goodman, Fels & Glenn, 2006). This figure represents those who fit a traditional definition of homeless who for instance have slept on the streets or in a shelter. An additional population, the hidden homeless, may stay with a friend or family member, trade sex for a place to sleep or return to unsafe living conditions when no shelter is available. The hidden homeless are a growing population with African American women and female heads of households at greatest risk (Goodman, Fels & Glenn, 2006.). Runaway and homeless youth are also often invisible, "couch surfing," staying with friends and acquaintances, bartering sex for shelter and food (WCSAP, 2004).

Homeless women experience higher rates of victimization than low-income housed women (Kushel, 2003). As cited by Goodman, Fels, and Glenn (2006), one study found that 92% of racially diverse homeless mothers reported severe physical or sexual abuse in their lifetimes; 43% reported sexual abuse in childhood (Goodman, Fels, & Glenn, 2006). Homeless women are likely to also be experiencing substance abuse and/or physical, emotional or psychological limitations (Goodman, Fels, & Glenn, 2006). As with the general population, they are more likely to be victimized by a friend or acquaintance (Tyler, Whitbeck, Hoyt & Cauce, 2004).

A high percentage of homeless women and youth have been sexually abused before becoming homeless and once on the street become vulnerable to further sexual assault, exploitation and rape (Kushel, et al., 2003; WCSAP, 2004). In a six-year study of 436 marginally housed and homeless single mothers in Massachusetts, 66% of reported that they were severely abused by their caretakers in childhood, with 60% reporting abuse before the age of 12 (The National Center on Family Homelessness, 2007). The same study showed that 43% were sexually molested during childhood. In another study, 61% of homeless girls and 16% of homeless boys report sexual abuse as the reason for leaving

home (Estes & Weiner, 2001). For homeless youth, studies show that the age at which they left home directly relates to sexual victimization on the streets; those who left younger were more likely to be victimized (Tyler, et al., 2004).

Twenty-four percent of homeless youth reported witnessing someone being sexually assaulted, 16% of which occurred on the streets (Kipke, Simon, Montgomery, Unger & Iverson, 1997). Seventy percent of homeless youth report experiencing some form of violence, 32% of which includes sexual assault (Kipke, et al., 1997). Forty-four percent of homeless youth are fearful of being sexually assaulted, molested, or raped on the streets (Kipke, et al., 1997).

Sexual violence is both an antecedent to and consequence of survival sex. Homeless individuals often must barter sex for essential goods such as food, clothing, or shelter. This can have serious negative consequences on physical health such as an increased risk for HIV, STDs, pregnancy, and other health issues (Kushel, et al., 2003; Greene, Ennett & Ringwalt, 1999) including self-injury and suicide (Tyler, Whitbeck, Hoyt & Johnson, 2003). Moreover, individuals engaging in survival sex were more likely to have been victims/survivors of sexual assault (Greene, Ennett & Ringwalt, 1999).

Even if not homeless, many victims/survivors do not have access to safe and affordable housing. Participants in PCAR Focus Groups shared that there is a severe shortage of emergency shelter for victims of sexual violence throughout the state (Greco, 2006). In one study, 71% of victims/survivors wanted to move after a sexual assault but had no place to go or could not afford the financial penalty (Keeley, 2006). This dynamic can lead to unsafe situations, including landlords taking advantage of their tenants or sexually assaulting them or their children in lieu of rent. According to a national survey of sexual violence advocates, 58% of survey respondents received at least one report of landlord sexual assault; in these cases, 79% of women reported that their landlords refused to repair locks, supply heat, hot water or make space “safe” and made sexual propositions, stalked the tenant and/or engaged in unwanted sexual contact with the tenant before the sexual assault (Keeley, 2006).

Sexual Violence can Undermine Employment

“If someone decides to go through the legal process, they’re going to miss work. Pennsylvania is an employment-at-will state. Every time they miss work, they risk losing their jobs. If they’re only making minimum wage to begin with, they can’t afford to miss a day of work. If you get fired and try to find another job, the first question

According to one study, 50% of sexual assault victims lost their jobs or were forced to quit in the aftermath of rape.

is 'why did you leave your last job.' If you tell them you were raped, they might not want to risk hiring you because of the stigma—'she's gonna cause trouble' type of mentality."

The likelihood that a woman will develop PTSD as a result of rape is between 50 and 95% (Johns Hopkins University School of Public Health, 1999). PTSD can seriously interfere with a person's ability to concentrate at work. According to one study, 50% of sexual assault victims lost their jobs or were forced to quit in the aftermath of rape (Ellis, Atkeson, & Calhoun, 1993). Adverse childhood experiences, including sexual abuse, can lead to poor job performance and work absenteeism in adulthood (Anda, Felitti, Fleisher, Edwards, Whitfield, Dube & Williamson, 2004). Furthermore, women who had experienced recent intimate partner violence had less than one-third the odds of maintaining work over time, i.e., for at least 30 hours per week for 6 months or more (Browne, Salomon, & Bassuk, 1999).

Individuals have greater earning power if they possess human capital—attributes that allow them to compete in today's job market—such as education, training, knowledge, skills and health (Siegel & Abbott, 2007b). Sexual violence can interfere with these attributes. Individuals who returned to public assistance after periods being off of the rolls report many barriers to employment, including physical disability, illness or injury, mental illness, domestic violence, lack of transportation, lack of childcare options, no jobs in the community, inadequate pay, no jobs in one's occupation, and lack of job experience or skills (Siegel & Abbott, 2007b). Between eight and 13% of individuals who recently left or returned to public assistance experienced sexual harassment on the job; 20-21% experienced unsafe or unpleasant work environments (Siegel & Abbott, 2007b).

The trauma of sexual violence can diminish a person's economic security due to impaired work performance or missed time at work. A victim/survivor may need to take time off from work to deal with emotional and physical problems caused by the assault. If she reports the assault, she may need to miss work for legal proceedings. She may experience triggers getting to and from work and while on the job that make it impossible for her to concentrate. A victim/survivor may have privacy concerns and fear that her story will be shared throughout the workplace and potentially interfere with her work relationships and productivity. She may worry that her experiences may cause her employer to consciously or unconsciously discriminate against her, which could damage her career path. If a victim/survivor was assaulted in the workplace or by a co-worker/employer, safety may be a concern. A victim/survivor may even stop going to work altogether which can affect future recommendations or the ability to successfully compete

for another job. Even if the assault was not perpetrated by a co-worker, a victim/survivor may have concerns about physical safety at work, especially if the perpetrator knows the work location or work schedule.

Education often Interrupted as Result of Sexual Violence

“Kids’ grades suffer because they can’t sleep or concentrate. Maybe they act out in school because of what’s happening to them. We often do not get to the root causes of their struggles or behavior. We just penalize them for acting out or label them, ‘troublemaker’ or ‘high risk.’”

According to PathWaysPA, in Pennsylvania only two out of five families have a parent with any post-secondary experience, ranking the Commonwealth 47th out of 50 states in education level of head of household (PathWaysPA, 2007). This report also states that the literacy level in Pennsylvania ranks 40th out of 50. In 2005, Pennsylvanians without a high school education were more than four times as likely to be unemployed or underemployed as those with college education. The labor force participation rate of Pennsylvania workers without a high school education was below 40% (PathWaysPA, 2007). Interrupted education may have a direct impact on future job opportunities and economic resources and increase a person’s risk for myriad social struggles related to economic insecurity, including sexual violence.

Teens 16 to 19 years of age are 3.5 times more likely to be victims of rape, attempted rape, or sexual assault than other age groups (Rennison, 2000). Nearly 24 percent of sexually active girls under age 13 reported that their first sexual intercourse was non-consensual (Abma, Driscoll & Moore, 1998). In one year, over 4,000 incidents of rape or other types of sexual assault occurred in public schools across the country (U.S. Department of Education, 1997).

A woman has between a one in four and one in five chance of being raped during her college years (Fisher, Cullen & Turner, 2000). Many victims of sexual violence are victimized during “The Red Zone”—the first six weeks of college/university (Warshaw, 1994). For many victims and survivors, their college educations are jeopardized by rape from the outset. The federal government estimates that for every 10,000 undergraduate females, there are 350 incidents of sexual assault every year (Fisher, Cullen & Turner, 2000).

Sexual assault can seriously undermine a person’s education and overall health. Female students who have been physically and sexually assaulted by a dating partner in 9th through 12th grades are at increased risk for substance abuse, unhealthy weight control,

Interrupted education may have a direct impact on future job opportunities and economic resources and increase a person’s risk for myriad social struggles related to economic insecurity, including sexual violence.

In a study of homeless women, 41% who were victimized as children did not complete high school (The National Center on Family Homelessness, 2007). The same study found that 66% of homeless women were severely abused by their caretakers; 43% were sexually molested during childhood; 60% of homeless women had been abused before the age of 12.

risky sexual behavior, pregnancy and suicide (Silverman, Raj, Mucci, & Hathaway, 2001). In a study of homeless women, 41% who were victimized as children did not complete high school (The National Center on Family Homelessness, 2007). The same study found that 66% of homeless women were severely abused by their caretakers; 43% were sexually molested during childhood; 60% of homeless women had been abused before the age of 12 (The National Center on Family Homelessness, 2007). Abuse can sabotage a child's school readiness from the outset. Interrupted education can have a direct implication on future employment and economic stability. PathWaysPA clearly states that those with low levels of education are more likely to face economic distress and that post-secondary education is critical to an individual's earnings and economic growth.

Safety may be a concern for the victim if the perpetrator is a fellow student or knows where the victim/survivor attends school. PTSD, depression, anxiety, sleep disturbances, and other physical complications from the assault may hinder a victim's/survivor's ability to concentrate on schoolwork or even attend school. Students may "act out" in school and be labeled "high risk" or "troublemaker" without anyone uncovering the sexual violence under the surface of the behavior. Declining grades, withdrawal from school, absenteeism or other changes to academic performance may result in lost tuition or loss of scholarships and financial aid. While state and federal laws may protect employees and students who have been victimized, all victims/survivors are not aware of these laws or may not have the resources to access help in interpreting their rights.

Quality Childcare not always a Choice

"There was a perpetrator who sexually abused several of our child clients. He was volunteering to baby sit for families in the housing unit. He was watching their kids for free. The parents couldn't afford any other option. No one warned them that he was a child molester."

When families don't have income for basic needs, they face tough choices that can lead to less than desirable outcomes, particularly for children. Poor parents are put into challenging situations with limited options due to constraints on resources such as finances, transportation, community support, and time. Many parents are working two and three jobs to make ends meet, taking multiple buses to get from home to work and back. This eats away at the parents' time with and supervision of their children. Parents may be forced to enlist the help of family and friends, to leave children unsupervised, to pay more than they can afford for childcare, or to remain on waiting lists for subsidized

childcare slots. Over 7,000 children are awaiting subsidized childcare in Pennsylvania (Shulman & Blank, 2007).

A lack of childcare options creates major barriers to sustainable employment (Siegel & Abbott, 2007a). Individuals returning to welfare after having left the rolls to work, report difficulties getting childcare during shift work (19%), for a sick child (18%), and after school (18%) (Siegel & Abbott, 2007a). Difficulties with childcare are exacerbated by adverse neighborhood conditions, such as unsupervised children or teens, lack of recreational programs for children, use or sale of drugs, assaults/fights, vandalism, lack of police supervision, vehicle break-ins, rundown/abandoned houses, poor street lighting, thefts, gangs, and guns (Siegel & Abbott, 2007a). Additionally, lack of childcare is also complicated by other deprivations, such as not having enough money for food, rent, mortgage payments, bills, phone, and utilities; being evicted; and going without healthcare (Siegel & Abbott, 2007a).

Childcare arrangements, both home- and site-based, can put a child at risk for sexual assault or expose him/her to other types of violent behavior. According to Pennsylvania's 2006 *Annual Report on Child Abuse* (The Commonwealth of Pennsylvania, 2006):

- Sexual abuse comprised the majority (60%) of the 4,152 substantiated child abuse cases.²
- There were 2,660 reports of child abuse in childcare settings; eight percent were substantiated.³
- Eighty-six percent of abuse committed by babysitters involved sexual abuse.
- The most common offender relationships to child victims in substantiated reports of sexual abuse were: 18% father, 18% babysitter, 12% paramour of parent, 12% other household member, and 11% sibling.

Layers of Trauma and Disabilities Compound Barriers

“People are dealing with layer upon layer of trauma that often transcend generations and time. The trauma is there in everything they do. It is not a ‘luxury’ item or issue; it must be dealt with because it affects everything else—job, school, relationships, health, mental health, all of it.”

² Over 23,000 cases were reported in 2006. Just because they were not substantiated does not mean abuse did not occur. Due to the nature of sexual assault being underreported and the barriers to investigation, it is likely that there were many more children who were sexually abused than available statistics convey.

³ Childcare settings include family day care homes, day care centers, foster homes, boarding homes for children, juvenile detention centers, residential facilities and institutional facilities.

The Adverse Childhood Experiences (ACE) Study found a direct link between child maltreatment—including sexual abuse—and depression, psychotropic medication use, and low mental health scores in adulthood; the higher number of ACEs, the greater risk for mental health struggles in adulthood.

According to Yuan, Koss, and Stone (2006) some survivors experience severe and chronic psychological symptoms, whereas others experience little or no distress following a sexual assault (Yuan, Koss & Stone, 2006). The wide range of consequences may be attributed to assault characteristics, environmental conditions, survivor attributes, and availability of social support and resources (Yuan, Koss & Stone, 2006). There is no one response that is experienced by all survivors.

The Adverse Childhood Experiences (ACE) Study found a direct link between child maltreatment—including sexual abuse—and depression, psychotropic medication use, and low mental health scores in adulthood; the higher number of ACEs, the greater risk for mental health struggles in adulthood (Chapman, Whitfield, Felitti, Dube, Edwards & Anda, 2004; Anda, Brown, Felitti, Bremner, Dube & Giles, 2007; Edwards, Holden, Felitti & Anda, 2003). More than one third of those surveyed experienced multiple forms of maltreatment as children, including physical and sexual abuse and witnessing their mother being battered (Edwards, Holden, Felitti & Anda, 2003).

Childhood sexual trauma is associated with PTSD, depression, suicide, substance abuse or use, eating disorders, low sexual interest and relationship difficulties, high-risk sexual behaviors, extreme coping strategies, and in the most severe cases, symptoms of a personality disorder (Yuan, Koss & Stone, 2006). A survivor may develop one or more of these as coping mechanisms or strategies; coping strategies are tools someone uses to deal with stressful, traumatic and/or painful experiences, which may often have negative health, mental health, and economic consequences.

In one study, the rate of lifetime depression among childhood rape survivors was 52% compared to 27% among non-victims (Saunders, Kilpatrick, Hanson, Resnick, & Walker, 1999). Another study found that survivors who did not disclose or delayed disclosure of childhood sexual trauma for more than one month had higher rates of PTSD and more major depressive episodes (Ruggiero, Smith, Hanson, Resnick, Saunders, Kilpatrick & Bestto, 2004). Limited data on risk factors suggest that family environment and supportive responses from family and intimate partners may improve mental health and functioning among survivors (Yuan, Koss & Stone, 2006).

Women victimized in adulthood are vulnerable to short and long-term psychological consequences. Short-term consequences may include shock, fear, anxiety, confusion, and isolation. Many survivors experience a reduction in psychological symptoms within the first few months, but a small group of survivors report symptoms that persist for years (Yuan, Koss & Stone, 2006).

Women who have been raped or sexually molested are at a greater risk of developing PTSD than those who have not experienced sexual

assault (Bassuk, Melnick & Browne, 1998). There is a 50-95% chance that a woman will develop PTSD after being raped, which can have severe and long-lasting physiological and psychological effects (Johns Hopkins University School of Public Health, 1999).

While much research exists on PTSD, victims/survivors may also experience long term outcomes such as depression, physical symptoms without the presence of medical conditions, disordered eating behaviors, suicidal thoughts and attempts, sexual dysfunction, severe preoccupations with physical appearances, and substance use (Yuan, Koss & Stone, 2006). They additionally state that the risk of developing mental health problems relates to assault severity, other negative life experiences, maladaptive beliefs, and perceptions of lack of control.

Sexual assault victims who also suffer from mental illness have to deal with the trauma of their attack within the context of societal alienation, isolation, lack of understanding by various systems and other physical or mental barriers. For individuals with existing mental health issues, the risk for sexual violence is high. Individuals with mental illness are more vulnerable to attack than the general population, and less likely or able to seek help afterwards (National Health Care for the Homeless Council, 1999). The lifetime risk for violent victimization is so high for homeless women with severe mental illness (97%) as to amount to normative experiences for this population (Goodman, Fels & Glenn, 2006). Given the high rates of violence, it is not surprising that many homeless women suffer from emotional symptoms, including major depression (47%), substance abuse (45%) and PTSD (39%) (Browne & Bassuk, 1997). Additionally, mothers living in extreme poverty experience significantly higher lifetime rates of major depression, substance abuse, and PTSD than those in the general population, which then puts them at risk for sexual violence (Bassuk, Melnick, & Browne, 1998).

Stimpson and Best (1991, as cited in Elman, 2005) suggest that more than 70% of women with a wide variety of disabilities [physical and developmental/cognitive] have been victims of violent sexual encounters at some time in their lives. Perpetrators of sexual abuse may target those with cognitive disabilities because they may be less likely to tell or if they do tell, less likely to be believed (Elman, 2005). Among adults who have developmental disabilities, as many as 83% of the females and 32% of the males are victims of sexual assault; moreover, 49% of people with developmental disabilities who are victims of sexual violence will experience 10 or more abusive incidents in their lifetimes (Wisconsin Coalition Against Sexual Assault, 2007).

Disabilities can compound the barriers created by poverty and sexual violence, all of which can interfere with a person's ability to meet basic needs. Often times, victims/survivors must work, care for children, attend school, maintain supportive relationships or seek medical or emotional help while trying to live with mental illness and/or cognitive

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One study of rape victims found that visits to the physician increased 18% during the year following a rape, 56% the following year and 31% the year after. Another found that 18% of women who had been sexually assaulted used mental health services over a six-month period compared with 9% who hadn't been assaulted (Bassuk, Melnick & Browne, 1998). Without health insurance, children and adults who are victimized are less likely to receive the help and support they need, including counseling, making a myriad of negative outcomes likely.

or physical disabilities—all with few resources. It can be especially challenging for poor women who face systemic barriers as well as the additional stigma placed on “disabilities” and “sexual violence.”

Physical Health Suffers as Result of Rape

“Sexual violence can affect a person in every aspect of life, including their physical health.”

There is a high correlation between adverse childhood experiences, such as sexual abuse and a range of health, mental health, and social struggles in adulthood (Felitti, 2001). Some physical health disorders found to be linked to ACEs include: drug and alcohol abuse, obesity, sexual risk behavior, and smoking (Felitti, 2001).

Sexual violence can directly affect physical health including disordered eating, sleep disorders, and the risk for HIV/AIDS, STDs and pregnancy. Findings suggest that abuse by an intimate partner or ex-partner (including sexual violence) negatively affects women's health and is especially detrimental to the health of low-income women (Sutherland, Sullivan & Bybee, 2001). Poor women who experienced childhood sexual abuse were significantly more likely to experience intimate partner violence as adults than the general population (Browne, Salomon & Bassuk, 1999).

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Among women with histories of childhood sexual abuse, a disproportionate number also manifest high risk behaviors such as smoking, and alcohol use, which may be used as coping mechanisms (Bassuk, Melnick & Browne, 1998) and are known to have adverse short and long term health consequences. Female adolescent sexual abuse survivors are more likely to develop eating disorders – 18% binge and purge, while only 6% of non-abused adolescent girls do so – and to use illegal drugs – 30% compared to 13% of non-abused teenage girls (The Commonwealth Fund, 1997).

There is growing evidence that traumatic events (such as sexual violence) physiologically lower pain thresholds. Pain makes day-to-day living more difficult (Kendall-Tackett, 2000). Additionally, there is evidence that childhood sexual abuse survivors experience high rates of severe headaches, chronic pain, and other health issues, which may

be explained by a number of factors: people who have experienced victimization are more likely to engage in harmful and self-destructive behaviors than are those who have not; depression has been shown to affect the immune system and depression may be a reaction to sexual violence; women who had been sexually victimized, either as adults or children, were more likely to consider their health as poor (Golding, Cooper, & George, 1997 as cited in Kendall-Tackett, 2000).

Substance Use and Abuse and Sexual Assault, Complex Relationship

“Many victims self-medicate with alcohol or drugs as a way to cope with the abuse. They experience a downward spiral—grades suffer, work is missed, they struggle financially to keep it together.”

Alcohol is involved in a large percentage of sexual assaults, with alcohol use among perpetrators and victims between 34 and 74% and 50% respectively (Abbey, Zawacki, Buck, Clinton & McAuslan, 2001). Drugs and/or alcohol are often used by perpetrators to incapacitate the victim and to facilitate a sexual assault (Lisak & Miller, 2002). Studies have associated alcohol and other drugs with both physical and sexual assault (Kushel, et al., 2003) including childhood sexual abuse (WCSAP, 2005). There is overwhelming evidence that victims/survivors of sexual assault are likely to use alcohol and drugs to cope with this trauma (WCSAP, 2005). For some, substance use/abuse is a fast acting, socially accepted, and relatively inexpensive coping strategy. When a survivor experiences both sexual assault and substance use, social stigmas associated with substance use/abuse can compound the challenges of the healing process and increase the survivor’s feelings of blame, shame and isolation.

Substance use and abuse are linked to violence and poverty in the lives of thousands of women and children (Bloom, 2002). Thirty-three to fifty percent of women who abuse substances were sexually abused as children (Bloom, 2002). Seventy-three percent of women in residential substance abuse treatment programs report they were raped; 45% were raped multiple times (Bloom, 2002). In a study of 100 adult consumers with polytoxic drug abuse, 70% of the female and 56% of the male drug users had been sexually abused before the age of sixteen (Jennings, 2004). Adverse Childhood Experiences (ACEs), including sexual abuse in childhood can account for up to two thirds of serious problems with drug use in adulthood (Dube, Felitti, Dong, Chapman, Giles & Anda, 2003). A direct correlation between abuse and maltreatment in childhood and adult alcohol abuse was also found (Dube, Anda, Felitti,

Substance use and abuse are linked to violence and poverty in the lives of thousands of women and children.

Health and mental health risks, economic deprivation, loss of child custody, and mounting stigma have been identified as long- and short-term consequences of drug abuse for women.

Victims/survivors incur great out-of-pocket expenses as a result of the crime—costs they could not have foreseen or planned for. For many, this fall-out is simply unaffordable.

As we take steps to empower victims/survivors and to break this cycle, it is critical that those working in the sexual violence field integrate economic advocacy into their efforts.

Edwards & Croft, 2002). Loss of productivity due to substance abuse, violence, and illness is estimated at \$110.5 billion (Bloom, 2002).

There is a strong correlation between physical/sexual abuse and alcohol or drug dependency among people who experience homelessness (National Health Care for the Homeless Council, 1999). Health and mental health risks, economic deprivation, loss of child custody, and mounting stigma have been identified as long- and short-term consequences of drug abuse for women (Browne, Salomon, Bassuk, Dawson & Huntingdon, 2004). Those who are under the influence of drugs or alcohol are even more vulnerable to attack than the general population, and less likely or able to seek help afterwards (National Health Care for the Homeless Council, 1999).

Victims/survivors of sexual assault may use alcohol or drugs to numb or escape from painful memories or PTSD symptoms. When they attempt to stop using the drug, symptoms reappear and the likelihood of relapse increases. Studies indicate that those working with people experiencing PTSD and drug addictions treat these conditions concurrently (Research and Advocacy Digest, 2005). Relapse and treatment may be compromised if issues related to sexual abuse, its interaction with PTSD, and adult partner violence are not identified (Browne, et al., 2004).

Sexual Violence is a Considerable Out-of-Pocket Expense

Victims/survivors incur great out-of-pocket expenses as a result of the crime—costs they could not have foreseen or planned for. For many, this fall-out is simply unaffordable. According to a report by the National Institute of Justice (Miller, Cohen & Wiersema, 1996) the costs of rape and sexual assault for victims include: out-of-pocket expenses such as medical bills and property losses; reduced productivity at work, home, and school; and non-monetary losses such as fear, pain, suffering, and lost quality of life. The average rape victim incurs about \$5,100 in tangible losses including medical costs, mental health, and productivity losses. Even intangible losses such as lost quality of life may be valued in dollar terms; when factoring in non-monetary losses, the cost to a victim of rape and sexual assault is \$87,000 (Miller, et al., 1996).

For someone living in poverty these costs can be devastating. For those on the edge of poverty, these costs might just push them over the line. Assistance is available, however some victims/survivors do not know it exists. For others, even if they are aware of available assistance, if reimbursement is required they cannot put the money out up front.

Summary

The available research shows a strong correlation between poverty and sexual violence. Poverty can be both a risk factor for and outcome of sexual violence. A cyclical dynamic exists between sexual violence and the many factors associated with living in poverty. While not everyone living in poverty will become homeless or use substances, it is clear that many of these factors occur concurrently and are either a direct result of sexual violence or increase the risk for sexual violence. Victims/survivors living in poverty experience isolation related to social stigmas, which in turn affect the services they receive and resources they are able to access. As we take steps to empower victims/survivors and to break this cycle, it is critical that those working in the sexual violence field integrate economic advocacy into their efforts.



A G U I D E F O R C O U N S E L O R S A N D A D V O C A T E S

Economic Advocacy

Economic Advocacy

A Philosophical Framework

“How can someone heal from rape if they don’t have a roof over their heads? Childcare for their children? Income that enables them to meet their basic needs?”

Centrality of Economic Advocacy to the Work

The rape crisis movement was born out of a collective struggle—a relentless push to break the silence and secrecy of rape and dismantle oppression and injustice in the lives of victims and survivors. While activism has taken many forms across communities and throughout time—from crisis intervention to primary prevention, individual counseling to public policy advocacy and systems change—a common thread unites all of these efforts: a deep and profound understanding that sexual violence occurs within a larger context of oppression.

PCAR holds its network of 52 rape crisis centers to a set of professional and ethical standards¹, which make a strong case for economic advocacy. They require centers to address sexual violence and the needs of victims and survivors holistically, viewing the individual within a larger social, political, and economic environment and acknowledging the impact of multiple oppressions. Economic advocacy is not separate from or in addition to core services but rather among the philosophical roots that have fed this movement from its beginning.

Making the Case: PCAR’s Code of Ethics

Sexual violence and social oppression

PCAR’s Code of Ethics—which guides the efforts of all Pennsylvania contractors, staff members, and volunteers—is grounded in a “fundamental belief that a victim of sexual violence is a victim of social oppression” (PCAR, 2007a). Sexual violence is viewed in relationship to multiple oppressions and disparities, including those based on race, ethnicity, class, gender, sexual orientation, age, and ability/disability.

- Therefore, to be effective in meeting clients’ and communities’ needs, advocates and counselors must ultimately examine and address these complex and interlocking oppressions at individual and societal levels.

Economic advocacy is not separate from or in addition to core services but rather among the philosophical roots that have fed this movement from its beginning.

¹ PCAR’s service standards and code of ethics are available on the Contractor’s page of PCAR’s web site, www.pcar.org, or by calling 1-800-692-7445, extension 118.

Promoting the well-being of clients

Advocates' primary responsibility, as articulated in the Code, is "to promote the well-being of clients" (PCAR, 2007a). "Well-being" is ultimately defined and determined by the victim or survivor in an empowerment model. Victims and survivors have the right to self-determination—to decide for themselves, with all the information and resources available, what paths to take. Advocates offer support throughout this process. The empowerment model requires advocates to meet clients where they are. The advocate and client share power in a mutual and dynamic partnership. In this partnership, the client is the expert and ultimate authority and, thus, directs the course of services.

- Economic security and the ability to meet one's basic needs in life is a significant component of well-being and particularly salient in the lives of victims of sexual violence. Therefore, to truly promote the well-being of clients and honor their right to self-determination, advocates and counselors must address victims' and survivors' economic needs and priorities.

Promoting cultural competency

The Code promotes cultural competency around all forms of social diversity and oppression with respect to race, ethnicity, national origin, color, class, gender, sexual orientation, age, marital status, political belief, religion and mental or physical disability (PCAR, 2007a). The Code holds contractors, staff members, and volunteers to an ethical obligation to challenge the social and political oppression of women and clients and myths and attitudes that are detrimental to victims and survivors (PCAR, 2007a).

- Economic disparity often goes hand-in-hand with other forms of oppression, such as racism, sexism, ageism, able-ism, and heterosexism. All of these "isms" contribute to sexual violence. Counselors and advocates must challenge these oppressions in their work with individuals and communities, including classism.

Facilitating social and systemic change

The Code articulates a firm commitment to facilitating change in "social, legal, economic, educational, political, and cultural institutions" to promote "non-oppressive, violence-free environments in all segments of community and society" (PCAR, 2007a). Victims of sexual violence encounter many social systems outside of the rape crisis center, including criminal justice, medical, legal, law enforcement, welfare, child welfare, childcare, education, employment, mental health, substance abuse, and other systems.

- Poverty can exacerbate the barriers that victims and survivors face when navigating all social systems. Therefore, systems advocacy must include economic advocacy.

Promoting the general welfare of women in society

The Code holds advocates to an ethical obligation to promote the welfare of women, “including [their] economic and political power” to enable them to “make choices for the betterment of their own life at all levels of the social system” (PCAR, 2007a). There is only so much that can be done in an individual counseling session to promote the welfare of women in society. Individual tools are essential, but it does not end there.

- Advocates are ethically obligated to influence larger social structures and forces that impact women’s economic and political power. This work involves economic advocacy in the public policy arena and in community systems and partnerships to expand women’s choices and power.

Expanding choice and opportunity for all persons

The Code acknowledges that there are disparities in opportunity and resources for individuals, especially individuals who are disadvantaged and oppressed. The Code challenges sexual assault programs to “expand choice and opportunity for all persons with special regard to groups disadvantaged or oppressed on the basis of race, ethnicity, national origin, color, class, gender, sexual orientation, age, marital status, political belief, religion, and mental or physical disability” (PCAR, 2007a).

- Sexual assault programs do not operate in isolation but rather are part of a larger push to level the playing field and expand opportunities for all. This requires economic advocacy at all levels.

Making the Case: PCAR’s Service Standards

PCAR’s service standards—the basic services all contractors are required to provide—also make a case for economic advocacy. They state, “No contractor shall deny an individual service because of age, race, creed, sex, ethnicity, color, national origin, marital status, sexual orientation or preference, physical or mental ability, culture, language ability, class, economic status, education or HIV status” (PCAR, 2007b). Rape crisis centers are required to address all needs of victims/survivors, turning no one away, including individuals living in poverty. However, economic advocacy entails much more than not denying services, telling someone your services are free, or giving someone a bus token. The service standards require advocates to provide information and support to victims and survivors and assist them in reducing the stressors in their

lives. They are to support clients in negotiating and improving systems and resources and in building coping skills (PCAR, 2007b).

- As this guide's literature review and fact sheets convey, economic insecurity can be a major stressor in victims' and survivors' lives. Economic insecurity can be a risk factor for and/or outcome of sexual violence. Therefore, it is critical that advocates address economic advocacy in their counseling, advocacy, information and referrals, and systems advocacy efforts with victims and survivors.

Defining Economic Advocacy

Rape crisis advocates at all levels of an agency's organization collectively work to empower individuals and challenge the social conditions and injustices that perpetuate a rape culture. Economic advocacy is central to this work. The questions then become, "What is economic advocacy?" and "What does it look like in action?"

Economic advocacy is a form of social justice advocacy. It is a thread that runs through the fabric of rape crisis advocacy. It encompasses both prevention and intervention efforts and occurs at individual, relationship, community, and societal levels. Economic advocacy is the provision of information, advocacy, and support to expand economic resources and reduce/eliminate economic-related risk factors that contribute to sexual violence in the lives of victims, survivors, and communities. Economic advocacy is the work of all contractors, staff members and volunteers, including administrators, counselors, prevention educators, public awareness and outreach workers, and public policy advocates.

This definition is a work-in-progress and will continue to evolve as economic advocacy within the rape crisis movement develops over time. Economic advocacy is not a one-size-fits-all endeavor. The unique strengths and needs of victims, survivors, rape crisis centers, and communities must define the shape of economic advocacy. However, there are universal principles that can guide the work. These principles and concepts cut across the multiple levels of intervention and prevention.

Principles of Economic Advocacy

Economic Advocacy is...

- **Central to the work of staff at all levels of rape crisis centers.** Poverty is often a risk factor for and result of sexual violence. Economic advocacy impacts efforts at all levels of the organization: administration, counseling, prevention, public awareness, outreach, and public policy. Therefore, economic advocacy must grow from the ground up and be nourished from the top down—from the front lines to the board of directors. Economic advocacy is a core service that rape crisis centers are ethically and professionally obligated to provide.
- **Client-centered and strengths-based,** focusing on the needs, wishes, goals, and priorities of victims, survivors, and communities. Much like sexual violence prevention and intervention, economic advocacy is not a one-size-fits-all endeavor. It is organic and dynamic, responding to the individual's and community's story and resilience. Economic advocacy builds on strengths and creates bridges where there are gaps.
- **Shaped by the individual and collective voices of victims, survivors, and communities.** Economic advocacy is a participatory process that involves communities, victims, and survivors impacted by both poverty and sexual violence. It is responsive to both the local community's experiences and what the research tells us about poverty and sexual violence.
- **Culturally competent,** responding to diverse victims, survivors, and communities with respect, commitment, and a working understanding of how sexual violence and poverty may uniquely impact people of color; people with disabilities; women; children; teens; elders; lesbian, gay, bisexual, and transgendered individuals; people of religious minorities; people with HIV; documented and undocumented immigrants and refugees; people with limited or no English proficiency; people with low literacy levels and others.
- **Holistic and dynamic,** viewing the individual and community within a wider social, political, and economic context in which historical and ongoing oppressions, forms of violence, and social struggles may intersect. Both sexual violence and poverty do not occur in a vacuum or in isolation; therefore economic advocacy requires a comprehensive approach.
- **Grounded by an understanding that poverty and wealth occur on a continuum** and that assumptions about people based on income are harmful. There is extreme poverty and extreme wealth and many shades of gray in between. Many people move along this continuum of poverty and wealth over time and in some cases, quite suddenly through tragedy, loss of employment, or another

circumstance. Economic advocates challenge assumptions and generalizations that are made about people solely based on their socioeconomic status. Such assumptions can serve to blame the victim and perpetuate negative and oppressive stereotypes and “us-them” thinking. Economic advocates view the person in the complexities of their interpersonal, community, social, political, cultural, and economic environments. They establish partnerships with all victims, survivors, and communities, which are based on respect and equality.

- **Multi-level**, occurring at individual, relationship, community, and societal levels and involving counseling, advocacy, outreach, public awareness, prevention, systems change, and policy change. Economic advocacy is more likely to be effective when involving intervention and prevention at multiple levels of society synergistically (Davis, Fujie Parks & Cohen, 2006).
- **Multi-disciplinary and collaborative**, involving a wide range of potential partners, including but not limited to: public assistance, child protective services, child advocacy, domestic violence, gang violence prevention, family planning, housing, transportation, labor, agriculture, substance abuse, mental health, health insurance, law enforcement, medical, legal, criminal justice, public health, education, government, and other public and private organizations.

“The stigmas of poverty and sexual violence can be debilitating. They can make you feel like you have no value, no worth. I grew up poor. I was sexually abused as a kid. I remember coming into [the center] ten years ago. I couldn’t even look up at anyone. I was so ashamed. I remember how the advocates treated me. It was foreign to me to be respected, to feel like I had some value. Simple courtesies—offering me a glass of water or a cup of tea, asking me if I needed anything, if I had been helped already—meant the world to me. I had been walking around feeling like a walking label—‘poor person,’ ‘rape victim.’ We need to be careful that we don’t lump all ‘poor people’ into some kind of category and treat them differently just because they have a lower income. ‘Oh, you’re poor, so let me use the poor person’s empowerment model on you...’ If we do that, we are part of the problem.”
—advocate



Applying Economic Advocacy to the Work

A G U I D E F O R C O U N S E L O R S A N D A D V O C A T E S

Applying Economic Advocacy to the Work

Applying Economic Advocacy to the Work

“I think the bottom line is that when you have less resources, you have less options. That’s true for anyone. You have less options for childcare, for where you are going to live. If you are poor, you have less options about where you’re going to sleep tonight. A lack of resources and options can put you in danger of being sexually assaulted.”

Many centers throughout Pennsylvania are already “doing” economic advocacy, whether they call it that or not. Other centers have not traditionally incorporated these types of efforts into core services for a variety of reasons. Perhaps they have not known where to begin or how to sustain the work. Some may fear that economic advocacy will be a drain on core services. On the contrary, economic advocacy can help maximize core services and result in greater community visibility, partnerships, trust, and opportunities to leverage new funding.

Ideally, there will be specific support—philosophical, financial, and organizational—for economic advocacy efforts at all levels of the agency. However, in the absence of a dedicated stream of funding for the work, it is important to realize that economic advocacy is still possible and necessary. In many cases, economic advocacy will mean asking questions in a different way; reaching out to a new partner; or lending support to a bill in Congress.

The Spectrum of Violence Prevention (see Table 1), developed by Larry Cohen of the Prevention Institute, is a useful model to consider when thinking about a comprehensive approach to economic advocacy (Cohen & Swift, 1999). The Spectrum calls for synthesized advocacy, along six levels—ranging from changes in individuals’ skills and knowledge to public policy and social norms (Davis, Fujie Parks & Cohen, 2006).

In many cases, economic advocacy will mean asking questions in a different way; reaching out to a new partner; or lending support to a bill in Congress.

Table 1, The Spectrum of Prevention, a tool for comprehensive action and norms change,
Reprinted with permission from the National Sexual Violence Resource Center

Level of Spectrum		Definition of Level
Level 1	Strengthening Individual Knowledge & Skills	Enhancing an individual's capability of preventing violence and promoting safety
Level 2	Promoting Community Education	Reaching groups of people with information and resources to prevent violence and promote safety
Level 3	Educating Providers	Informing providers who will transmit skills and knowledge to others and model positive norms
Level 4	Fostering Coalitions & Networks	Bringing together groups and individuals for broader goals and greater impact
Level 5	Changing Organizational Practices	Adopting regulations and shaping norms to prevent violence and improve safety
Level 6	Influencing Policy & Legislation	Enacting laws and policies that support healthy community norms and a violence-free society

A detailed description of the Spectrum of Prevention can be found at: NSVRC and Prevention Institute web sites: <http://www.nsvrc.org/publications/booklets/spectrum.pdf> and http://www.preventioninstitute.org/tool_spectrum.html respectively.

Often, advocates work on all six levels of the Spectrum. They...

1. offer classroom presentations, psycho-educational groups, and individual knowledge/skill building services (Level 1);
2. develop media campaigns and outreach materials as way to involve the community in prevention (Level 2);
3. train multidisciplinary partners and stakeholders such as parents, teachers, social workers, nurses, doctors, attorneys, legislators, and others to assist in the prevention of sexual violence in their respective communities (Level 3);
4. team up with allied partners in the community to promote positive alternatives to violence (Level 4);
5. help agencies and organizations develop policy changes (Level 5); and
6. influence public policy and legislation that reduces risk factors and increases protective factors (Level 6).

A comprehensive approach to economic advocacy can take many shapes. The following is just one example.

Table 2: Sample Economic Advocacy Strategy, using the Spectrum of Violence Prevention as a model

Level 1	Working with individuals to implement strategies for expanding economic resources as a way to reduce the stress of poverty in their lives. Developing peer education programs to mobilize civic engagement and activism, thus changing social norms and increasing economic resources.
Level 2	Developing a mass media campaign that addresses the root causes of sexual violence and promotes alternatives to violence and ways to get involved in the community. Such media campaigns are reinforced by training and technical assistance in the community.
Level 3	Cross-training housing, substance abuse, mental health, public assistance, education, and other providers to help them identify and respond to sexual violence and promote violence-free norms within their respective workplaces and organizations.
Level 4	Establishing a community-based task force of multidisciplinary partners to foster systemic changes that sustain economic justice and violence-free norms.
Level 5	Contracting with a local school district to develop and implement school-wide sexual violence prevention policies and programs that are comprehensive in focus, culturally competent, and responsive to the link between sexual violence and various forms of oppression.
Level 6	Building support around legislation that reduces the multiple stressors of poverty and sexual violence, such as time off from work for victims and survivors of violence, expanded housing and shelter, minimum wage increases, increased access to affordable childcare, etc.

The various levels of the Spectrum will be highlighted in the sections that follow. The information is organized along job categories—administration, direct service, prevention, public awareness and outreach, and public policy; however, there is a great deal of overlap across these areas and ideally, advocates will individually or collectively engage in economic advocacy across multiple levels to increase the effectiveness of their efforts.

In this section, more questions are often raised than answers provided.¹ Whether working on individual or policy levels, two questions that can be helpful in keeping the work grounded might be:

1. How does this particular strategy impact people living in poverty and experiencing economic insecurity? How does this particular strategy address poverty as a risk factor for sexual violence perpetration and victimization?
2. How does poverty and lack of resources create barriers for the full implementation of this strategy?

¹ Tools and resources are included at the end of this guide to help inform the efforts of administrators, direct service providers, prevention educators, outreach workers, and public policy advocates. While this is not an exhaustive list, the hope is that the items provided will lead to additional resources and strategies.

There is tremendous value in asking the questions, for they lead to discussions and relationships, which can culminate in new tools and discovery. Asking the right questions will lead to the best answers, which will continue to evolve and propel the work forward.

The answers will be different for each victim, survivor, and community. The answers will continue to evolve as new knowledge and best practices emerge. Economic advocacy must be guided in a fluid, dynamic partnership between each counselor and client, educator and audience, outreach worker and community, administrator and center, and each policy advocate and constituency. Examples and suggestions are provided with questions advocates can discuss with their colleagues, supervisors, and community partners when integrating economic advocacy into their efforts. There is tremendous value in asking the questions, for they lead to discussions and relationships, which can culminate in new tools and discovery. Asking the right questions will lead to the best answers, which will continue to evolve and propel the work forward.

Partnerships are Paramount

“Never doubt that a group of thoughtful, committed citizens can change the world. It is the only thing that ever has.”

—Margaret Mead

This section begins with a discussion of partnerships because they are paramount to the success of economic advocacy. Economic advocacy involves a community response. The complex relationship between poverty and sexual violence calls for cross-system partnerships (Level 4 of the Spectrum). This work cannot be accomplished in isolation. The more linkages between advocates and allied groups, the greater the chance that victims, survivors, and communities will have access to the information and resources they need. For example, sexual assault counselors/advocates may not be able to talk to every person served by the community’s homeless shelters, but it may be possible to prepare each shelter’s housing advocate to identify and respond to sexual assault within their client population and promote a violence-free environment through policy and prevention efforts. Each agency will know their community’s needs and resources best. Learning about the issues and how we can work together are important steps in addressing poverty and sexual violence.

A proactive approach to collaboration can strengthen economic advocacy efforts. Collaborations may take the shape of formalized task forces that mirror coordinated community response teams (which bring law enforcement, prosecution, and anti-violence advocates together) or multidisciplinary teams (which bring law enforcement, prosecution, medical, and child advocates together). Perhaps a multidisciplinary team on poverty—with a wide array of anti-violence, anti-poverty, and allied providers—will emerge in the field as a best practice. Other collaborations might be more spontaneous, uniting fronts on specific pieces of legislation or connecting individuals to services, for instance.

The following are possible strategies to consider when building partnerships in the community, whether an administrator, direct service provider, prevention educator, public awareness or outreach coordinator, or public policy advocate:

- Establish or join multidisciplinary task forces or teams with a focus on economic justice and violence.
- Formalize collaborations and referral systems with anti-poverty and related community organizations through letters of agreement, contracts, trainings, and other mechanisms.
- Engage in cross-training with community partners, providing information on the link between poverty and sexual violence.

Economic advocacy involves a community response. The complex relationship between poverty and sexual violence calls for cross-system partnerships.

Each agency will know their community’s needs and resources best. Learning about the issues and how we can work together are important steps in addressing poverty and sexual violence.

- Provide prevention programs together, highlighting the intersections of multiple oppressions, social struggles, and sexual violence.
- Provide counseling or psychoeducational groups in partnership, using a holistic approach and addressing the intersection of issues in victims' and survivors' lives.
- Identify and apply for new funding to bridge gaps and address the intersections of poverty and sexual violence.
- Build support for legislative change, lending support to bills related to poverty issues, highlighting the impact on sexual violence victims and survivors.
- Develop public awareness campaigns together, that focus on positive social norms and alternatives to violence.

Some potential partners may be those working in the following fields:

- | | |
|--|---|
| • Anti-poverty | • Hunger |
| • Anti-violence | • Immigration |
| • Childcare, Head Start | • Law |
| • Criminal Justice, Law | • Literacy |
| • Cultural communities | • Mental Health |
| • Disabilities | • Public Assistance |
| • Domestic Violence ² | • Public Health |
| • Education | • Anti-Trafficking and Sexual Exploitation |
| • Employment | • Researchers and academicians |
| • Family Planning | • Social Work |
| • Financial Literacy and Microenterprise | • Substance Abuse Prevention and Intervention |
| • Gang Violence Prevention | • Tax Advocacy |
| • Government, Legislature, Public Policy | • Transportation |
| • Healthcare | |
| • Homelessness/Housing | |

² The Battered Women's Movement has done a great deal of research and advocacy around the economic needs of domestic violence victims and survivors. For more information on economic advocacy within the battered women's movement, see Building Comprehensive Solutions to Domestic Violence papers, available through the National Resource Center on Domestic Violence, at www.VAWNet.org. To find a domestic violence program near you, contact the Pennsylvania Coalition Against Domestic Violence, www.pcadv.org or 800-932-4632.

Administration

“We had to close our satellite offices in the more rural areas because we couldn’t pay the heating bills and rent. Our outreach and ability to meet the needs of isolated and underserved victims has been jeopardized. We are just trying to keep our doors open and stay afloat.”

Administrators of rape crisis centers face a great deal of pressure to keep their centers afloat, make payroll, and adjust to the ever-changing needs of their communities and economic climates. The need for increased programs and services is unfortunately, not often paralleled by increased funding and resources. “Economic advocacy” may sound intimidating or costly, but it doesn’t have to be. While, ideally, economic advocacy would bring with it a new and dedicated stream of funding, there are things administrators can do with existing resources to help their agencies meet the needs of victims, survivors, and communities.

Administrators have tremendous influence over the agency’s efforts on all six levels of the Spectrum, from individual knowledge and skill development to public policy advocacy. “By changing its own regulations and practices, an organization can have a broad effect on community norms. It can set expectations for, incentivize, and model behavior; serve as an example for other organizations; inform related policy; build awareness and buy-in; and affect norms” (Davis, Fujie Parks & Cohen, 2006, p.12). Organizational change is a vital component of economic advocacy.

Administrators help to set priorities and shape the agency’s philosophy and culture. An investment in economic advocacy at the top is critical; it trickles down to staff and enables them to integrate economic advocacy into their respective efforts. Organizational change involves all levels of the agency—those activities that shape the overall agency’s policies and practices. This is why it is so important that administrators develop an agency-wide economic advocacy strategy—one that involves all levels of the organization.³ The Spectrum for Violence Prevention can provide a framework for building the strategy (Davis, Fujie Parks, & Cohen, 2006). The economic advocacy strategy will be stronger with community input and the involvement of key stakeholders, such as victims, survivors, community members and partners, and staff. This blueprint will make the work possible on the front lines.

“By changing its own regulations and practices, an organization can have a broad effect on community norms. It can set expectations for, incentivize, and model behavior; serve as an example for other organizations; inform related policy; build awareness and buy-in; and affect norms” (Davis, Fujie Parks & Cohen, 2006, p.12).

³ PCAR can help with this process, through its Evaluation and Assessment program, training, and technical assistance. For more information, contact 717-728-9740, ext. 115.

Sample economic advocacy activities at the administrative level might include (but not be limited to):

- Examining and adjusting agency policies, goals, objectives, and mission statements to ensure they are responsive to the needs of sexual violence victims living in poverty.
- Conducting an assessment to determine the agency's strengths and gaps in responding to the relationship between poverty and sexual violence in the community and client population.
- Forging new partnerships with multidisciplinary providers to work together in addressing the link between poverty and sexual violence at individual, relationship, community, and societal levels.
- Securing new funding for economic advocacy efforts, in collaboration with multidisciplinary partners.
- Recruiting and retaining diverse staff and board members invested in economic justice.
- Promoting a culture of economic justice and advocacy within the agency at all levels of the organization, through ongoing training and support.

Questions to Consider

The following questions may help administrators when examining their agency policies and finding ways to integrate economic advocacy into their agencies.

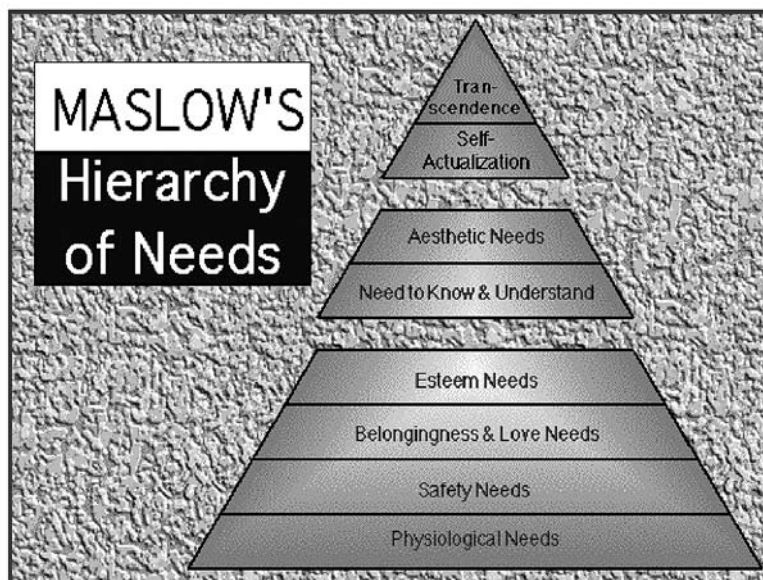
1. What assumptions are behind agency policies with regard to access to services, the client population's needs and experiences, etc.?
2. Is the client population reflective of the actual population in the community? Are there groups going underserved?
3. What barriers might obstruct a person's ability to access services? How does location impact access? The physical building? Attitudes and competencies of staff? Are centers accessible via public transportation? Are bus tokens and petty funds available for buses and taxis? Are services offered at various times and in accessible locations? Is childcare provided?
4. What referrals and services are available to meet the complex needs of victims/survivors struggling with poverty? What agreements exist or can be made with allied organizations and agencies to ensure that the needs of victims/survivors are met?
5. What partnerships need to be forged in the community to bridge gaps and maximize strengths?
6. Are staff prepared to address the economic needs of victims/survivors and communities? What training and technical assistance is available?

7. How can economic advocacy competence and services be measured and evaluated? Can economic advocacy be added to work plans and performance reviews?
8. How are the voices of victims/survivors and communities involved in shaping intervention and prevention around economic advocacy?

Many rape crisis advocates and counselors question whether it is possible to heal from sexual violence and achieve “empowerment” if an individual is hungry, homeless, worried about her child’s well-being, unable to make a living wage, or going without adequate healthcare and insurance, for example. In many instances, a person’s immediate “trauma” may not be the sexual violence, but a persistent hunger and agony over finding affordable and safe care for one’s children or not knowing where you are going to sleep tonight.

Direct Service

“Without options, empowerment is not always possible.”



“Sexual violence is a crisis that comes first, making it harder to learn, hold down a job, and pull ahead. In turn, if basic needs are not met, it makes it more difficult to heal from sexual violence.”

Maslow’s hierarchy of needs shows the progression of needs all individuals experience. According to Maslow, an individual needs a foundation of basic physiological and safety needs met before he or she can move to the next level in the hierarchy. Basic human needs such as shelter, food, water, transportation, health, income, and safety must be actualized before a person can find self-fulfillment, realize potential, or help others.

Many rape crisis advocates and counselors question whether it is possible to heal from sexual violence and achieve “empowerment” if an individual is hungry, homeless, worried about her child’s well-being, unable to make a living wage, or going without adequate healthcare and insurance, for example. In many instances, a person’s immediate “trauma” may not be the sexual violence, but a persistent hunger and agony over finding affordable and safe care for one’s children or not knowing where you are going to sleep tonight.

Poverty exacerbates the repercussions of sexual assault because it affects a victim’s/survivor’s ability to access appropriate support. Lack of access to information about counseling services, lack of a telephone to use to call a hotline, lack of transportation to attend counseling or

support groups, lack of health insurance, lack of time off from work, language barriers, mental illness, addiction, and trauma are among many barriers to an individual's ability to get help.

While the research paints a bleak picture, victims/survivors of sexual violence who also experience poverty are resilient. They have to be in order to overcome and survive the barriers and difficulties in their daily lives. Individual and community strengths exist and must shape economic advocacy. People living in poverty have informed social change efforts on large and small scales throughout history. As advocates we need to listen to their experiences, their needs and their strengths in order to create solutions and change around sexual violence and poverty.

Economic insecurity is an issue for many victims and survivors, whether it is asked about or not. Therefore, it is critical that direct service providers consider ways to integrate economic advocacy into their daily work. To these ends, it might be helpful to consider the following areas of service:

1. assessment and intake
2. counseling and advocacy
3. systems change and collaborations

Assessment and Intake

Many counselors already assess the economic resources and needs of victims and survivors. According to surveys of advocates, this assessment spans a wide range of formal and informal methods, including: noting sources of referrals, such as welfare programs; asking about income levels at intake; asking about basic needs at intake; getting a sense of economic needs in the counseling relationship over time.

Debate among rape crisis advocates centers around the ethical implications of asking victims and survivors about their economic resources and needs. Some advocates feel strongly that asking about economic situations is highly invasive, offensive, and unnecessary. Others feel that if economic resources and needs are not assessed, advocates cannot fulfill their roles and obligations to the individuals they serve.

There is validity in both perspectives. Perhaps common ground can be found. By asking the questions within an advocacy framework and when it feels right and most useful to the client, advocates can fulfill their obligations to meet the complex needs of victims and survivors in an empathic, sensitive, and respectful manner.

This conversation may occur during the first call to the hotline because the victim/survivor presents with an immediate housing, transportation, or healthcare need, for instance. A conversation about economic

Economic insecurity is an issue for many victims and survivors, whether it is asked about or not.

By asking the questions within an advocacy framework and when it feels right and most useful to the client, advocates can fulfill their obligations to meet the complex needs of victims and survivors in an empathic, sensitive, and respectful manner.

People do heal from sexual violence and overcome the barriers of poverty. Victims and survivors of sexual violence and poverty have been leaders in both the rape crisis and anti-poverty movements—speaking out, changing policies, improving systems, building coalitions, and overcoming barriers. People possess a great deal of strength and resourcefulness. Helping clients find and apply this strength is an integral part of economic advocacy.

needs may occur during the first session between a victim/survivor and counselor when they are discussing roles, expectations, and goals. Or, perhaps this conversation will unfold after several weeks of counseling. Whatever the timing of the conversation about economic needs and struggles, it is important that the questions are framed within an advocacy perspective and that the words are conveyed respectfully, empathically, and without judgment.

Sample language

“As your advocate, it is my role to support you in identifying and meeting your needs. It is very common for sexual assault victims and survivors to struggle financially. Sometimes it is hard to focus on the sexual assault or your feelings when you are worried about money, having a roof over your head, childcare for your children, etc. Are you facing any similar stresses or worries right now? Do you have access to basic needs such as safe housing, transportation, healthcare, childcare, food, clothing, employment, welfare, utilities, etc? What would be most helpful to you today? In a week? Two weeks? Down the road?”

Counseling and Advocacy

“Healing from trauma can be a life-long process. Everyday tasks can be a struggle—getting up in the morning, putting one foot in front of the other, holding down a job, putting in a full day of work or school.”

By asking questions about economic need, advocates and counselors may be able to identify sources of both struggle and strength, which can be empowering and integral to the healing process. Working within a strengths based and empowerment model, it is important to recognize the resiliency of each client. People do heal from sexual violence and overcome the barriers of poverty. Victims and survivors of sexual violence and poverty have been leaders in both the rape crisis and anti-poverty movements—speaking out, changing policies, improving systems, building coalitions, and overcoming barriers. People possess a great deal of strength and resourcefulness. Helping clients find and apply this strength is an integral part of economic advocacy.

Sample language

“Thank you for sharing your story with me. It sounds like you have gone through a great deal and overcome many significant barriers in your life; you must have tremendous strength and courage. Tell me more about what you are going through. Together, we can find ways to make it better.”

Once the questions are asked, it is important that advocates be prepared to respond to victims' and survivors' needs and struggles. This is where partnerships and collaborations are key (Level 4 of the Spectrum). Advocates will need a foundation of information and understanding concerning resources in the community and be prepared to provide good referrals to providers in the following areas:

- housing and shelter
- transportation
- employment
- education
- financial literacy and asset building
- victims' compensation
- childcare
- healthcare
- substance abuse
- mental health
- food
- clothing
- utilities
- legal
- public assistance
- others

Financial literacy, asset development, public assistance, job training and development, housing and childcare, and other programs and resources may help to reduce risk factors associated with poverty and sexual violence and help to prevent further trauma (Level 1 of the Spectrum). See the "Tools and Resources" section of this guide for more information.

Ideally, advocates will develop a working knowledge and credible points of contact within all of these areas; however, having all the answers may be less important than possessing a genuine willingness to find them on a case-by-case basis and to support victims and survivors in accessing and expanding their options.

Systems Change and Collaborations

"Our clients are on a social services scavenger hunt. It can be a full-time job just to navigate the social systems in their lives—child welfare, public assistance, medical, legal, counseling, substance abuse, mental health, job, etc. And the systems do not always work together or treat them with the respect and dignity they deserve."

Having all the answers may be less important than possessing a genuine willingness to find them on a case-by-case basis and to support victims and survivors in accessing and expanding their options.

Sometimes, providing support, information, and referrals to victims/survivors is not enough. For example, a referral to a substance abuse treatment center that is not trauma- or sexual violence-informed may not be the ideal option for a victim/survivor with addiction issues. Sending a person to a welfare office where they find they are not eligible for certain services/programs would not be helpful. Encouraging a person to go back to a job that does not provide adequate time off or health benefits to deal with the crisis and aftermath of sexual violence may in some ways contribute to that person's oppression and isolation.

Sometimes, the systems that victims/survivors encounter are unresponsive and uninformed at the least—and punitive and discriminatory at worst. In these cases, it is important that counselors engage in systems advocacy and collaborations to improve systems and develop relationships with multidisciplinary providers in the community (Levels 3, 4, and 6 of the Spectrum).

These efforts might include:

- Cross-training with multidisciplinary partners, educating them about sexual violence and learning from them how their systems and services can help victims/survivors.
- Improving systems' responses to sexual violence victims/survivors and people living in poverty.
- Conducting community needs assessments and research to identify strengths and barriers.
- Collaborating on grant applications and new programs to bridge gaps in services.
- Building support for a piece of legislation that would benefit victims/survivors and help prevent sexual violence and poverty.

Questions to Consider

The following questions may be helpful when integrating economic advocacy into direct services:

1. What, if any, formal or informal economic assessment is currently done with victims and survivors?
2. What are the pros and cons of such assessment methods?
3. What is the purpose for assessing for economic resources and needs?
4. How will that information be used?
5. How can economic advocacy be integrated into empowerment, client-centered, and strengths-based counseling?
6. What creative approaches can be used to expand individuals' and groups' economic, employment, and educational resources?

7. What information, training, assistance do advocates and counselors need in order to provide effective economic advocacy?
8. What collaborations and outreach strategies are necessary to forge new partnerships and expand economic resources for victims and survivors?
9. How are the voices of victims and survivors involved in evaluating and shaping services?

Ultimately, ending sexual violence and poverty must involve community level solutions that reinforce individual level changes.

Economic advocacy calls for all levels of the prevention spectrum. As prevention strategies around economic advocacy are developed, it will be important to target efforts for specific populations and to be prepared to address the complex realities of their lives.

Prevention

“There are children in classrooms who are hungry. They can’t pay attention. There are children who are sleepy because things are going on in their home and they can’t get rest. Or it’s the end of the day and they’re worried about going home. So they act out as a way to get punished and have to stay after school. Home is sometimes the last place in the world where they feel safe.”

Many prevention educators express a concern that curricula and messages do not always reflect the realities of participants, especially participants impacted by multiple forms of oppression. Sexual violence does not occur in a vacuum; therefore its prevention must be multifaceted and dynamic. Ultimately, ending sexual violence and poverty must involve community level solutions that reinforce individual level changes (Lee et al., 2007).

Prevention educators may hear “economic advocacy” and think to themselves, “It is difficult enough to prevent sexual violence; how are we ever going to prevent *poverty*?” In response, some might say, “If we can’t envision the ideal, then how will we ever get there?” Economic advocacy does not necessarily mean that prevention educators are now going to become “poverty prevention educators;” it means that they will have another lens to use when developing curricula, establishing partnerships, and engaging in systems advocacy within their sexual violence prevention efforts—one that enables them to see and respond to the connections between sexual violence, oppression, and other forms of violence and social struggles.

Economic advocacy calls for all levels of the prevention spectrum. As prevention strategies around economic advocacy are developed, it will be important to target efforts for specific populations and to be prepared to address the complex realities of their lives (D.S. Lee, personal communication, October 3, 2007). For example, if engaging in cross-training and community mobilization in a housing project, sexual violence may not be the first priority of the residents; they may be first and foremost concerned about garbage removal, cars speeding, need for increased police presence, and other environmental issues. It may be impossible to get to the sexual violence prevention if these other issues are not addressed first and trust established.

So where does a prevention educator begin? When integrating economic advocacy into prevention efforts, it might be helpful to start by conducting a needs assessment in the community to identify local risk factors for sexual violence and how sexual violence might be related to other forms of violence and social struggle. It is also important to

identify the strengths and sources of resilience in the community. A needs assessment can be done through questionnaire/survey, focus groups, and by consulting with community-based population and health statistics. It might be helpful to run focus groups with students and community members to find out from them what would be an effective prevention strategy. The needs assessment and focus group results can help guide prevention efforts and identify the partnerships and collaborations that are necessary in getting at the root causes of sexual violence and building upon existing strengths.

Economic advocacy within a prevention framework might take many shapes, including but not limited to:

- Providing prevention education programs to participants of a substance abuse treatment program to raise their awareness about services in the community and increase their knowledge and skills in reducing stressors and risk factors and enhancing protective factors.
- Cross-training housing and shelter advocates about sexual violence and its link to homelessness and substandard housing to ensure that their residents and clients are linked to rape crisis services and that housing/shelter policies and practices promote a healthy and safe environment, free from sexual violence.
- Conducting a needs and strengths assessment of the community to determine gaps, potential partners, and strengths when doing economic advocacy work.
- Establishing a multidisciplinary task force on prevention to promote social norms that strengthen economic justice and violence-free communities.
- Providing multi-issue prevention programs in the schools, partnering with gang violence prevention, domestic violence prevention, drug and alcohol prevention, literacy, employment, and other advocates and providers.

Community partnerships are extremely valuable and necessary. They make this work possible by sharing the tasks, providing expertise, and spreading prevention messages every step of the way. New partners may emerge in fields and topical areas not previously considered. To ensure their prevention programs are holistic, culturally competent, realistic, and relevant for their audiences, prevention educators may find it helpful to identify potential partners in the following areas:

- | | |
|--|----------------------------|
| • Student assistance programs | • Head Start |
| • Guidance counselors | • Nurse Family Partnership |
| • Health and public health departments | • Peer mediation |
| • Mentoring | • After-school |
| • Literacy | • Domestic violence |
| | • Gang violence |

Community partnerships are extremely valuable and necessary. They make this work possible by sharing the tasks, providing expertise, and spreading prevention messages every step of the way.

- Substance use/abuse prevention
- Family planning
- Teen pregnancy and parenting
- Creative arts
- Religious/faith
- Culturally diverse groups and leaders
- Anti-oppression advocates
- other community partners

Questions to Consider

Prevention educators can raise questions in their centers, communities, and collaborations as a way to propel the work forward. The following questions are offered as a springboard for these discussions:

1. What root causes of sexual violence are at play in my community?
2. What “isms” and social struggles are individuals facing in addition to sexual violence?
3. What might interfere with a person’s ability to address or prevent sexual violence? For instance, are they experiencing hunger? Homelessness? Drug and alcohol addiction? Domestic violence? Dating violence? Stalking? Racism?
4. How can prevention programs be provided to caregivers, parents, and community members to empower them to intervene and prevent sexual violence?
5. How can programs be evaluated to ensure they are culturally competent and accessible along racial, ethnic, gender, age, ability/disability, class, sexual orientation, and other lines?
6. What models or best practices exist that address multiple forms of oppression and the root causes of sexual violence?
7. What are ways to link training and education with social norms and social marketing campaigns?
8. Who are our allies and potential partners in doing this work? How can our prevention messages and expertise be useful to others? How can we cultivate relationships with student assistance programs, guidance counselors, health and public health departments, mentoring, literacy, peer mediation, after-school, domestic violence, gang violence, substance use/abuse prevention, teen pregnancy and parenting, creative arts, religious, and other community partners to ensure our messages are conveyed holistically, within a wider context of oppression, violence, and social struggle?

Public Awareness and Outreach

“Our public awareness messages are not always relevant or accessible to those who need services the most.”

“Many people we serve are illiterate. And we can figure it out if we know what to look for. If I have a relationship with a woman and she’s coming in every time and saying, ‘I didn’t bring my glasses,’ that is my cue. And it’s embarrassing for people. First of all, it is difficult to talk about sexual abuse. Then you have to admit you can’t read. We cannot underestimate the weight of these stigmas on people. Everywhere they turn, they have to talk about something embarrassing or stigmatized—and usually to complete strangers.”

Community outreach and public awareness are cornerstones of an agency (Level 2 of the Spectrum). They build bridges between victims and services and between communities and prevention. These bridges are strengthened especially when their messages are reinforced across multiple levels through training and education, collaborations, and policies and practices. A brochure or radio spot can be a critical linkage for victims and survivors in need. A poster or public service announcement can move a person to take action in preventing sexual violence.

While Pennsylvania rape crisis centers provided direct services to 40,000 victims, survivors, and significant others in 2006-2007, many more victims go underserved. Traditionally underserved and marginalized groups include people of color; people with disabilities; people living in poverty; lesbian, gay, bisexual, and transgendered individuals; children, teens, and elders; documented and undocumented immigrants; refugees; victims of human trafficking; and isolated rural and urban communities. It is critical that public awareness messages reach and resonate with all victims/survivors and communities without excluding certain groups or unintentionally perpetuating harmful stereotypes. Partnerships and market research with leaders and members of culturally diverse communities can help to ensure that messages are culturally competent and meaningful.

There are many reasons why an individual may not access a rape crisis center:

- They may not be able to access services because of a lack of transportation or childcare.
- Or, the center’s hours of operation might not fit the victim’s schedule.
- Services may not be culturally competent.

- Victims may have had negative experiences with social service providers in the past.
- Rape crisis centers may not be located near public transportation systems.
- They may not know about the services available.

This is where outreach and public awareness come into play. Possible public awareness activities that may be useful when engaging in economic advocacy may include:

- Conducting focus groups with target population, providers, and others to determine the most effective campaign approach.
- Developing public awareness campaigns that anyone could potentially relate to or identify with—campaigns that are culturally competent and diverse along all social lines.
- Engaging natural community leaders and stakeholders in developing public awareness campaigns.
- Reviewing and ensuring that public awareness materials are accessible to individuals of all languages, abilities, and literacy levels.
- Bringing your message to the people—where they congregate, socialize, work, eat, live, and receive services and information.

When integrating economic advocacy into outreach and public awareness efforts, it is important to build upon strengths and identify gaps. The following questions are offered to help guide this process:

Questions to Consider

1. Who is the targeted audience of the public awareness campaign?
2. Are any communities being left out? Who?
3. Is the campaign for victims? Significant others? Community members?
4. Were members of the target audience consulted in the design of the campaign?
5. What assumptions are being made about access to services?
6. Is the public awareness campaign designed for individuals with basic or low literacy?
7. Are campaign materials available in languages spoken by the targeted community? Are the materials available in alternative formats?
8. Are campaign messages accessible in multiple formats, i.e., audio, TV, radio, print, billboard, and Internet to reach people of varying abilities and learning styles?
9. Is the public awareness campaign culturally competent?

10. Were culturally diverse groups and leaders consulted during the development of the campaign?
11. What locations are being used for canvassing? Are the locations places the targeted audience frequents?
12. What has worked in the past? What needs to be expanded/improved?
13. What relationships and collaborations can be maximized in outreach and public awareness efforts?
14. Does the center have the capacity to provide the service being marketed?
15. How can training, technical assistance, and partnerships help to reinforce messages and build capacity?

Outreach advocates may find it helpful to reach out to the following groups when integrating economic advocacy into their efforts:

- Public assistance providers/case workers
- Literacy advocates
- School personnel
- Childcare workers
- Hospitals, community-based health clinics, family planning, medical providers
- Communities of faith leaders
- Diverse organizations and natural leaders in communities of color
- Childcare workers
- Public transportation providers
- Public interest attorneys
- Police, criminal justice officials
- Homeless shelter workers
- Subsidized housing officials
- Rural and migrant health advocates
- Immigration advocates
- Domestic violence advocates
- Gang violence prevention advocates
- Mentoring program staff
- Drug and alcohol prevention and intervention providers
- Mental health providers
- Disabilities community advocates

Public policy advocates are often liaisons between “real life” and the legislature, bringing the stories of victims, survivors, and advocates to state and national representatives and senators. It is their responsibility to advocate for the policies that will have an impact on victims, survivors, and communities and help prevent sexual violence. For many victims, sexual violence and poverty go hand-in-hand.

Public Policy

“We need to change the systems and their practices. They do not always know about sexual violence. They do not always treat victims with dignity and respect.”

Public policy advocates work to establish and improve the systems, programs, and practices which victims and survivors encounter. They strive to change public perceptions and social norms through broad-based policy reform and to eliminate the social conditions that perpetuate a rape culture (Level 6 of the Spectrum).

Public policy advocates are often liaisons between “real life” and the legislature, bringing the stories of victims, survivors, and advocates to state and national representatives and senators. It is their responsibility to advocate for the policies that will have an impact on victims, survivors, and communities and help prevent sexual violence. For many victims, sexual violence and poverty go hand-in-hand. They struggle to make ends meet without the support and access to resources they need. Several key economic justice policy issues have been identified through PCAR’s focus groups and workgroup efforts, including (Greco, 2006):⁴

- Barriers to work and public assistance
- No time off from work
- Unaffordable childcare
- Interrupted education
- Shortage of affordable and safe housing and shelter
- Cumbersome and inaccessible public transportation system
- Unaffordable healthcare

Barriers to work and public assistance.

Sexual violence can undermine a person’s education and employment in both the short- and long-term, leaving them without the skills necessary to compete in today’s job market. A lack of childcare, transportation, healthcare, and a living wage create formidable barriers to economic stability. Additionally, job training and education are not always available for individuals trying to leave public assistance or increase their earnings.

Sexual and domestic violence victims and/or caregivers of child sexual abuse victims who are receiving cash assistance are eligible for a waiver program that temporarily lifts their work requirements. This is called “Time Out” in Pennsylvania. Despite the inclusiveness of the policy, rape crisis advocates report that Time Out is not always made available

⁴ For more information about these policy issues and to find out how you can get involved, please contact Donna Greco, Education & Resource Coordinator, Pennsylvania Coalition Against Rape, 717-728-9740, ext. 115 or dgreco@pcar.org.

to victims (Greco, 2006). There seems to be a gap between policy and practice, which is a growing concern in other states as well. Trauma can exacerbate these daily barriers and stressors, keeping many victims and survivors in a cycle of poverty and violence.

No time off from work.

“Sometimes victims risk losing their jobs because they are not ready to go back to work immediately after their assaults. They may not have sick or personal time at their jobs and are usually unable to survive financially without a paycheck. Or employers may not be willing to hold their jobs if the victim needs to attend court hearings or when police want to interview the victims a second or third time. I just had a recent case where my client was assaulted on her drive to work. She had tremendous difficulty getting back into her car to go anywhere, never mind getting to work. She had a tough time traveling the same route where she had been assaulted.”

Many employers do not give victims the time they need to heal from rape, such as time to attend medical and counseling appointments; to testify at court; to find a new place to live; or to line up safe childcare for their kids. Many victims of sexual violence work in low-wage jobs that do not offer paid time off or medical benefits. If victims do not show up for work or perform as expected, they risk losing their jobs, especially in Pennsylvania, which is an “employment-at-will” state. Employment-at-will means that an employer “may terminate an employee for any reason absent contractual provision to the contrary” (*Rothrock v. Rothrock Motor Sales, Inc.*, 2002).

Trauma can undermine a person’s ability to concentrate on the job. Many victims experience intense fear after a sexual assault and are not comfortable leaving the house or returning to work. Without an employer’s flexibility, time off, and support, many victims of sexual violence find they are either forced to quit or are fired in the aftermath of rape. In these scenarios it is not only the victim who loses; employers and the larger society lose the valuable contributions of victims and survivors.

Unaffordable childcare

“I think for some victims, one of the worst things to deal with is childcare. It can be agonizing. It can also trigger their experiences as child sexual abuse survivors. Women

don't have an opportunity to pick someone or a place they feel good about. They can't go with their intuition because they can't afford anything else. Your gut is saying, 'I don't feel comfortable with this,' but that's tough luck. This is the only choice you have. So the parenting skills we are often trying to teach are the same ones they have to ignore because they have to go to work. And this is the best they can do."

Affordable childcare is in short supply. There are over 7,000 children on waiting lists for subsidized childcare in Pennsylvania (Shulman & Blank, 2007). There are families who do not qualify for childcare assistance but struggle to pay for services from week-to-week. Lack of childcare creates a formidable barrier to employment. Victims and survivors are often faced with very difficult choices when it comes to the care of their children. They often must ignore their concerns about a particular provider because they do not have other options, whether it is another babysitter, daycare center, family member, or other caregiver.

Interrupted education

"We see this all the time. A college student may drop out because her rapist goes to the same school, is in her classes, and lives on campus. So you stop going to class. Or you don't leave your room because you are so scared and dealing with PTSD. So you may drop out. This limits your job options."

Sexual violence can undermine a person's education from the outset, as early as preschool and as late as post-secondary education. Many victims' grades suffer in the aftermath of rape. Many drop out of school due to their experiences of trauma and fear. Violence pervades many public and private school settings throughout the country, with inner city and low-income communities impacted the most severely. Violence and the threat of violence can undermine an individual's learning potential and educational and professional trajectories. In many schools, perpetrators of sexual violence are not sanctioned or held accountable. Rather, victims are the ones who often feel punished. Furthermore, prevention educators do not always have the opportunity to deliver prevention programs and to provide that lifeline to students whose isolation and vulnerabilities may be compounded by both sexual violence and poverty.

Shortage of affordable and safe housing and shelter

“We are working with one woman who is dependent on her perpetrator because she is homeless. He sexually assaults her when he feels like it because she needs a place to stay. She has to trade sex for a roof over her head.”

Many victims of sexual violence do not have access to safe and affordable housing and shelter in the aftermath of rape. Housing and shelter is not only an issue facing low income victims and survivors; for many victims/survivors, their wealth and housing hinge on their relationship to their perpetrator. The perpetrator of sexual abuse often literally holds the keys to the house, particularly in cases with child, teen, and intimate partner or marital rape victims. When victims and survivors escape the abuse, they often find themselves homeless or in substandard housing or shelter situations, where they are at further risk for sexual victimization on the streets or by landlords, forced to barter sex for survival. Many victims cannot afford climbing rental or mortgage rates. They simply have no place to turn. Homeless shelters often have long waiting lists. Many are not designed for sexual violence or trauma victims. Most communities lack emergency shelters specific to sexual violence victims. This shortage is even more salient in rural communities.

Cumbersome and inaccessible public transportation system

“One victim was not able to get a forensic rape exam done in time because she did not have any way to get to the hospital. She lives in a very rural area where buses do not run. It would have been too expensive to take a taxi. She did not want to call an ambulance because she thought she’d have to pay for it on the spot. The only person she knew with a car was the perpetrator. She missed the 72-hour window to collect evidence.”

It is common for individuals to take a series of buses to get from point A to point B in Pennsylvania. Advocates often refer to this process as a “social services scavenger hunt.” For many victims of sexual violence, they must take up to three and four buses to get to the nearest rape crisis center. That is assuming there are buses running nearby. Many victims, especially in rural and low-income urban communities, do not have access to public transportation. In Philadelphia, for instance, taxis will not venture into certain “low income, high crime” communities. Victims and survivors are often isolated by both their trauma and a

literal inability to get to the places that could make their situations better—a decent-paying job, a safe and affordable day care center for their kids, the hospital, the courthouse, the police station, the rape crisis center, a substance abuse or mental health center, etc.

Unaffordable healthcare

“The cost of accessing services is so expensive, so they’re already working at a deficit. And you talk about reimbursing. You need the money upfront. Not everyone has that kind of money.”

“I see so many women who need their teeth fixed. That costs money. For women who have no teeth or broken teeth, it’s very embarrassing for them to open their mouths to speak. How does that impact their ability to advocate for themselves or their children?”

Many victims of sexual violence are un- and under-insured and are unable to access the mental health and medical services they need in the aftermath of sexual violence. While Pennsylvania has a generous victims compensation program—one that will cover a wide range of crime-related expenses—it is a reimbursement program. Many victims do not have the luxury of waiting for a reimbursement check. They do not have the out-of-pocket money that is needed for co-pays, medications, transportation, and other services and expenses upfront. Healthcare is an issue for victims/survivors along many income levels. The costs of healthcare create many Catch-22 situations in which victims/survivors are forced to choose between covering themselves or their children, paying for healthcare or daycare, paying for medication or going without and living with chronic symptoms.

Recommendations for Advocacy

Because poverty and sexual violence can impact a person in every aspect of their lives, public policy advocacy within an economic justice framework could potentially involve many avenues and partners. Partnerships are essential. In addition to the human stories of victims/survivors and communities, wider scale research is often needed in order to make a case for support for a legislative issue; partnering with researchers in exploring the many impacts of poverty on sexual violence victims/survivors is essential. The advocacy strategies that follow are not exhaustive; they are direct responses to the policy needs identified in PCAR focus groups with rape crisis advocates, as discussed (Greco, 2006).

Consider advocating for...

- Job training and education for public assistance and low income workers.
- Training and technical assistance to bridge gaps in public assistance programs for sexual violence victims.
- Time off and job protection for victims of sexual and domestic violence and stalking.
- Affordable and accessible childcare.
- Prevention programs and services in the schools and community.
- Expansion of safe and affordable housing and shelter for victims of sexual violence.
- Affordable and reliable public transportation.
- Affordable and comprehensive healthcare.
- Minimum wage increases.

Discussion

Public policies often produce unintended consequences, or “backlashes,” even after thoughtful development, analyses, and debate before their passage. Often, marginalized and traditionally oppressed groups bear the brunt of these consequences. For example, in her article, *Identifying Gendered Outcomes of Gender-neutral Policies*, Peggy Quinn discusses the disparate impact of public policies on women, within the context of the Community Mental Health Centers Act of 1963, which served as the legislative springboard for the mass depopulation of state mental hospitals and the Social Security Amendments of 1983, which implemented more restrictive policies on Medicare-coverage for elderly patients (Quinn, 1996). Both policies shared an underlying but unrecognized assumption: that women would provide unpaid home-based care to family members with mental illness who were discharged from mental institutions and/or family members who were elderly, on Medicare, and discharged “earlier and sicker” from hospitals (Quinn, 1996, p.200). In both policies, two important pieces were missing: mention of any kind of governmental-hospital/institution-community infrastructure and the identification of precisely who would provide care to populations in need post-deinstitutionalization and treatment. Both policies also made assumptions based on class—that individuals would have access to a stay-at-home caregiver and/or economic resources to bridge that gap if necessary. Because oppressive ideologies are so firmly institutionalized, it is necessary to evaluate policies and identify disparities along racial, ethnic, gender, sexual orientation, class, age, ability/disability, and other social lines.

When developing an agency’s public policy agenda or considering whether to support or oppose specific pieces of legislation, it is

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Because oppressive ideologies are so firmly institutionalized, it is necessary to evaluate policies and identify disparities along racial, ethnic, gender, sexual orientation, class, age, ability/disability, and other social lines.

When developing an agency's public policy agenda or considering whether to support or oppose specific pieces of legislation, it is important to view the issues through an economic justice lens as a way to identify and prevent an unintended consequence against victims living in poverty.

important to view the issues through an economic justice lens as a way to identify and prevent an unintended consequence against victims living in poverty. The following questions are offered as a way to guide this process:

Questions to Consider:

1. How will the policy impact individuals along race, ethnicity, class, sexual orientation, gender, age, ability/disability, immigration status, HIV status, and other lines?
2. What are the potential benefits for and backlashes against people living in poverty/economic insecurity?
3. Will this policy disparately benefit or punish certain groups?
4. What assumptions are made about implementation, i.e., resources and access in the community?
5. How will the new policy/program be marketed and made available to those who need it most?
6. What training, technical assistance, and public awareness/outreach efforts are needed to implement the policy?
7. How does this policy/program bridge or widen a gap in services for people living in poverty?
8. What partnerships are needed to effectively advocate for victims/survivors living in poverty?

When integrating economic advocacy into the public policy arena, it may be helpful to consider the following issue areas:

- housing, shelter
- transportation
- healthcare, insurance
- childcare
- education and job training
- employment, minimum wage
- public assistance and welfare
- elder services
- child protective services
- cultural groups
- literacy
- asset expansion, credit advocacy, financial literacy and micro-enterprise

Concluding Thoughts

Imagine you are working with a 14-year old boy who ran away from home because his stepfather was sexually abusing him. He is now homeless and lives on the streets; he stays in shelters from time-to-time and couch surfs. He barter sex for essential goods such as shelter, clothing, food, medicine, healthcare, etc. He has been sexually assaulted multiple times on the streets. He thinks, "This is my lot in life."

Imagine you are working with a victim who is experiencing Post Traumatic Stress Disorder as a result of rape. Her symptoms are severe. She is self-medicating with alcohol and drugs as a way to cope. Her physician recommends medication as a way to reduce her depression and anxiety and help her sleep. She can't afford the medication. She doesn't have insurance. You tell her she can submit a claim for reimbursement because her PTSD is a result of a crime. She tells you "That's all well and good, but I don't have the money to pay for the medication upfront."

Imagine you are working with a victim who wants her case prosecuted and is willing to testify and do whatever it takes to see it through. Weeks into the trial, she tells you her boss won't give her any time off for the court dates. She is going to lose her job if she misses another day of work. She is barely making ends meet for herself and her children as it is.

Imagine you are providing a prevention education program to a classroom of 8th graders. At the end of the program, a student tells you she is afraid to go home because of the drug dealer on the corner pressuring her to drop out and work for him; the gang members who are stalking her older brother; her mother who is never around because she is working three jobs to pay the bills; her stepfather who comes into her room every night and touches her. You feel that your risk reduction approach simply falls short.

Imagine you are seeing a victim who became pregnant as a result of rape. She tells you that when she went to the public assistance office to apply for TANF, she was told she should apply for child support. The caseworker made an assumption about her pregnancy and relationship to the father—an assumption that her pregnancy was not a result of rape and that contacting the father was a safe option.

Imagine you are asked by an allied partner to testify in support of a bill that would expand housing and shelter resources in the community. At the hearing, legislators request information about the connection between housing and sexual assault, asking you how housing and shelter shortages impact victims of sexual violence.

These scenarios are not uncommon. In each, there is a direct relationship between poverty and sexual violence. Every person living in poverty is not necessarily a victim or perpetrator of sexual

The research and the experiences of rape crisis advocates and their allies show a complex and often reciprocal relationship between poverty and sexual violence that cannot be ignored.

Economic advocacy will require ongoing dialogs, research, and partnerships. These efforts will potentially lead to the discovery and development of tools that advocates can use in responding to victims and survivors and preventing sexual violence in communities.

Economic advocacy, in conjunction with anti-oppression efforts of all forms, will bring the rape crisis movement closer to realizing its mission: to meet the needs of *all* victims and to end sexual violence.

violence. Every sexual violence victim or survivor will not necessarily become poor. However, the research and the experiences of rape crisis advocates and their allies show a complex and often reciprocal relationship between poverty and sexual violence that cannot be ignored.

The rape crisis movement has historically worked to break the silence about sexual violence and to advocate for the needs of victims and survivors. Advocates have achieved tremendous success in changing laws and social systems on behalf of victims and survivors. They have made a difference in the lives of millions of victims and survivors and have made headway in preventing sexual violence in communities.

The future of economic advocacy within the rape crisis movement will build upon this rich history. The work does not end here. Economic advocacy will require ongoing dialogs, research, and partnerships. These efforts will potentially lead to the discovery and development of tools that advocates can use in responding to victims and survivors and preventing sexual violence in communities. This guide provides a beginning—a set of guiding principles that can be used as building blocks for the work ahead.

Economic advocacy is:

1. Central to all aspects of the work
2. Client-centered and strengths-based
3. Shaped by the individual and collective voices of victims, survivors, and communities
4. Culturally competent
5. Holistic and dynamic
6. Grounded by an understanding that poverty and wealth occur on a continuum
7. Multi-level
8. Multi-disciplinary and collaborative.

Economic advocacy, in conjunction with anti-oppression efforts of all forms, will bring the rape crisis movement closer to realizing its mission: to meet the needs of *all* victims and to end sexual violence.



A G U I D E F O R C O U N S E L O R S A N D A D V O C A T E S

Tools and Resources

Tools and Resources

This section offers advocates a list of resources that might be useful in applying economic advocacy across various job roles, which often overlap. This list is by no means exhaustive; it will hopefully lead advocates to additional resources and strategies and to bridge gaps in economic advocacy.

Administration

Foundations Interested in Funding Social Justice Projects

- Allstate Foundation, <http://www.allstate.com/citizenship/Allstate-foundation.aspx>
- Annie E. Casey Foundation, <http://www.aecf.org/>
- Ford Foundation, http://www.fordfound.org/program/peace_main.cfm
- Ms. Foundation for Women, <http://ms.foundation.org/>
- Sociological Initiatives Foundation, <http://comm-org.wisc.edu/sif/>

As this list is by no means exhaustive, to search additional foundations, go to:

- Fundsnet Services Online, http://www.fundsnet services.com/searchresult.php?sbcats_id=28
- Foundation Directory Online, <http://fconline.fdncenter.org/index.php>

Articles, Papers, and Manuals

- *Building Comprehensive Solutions to Domestic Violence* papers, published by the National Resource Center on Domestic Violence
- *Helping Sexual Assault Survivors with Multiple Victimizations and Needs: A Guide for Agencies Serving Sexual Assault Survivors*, by Jill Davies
- *Making More than Money: A Guide Towards Organizational Sustainability*, by Peggy Morrison Outon

Technical Assistance

The Pennsylvania Coalition Against Rape's, Evaluation & Assessment Program is administered by the Training and Technical Assistance Department. Rape crisis centers can choose to participate in this voluntary program as a way to assess their agency's strengths and barriers in the areas of direct services, systems advocacy, prevention, outreach, board development, fundraising, and policy. For more information, contact the Technical Assistance Coordinator at 800-692-7445, ext. 117.

Direct Service

Financial/Economic Literacy Programs

Financial or economic literacy programs can be used with individual clients or in group settings. Many have been designed by and for women experiencing both poverty and domestic violence and can be adapted to meet the needs of sexual assault victims and survivors. These hands-on tools can help counselors and advocates empower victims and survivors to expand their economic resources.

- *Hope and Power for Your Personal Finances: A Rebuilding Guide Following Domestic Violence*, National Endowment for Financial Education and National Coalition Against Domestic Violence: <http://www.nefe.org/> and <http://www.ncadv.org/>
- *Pathways PA Tools to Promote Self-Sufficiency: The Pennsylvania Family Economic Self-Sufficiency Project, PathWaysPa, Holmes, PA*: <http://pathwayspa.org/bworksheet/>, 610.543.5022.
- *Personal Economic Planning (PEP)*, Elizabeth Stone House, Jamaica Plain, MA: <http://www.elizabethstonehouse.org/about.htm>, 617.522.3659
- *ROW's Economic Action Program (REAP)*, Redevelopment Opportunities for Women, St. Louis, Missouri: <http://www.row-stl.org/about.html>, 314.588.8300
- *The Self-Sufficiency Budget Worksheet*, PathWaysPa, Holmes, PA: <http://pathwayspa.org/bworksheet/>, 610.543.5022.
- *The Wise-Up Curriculum*, Women's Bureau of the U.S. Department of Labor, www.wiseupwomen.org.

Individual Development Accounts, Tax Credits, and Asset Expansion

Individual Development Accounts (IDAs)—or Family Savings Accounts (FSAs) as they are called in Pennsylvania—are matched savings accounts that individuals can use towards the four following goals: first time

purchase of a home or home repair; post-secondary, vocational, and higher education for self or child; micro-enterprise or business capitalization; and purchase of a car or computer for work and/or school purpose. The Commonwealth of Pennsylvania funds over 45 community-based, nonprofit agencies throughout the state to establish IDAs with the clients they serve. Funds are matched dollar for dollar, up to \$1,000 per year or \$2,000 up to 36 months. Individuals receiving Temporary Assistance to Needy Families (TANF) and other working families whose incomes do not exceed 200% of the official poverty standard are eligible for the IDA program. Individuals must agree to save \$40.00 per month (\$10.00 per week) and attend financial literacy classes and asset workshops. While IDAs are a resource to consider, they are fairly limited in what they can be used for and may not be realistic for everyone. For more information on IDAs and to locate a community-based agency participating in the program, go to:

- Pennsylvania Department of Community and Economic Development, <http://www.newpa.com/programDetail.aspx?id=93>
- CFED: Expanding Economic Opportunity, <http://www.cfed.org/home>
- Office of Financial Education, <http://www.moneysbestfriend.com/default.aspx?id=58>

The Earned Income Tax Credit (EITC) is often referred to as the nation's largest bipartisan-supported, anti-poverty program because it puts money directly in the hands of low-income workers and families. The EITC is a refundable federal income tax credit leveraged by filing a tax return through the Internal Revenue Services. For more information on EITC outreach, campaigns, and free tax assistance, go to:

- Community Action Association, Harrisburg, PA: <http://www.thecaap.org/>, 717.233.1075.
- Just Harvest, Pittsburgh, PA: <http://www.justharvest.org/boost.shtml>
- Campaign for Working Families, Philadelphia, PA: 215.851.1819
- National Community Tax Coalition, <http://www.tax-coalition.org/>
- The Brookings Institution: www.brookings.edu/es/urban/eitc.htm
- Center on Budget and Policy Priorities, www.cbpp.org/pubs/eitc.htm

The Child and Dependent Care Credit is available to individuals who paid someone to care for a child under 13 so they could work or look for work. The CDCC may enable individuals to reduce their taxes, up to 35% of their total childcare expenses for the year. To receive the credit, individuals must file a claim through the IRS. For more information about the credit, eligibility, and filing, go to: <http://www.irs.gov/newsroom/article/0,,id=106189,00.html>.

Micro-enterprise development programs support individuals in starting their own small businesses and accessing and building capital through training, technical assistance, loans, grants, asset development, financial literacy, and other resources. Microenterprise programs are typically designed for economically disenfranchised populations, including women, people of color, people with disabilities, immigrants, and youth. There are more than 500 microenterprise development programs in the U.S. For more information, see below:

- Association for Enterprise Opportunity, <http://microenterpriseworks.org/>
- Pennsylvania Microenterprise Coalition, http://pamicro.org/Microenterprise_Programs.html
- Pennsylvania Weed and Seed, www.pccd.state.pa.us
- *Banker to the Poor: Micro-Lending and the Battle Against World Poverty*, by Muhammad Yunus

Prevention

Prevention Curricula and Resources

- *Anti-bias Curriculum: Tools for Empowering Young Children*, created by Louise Derman-Sparks: <http://sales.naeyc.org/>
- *Camp Peaceworks*, created by Berks Women in Crisis, Berks County, Pennsylvania
- *In Our Best Interest: A Process for Personal and Social Change*, created by the Minnesota Program Development, Inc., The Duluth Model: <http://duluth-model.org/>
- *The Intersectional Approach Model to Social Justice Work*, created by the National Women's Alliance: http://www.nwaforchange.org/nwa/main_htmls/intersectional.html.
- *Level Playing Field*, created by Cultural Bridges: http://www.preventconnect.org/wiki/index.php?title=Level_Playing_Field
- *Making the Peace, Days of Respect, Young Men's Work, Young Women's Lives*, and other books and curricula, created by Paul Kivel: www.paulkivel.com
- *Mickey Mouse Monopoly* (video), <http://www.mediaed.org/videos/CommercialismPoliticsAndMedia/MickeyMouseMonopoly>
- *Opening Minds to Equality: A Sourcebook of Learning Activities to Affirm Diversity and Promote Equity*, created by Nancy Schweidewind and Ellen Davidson: <http://www.rethinkingschools.org>.
- *Poverty and Sexual Violence: A Walk About Activity*, created by Donna Greco, Pennsylvania Coalition Against Rape, 717.728.9740.

- *Sexual Violence and the Spectrum of Prevention*, by Rachel Davis, Lisa Fujie Parks, and Larry Cohen, published by and available through the National Sexual Violence Resource Center: www.nsvrc.org.

Organizations

- Centers for Disease Control and Prevention, www.cdc.gov
- National Sexual Violence Resource Center, www.nsvrc.org
- Pennsylvania Coalition Against Rape, www.pcar.org
- Prevention Connection and Prevent-Connect listserv, www.preventconnect.org
- Prevention Institute, www.preventioninstitute.org
- World Health Organization, www.who.int

Community Outreach and Assessment

- *Bridges out of Poverty and The Circles Program*, by Ruby Payne
- *Building Communities from the Inside Out*, by John P. Kretzmann and John L. McKnight
- *Community Action Poverty Simulation: Living a Month in Poverty*, created by Missouri Community Action Network: <http://communityaction.org/Poverty%20Simulation.htm>.
- *From the Ground Up!: A Workbook on Coalition Building and Community Development*, edited by Gillian Kaye
- *Technology of Development*, created by William Lofquist

Outreach/Public Awareness

- *News for a Change: An Advocate's Guide to Working with the Media*, by Lawrence Wallack, Katie Woodruff, Lori Elizabeth Dorfman, Iris Diaz, and Lori Dorman
- *Pennsylvania Department of Education, Bureau of Adult Basic and Literacy Education (ABLE)*, for more information and a listing of regional literacy advocates, go to: <http://www.pafamilyliteracy.org/pafamilyliteracy/site/default.asp?g=0>
- *Reaching Individuals along all Literacy Levels: A Technical Assistance Bulletin for Rape Crisis Counselors, Advocates, and Prevention Educators*, created by Pennsylvania Coalition Against Rape: www.pcar.org

Public Policy

- *Center for Law and Social Policy*, <http://www.clasp.org/>
- *Center for Social Development*, <http://gwbweb.wustl.edu/csd/>
- *Center on Budget and Policy Priorities*, <http://www.cbpp.org/>
- *Citizen Lobbying: Building Relationships to Influence Policy*, by Ilse Knecht, National Center for Victims of Crime
- *Coalition on Human Needs*, <http://www.chn.org/>
- *Domestic Violence Legislative Action Guide: An Advocate's Guide to Domestic Violence Policy*, created by National Coalition Against Domestic Violence
- *Grassroots Games: Preparing your Advocates for the Political Arena*, by Christopher Kush
- *Legal Momentum* (formerly NOW Legal Defense and Education Fund), www.legalmomentum.org
- *Making Policy Making Change: How Communities are Taking Law into their Own Hands*, by Makani N. Themba
- *Public Policy Advocacy: A Guide for Sexual Assault Counselors and Advocates*, by Donna Greco, Pennsylvania Coalition Against Rape
- *The Effect of Women's Advocacy Groups on Legislative Changes: Specific Emphasis on Marital Rape Legislation in Pennsylvania and New York*, by Gretchel Hathaway Tyson

Research and Nonfiction

Most of these resources are available in the PCAR and NSVRC libraries. This is not an exhaustive list but one that hopefully leads to other materials. For more information, go to www.pcar.org or www.nsvrc.org.

1. *Blaming the Victim*, William Ryan
2. *Breaking the Chains: Eliminating Slavery, Ending Poverty*, Department for International Development
3. *Breaking the Ties that Bind: The Link between Poverty and Sexual Assault*, Emily Nardella, Pennsylvania Coalition Against Rape
4. *Building Comprehensive Solutions to Domestic Violence*, National Resource Center on Domestic Violence
5. *Cause and Consequence: Violence in the Lives of Homeless Women and Children*, Judy Benitez
6. *Expanding Solutions for Domestic Violence and Poverty: What Battered Women with Abused Children Need from their Advocates*, Susan Schechter
7. *Freeing Tammy*, Jody Raphael

8. *Global Perspectives on Sexual Violence: Findings from the World Report on Violence and Health*, National Sexual Violence Resource Center
9. *Hardships in America: The Real Story of Working Families*, Heather Boushey
10. *Homeless, Runaway, and Throwaway Youth: Sexual Victimization and the Consequences of Life on the Streets*, Washington Coalition of Sexual Assault Programs
11. *Hurricanes Katrina/Rita and Sexual Violence: Report on Database of Sexual Violence Prevalence and Incidence Related to Hurricanes Katrina and Rita*, National Sexual Violence Resource Center
12. *In Modern Bondage: Sex Trafficking in the Americas*, International Human Rights Law Institute, DePaul University
13. *Investing in Pennsylvania's Families: Economic Opportunities for All*, PathWaysPA
14. *Listening to Olivia: Violence, Poverty, and Prostitution*, Jody Raphael
15. *Nickel and Dime: On (Not) Getting By in America*, Barbara Ehrenreich
16. *No Safe Place: Sexual Assault in the Lives of Homeless Women*, Lisa Goodman, Katya Fels, and Catherine Glenn with contributions from Judy Benitez
17. *No Way Out: How Prime-Age Workers get Trapped in Minimum Wage Jobs*, Heather Boushey
18. *One Nation, Underprivileged: Why American Poverty Affects Us All*, Mark Rank
19. *Poverty and Sexual Violence: Findings from Focus Groups with Pennsylvania's Rape Crisis Advocates*, Donna Greco, Pennsylvania Coalition Against Rape
20. *Preventing Homelessness and Ensuring Housing Rights for Victims of Landlord Sexual Assault*, Terri Keeley
21. *Promises I Can Keep: Why Poor Women put Motherhood before Marriage*, Maria Kefalas
22. *Regulating the Poor: The Functions of Public Welfare*, Frances Fox Piven and Richard Cloward
23. *Representing Farmworker Women who have been Sexually Harassed: A Best Practices Manual*, Esperanza
24. *Saving Bernice*, Jody Raphael
25. *Sexual Assault in Indian Country*, Susan Lewis, National Sexual Violence Resource Center
26. *Sexual Violence and the Spectrum of Prevention*, Rachel Davis, Lisa Fujie Parks, & Larry Cohen

27. *Sexual Violence in the Lives of African American Women: Risk, Response, and Resilience*, Carolyn West and Jacqueline Johnson
28. *The ACE Study*, Robert Anda and Vincent Felitti, Centers for Disease Control and Prevention and Kaiser Permanente
29. *The End of Poverty: Economic Possibilities for Our Time*, Jeffrey D. Sachs
30. *The Influence of Physical and Sexual Abuse on Marriage and Cohabitation*, Andrew Cherlin, Linda Burton, Tera Hurt, and Diane Purvin
31. *The Politics of Invisibility*, Jenny Rivera
32. *The PVS Disaster: Poverty, Violence, and Substance Abuse in the Lives of Women and Children*, Sandra Bloom
33. *The Self-Sufficiency Standard for Pennsylvania*, PathWaysPA
34. *The War Against the Poor: The Underclass and Antipoverty Policy*, Herbert J. Gans
35. *The Women of New Orleans and the Gulf Coast: Multiple Disadvantages and Key Assets for Recovery*, Barbara Gault
36. *The Working Poor: Invisible in America*, David Shipler, (2005)
37. *Toward a more Comprehensive Understanding of Violence Against Impoverished Women*, Suzanne Wenzel
38. *Trafficking in Persons Report*, US Department of State
39. *Unspoken Crimes: Sexual Assault in Rural America*, Susan Lewis, National Sexual Violence Resource Center
40. *Women at the Margins: Neglect, Punishment and Resistance*, Josefina Figueira-McDonough and Rosemary Sarri
41. *Women's Economic Status in the States: Wide Disparities by Race, Ethnicity, and Region*, Amy Ciazza, April Shaw, and Misha Werschkul



A G U I D E F O R C O U N S E L O R S A N D A D V O C A T E S

Fact Sheets

Fact Sheets

The fact sheets that follow provide advocates with concise snapshots of how sexual violence and poverty are linked. They are offered as tools to support the economic advocacy efforts of advocates at all levels of the organization. They may help administrators make a strong case for increased funding and partnerships in the community. Direct service providers may find them useful in reaching victims and survivors, helping to shed light on their experiences with both sexual violence and poverty, reducing their isolation. The fact sheets may serve as useful handouts during prevention programs and community education efforts. Advocates may find the fact sheets critical in building support around a legislative issue. The hope is that advocates will pull these fact sheets out as needed, copying them for their fellow advocates, community partners, and stakeholders in the community. Additional copies are available through PCAR, www.pcar.org or 1-800-692-7445, ext. 115.

Sexual Violence and Homelessness

There is a strong relationship between sexual violence and homelessness. Sexual violence can be both an antecedent to and consequence of homelessness. Victims and survivors are often dependent on their perpetrators for basic needs such as housing and shelter. This is particularly salient for children, teens, immigrants and refugees, migrant workers, victims of sex trafficking, sex workers, and victims of marital and intimate partner rape. Escaping sexual violence often means becoming homeless. Once on the streets, individuals are at greater risk for sexual victimization. Sexual assault victims who are homeless or marginally housed have to deal with the trauma of their assault within the context of societal alienation, isolation, lack of access to legal and medical resources and other struggles associated with meeting basic needs.

Adults

- The risk of adult sexual victimization is increased for homeless women due to a number of factors including childhood abuse, substance dependence, length of time they are homeless, coping strategies used for economic survival, location while homeless, mental illness and physical limitations.¹
- Ninety two percent (92%) of a racially diverse sample of homeless mothers had experienced severe physical and/or sexual violence at some point in their lives, with 43% reporting sexual abuse in childhood and 63% reporting intimate partner violence in adulthood.²
- One study indicates that 13% of homeless women reported having been raped in the past twelve months and half of these were raped at least twice. Furthermore, 9% of homeless women reported at least one experience of sexual violence in the last month.³
- According to a study of homeless and marginally housed people, 32% of women, 27% of men, and 38% of transgendered persons reported either physical or sexual victimization in the previous year. Sexual assault was reported by 9.4% of women, 1.4% of men and 11.9% of transgendered persons. Marginally housed people reported significantly less victimization than those who were homeless.⁴
- Of respondents in one study, 15.6% of women and 8.9% of men reported sex work in the past 12 months. Among homeless sex workers, 20.6% of women and 5.3% of men reported sexual assault.⁵

1 Goodman, Fels, & Glenn, 2006.

2 Browne & Bassuk, 1997.

3 Goodman, Fels, & Glenn, 2006.

4 Kushel, Evans, Perry, Robertson, & Moss, 2003.

5 Kushel et al., 2003.

- Homeless women who experience sexual assault may experience a range of physical and emotional challenges including suicide attempts (45%), depression (47%), alcohol or drug dependence (45%), and posttraumatic stress disorder (39%).⁶
- There is a strong correlation between physical/sexual abuse and alcohol or drug dependency among people who experience homelessness.⁷
- Homeless victims were three times more likely than homeless non-victims to have limitations in physical function and have experienced serious psychological distress in the previous month, and twice as likely to have a lifetime history of alcohol or drug dependency.⁸
- The lifetime risk for violent victimization is so high for homeless women with severe mental illness (97%) as to amount to normative experiences for this population.⁹

Youth

- According to the National Runaway Switchboard, there are an estimated 1.3 million homeless, throwaway and runaway youth living unsupervised on the streets, in abandoned buildings, in shelters, transitional housing, with friends or with strangers.
- Research on sexual violence among homeless and runaway youth shows the following alarming data:¹⁰
 - Sexual abuse is both an antecedent to and consequence of survival sex which can have serious negative consequences on physical health.
 - 32% of homeless youth reported having been sexually assaulted, 15% after living on the streets. 44% reported feeling fearful of being sexually assaulted, molested or raped.
 - Thirty percent (30%) of shelter youth and 70% of street youth are victims of commercial sexual exploitation. 12-14 is the average age of entry into prostitution for girls under 17. 11-13 is the average age of entry into prostitution for boys under 17.
 - As with the general population, homeless youth are more likely to be victimized by a friend or acquaintance.
 - For homeless youth, studies show that the age at which they left home directly relates to sexual victimization on the streets (those who left home younger were more likely to be victimized).
 - GLBT homeless youth were physically and sexually victimized on average by seven more people than heterosexual homeless youth.
 - 27.5% of “street youth” and 9.5% of “shelter youth” engaged in survival sex (selling of sex for shelter, food, drugs or money) with participation highest among males, whites of both genders, those of “other” races, and those who had been victimized.
 - Those engaging in survival sex were more likely to have been victims of sexual assault.
- According to another source, 61% of homeless girls and 16% of homeless boys reported having been sexually abused before leaving home.¹¹

For more information or to find a rape crisis center near you, contact the Pennsylvania Coalition Against Rape, www.pcar.org or 1-800-692-7445.

6 Goodman et al., 2006.

7 Breslau et al., 1999.

8 Goodman et al., 2006.

9 Goodman et al., 2006.

10 WCSAP, 2004.

11 Estes & Weiner, 2001.

Sexual Violence and Employment

The effects of sexual violence can impact victims' and survivors' employment experiences in both the short- and long-term. Many sexual violence victims struggle on the job due to trauma; persistent fear; physical complications; need for time off for counseling, court dates, and health care services; depression and anxiety; and other hardships created by their victimization. Losing a job can compound the challenges of the healing process and increase feelings of blame, shame and isolation. It can also increase the risk for or sustain poverty. Sexual violence can interrupt a person's education, which can decrease their earning and employment opportunities in the long run. Employers are not always equipped to address the effects of sexual violence in the workplace; many victims and survivors do not receive the time or healthcare they need to survive in the aftermath of sexual violence.

- Persons with a household income under \$7,500 are more likely than the general population to be victims of sexual assault.¹
- Adverse childhood experiences, including sexual abuse, can lead to poor job performance in adulthood.²
- Fifty percent (50%) of sexual assault victims lost their jobs or were forced to quit after rape.³
- Many victims risk losing their jobs when they take time off to cope with the psychological impact of sexual violence. The social stigma attached to rape and sexual assault may jeopardize victims' employment opportunities. Advocates shared that when prospective employers ask victims "why did you leave your last job," many are afraid to tell the truth: that it was because of rape.⁴
- Women and children who live in poverty are at extremely high risk of physical and sexual victimization by intimates. For thousands of women, a lack of economic resources has devastating consequences on their ability to alter their environments or to live in safety, particularly if they have dependent children.⁵
- Women who had experienced recent intimate partner violence [including sexual violence] had less than one-third the odds of maintaining work over time, i.e., for at least 30 hours per week for 6 months or more.⁶

1 Bureau of Justice Statistics, 2005.

2 Anda et al., 2004.

3 Ellis, Atkeson, & Calhoun, 1993.

4 Greco, 2006.

5 Browne, Salomon, Bassuk, Dawson, & Huntingdon, 2004.

6 Browne, Salomon, & Bassuk, 1999.

- Surveys indicate that almost half of all working women have experienced some form of sexual harassment on the job. Sexual harassment can have a serious and negative impact on women's physical and emotional health, and the more severe the harassment, the more severe the reaction. The reactions frequently reported by women include anxiety, depression, sleep disturbance, weight loss or gain, loss of appetite, and headaches. Researchers have also found that there is a link between sexual harassment and post-traumatic stress disorder (PTSD).⁷

For more information or to find a rape crisis center near you, contact the Pennsylvania Coalition Against Rape, www.pcar.org or 1-800-692-7445.

⁷ National Women's Law Center, 2007.

Sexual Violence and Education

Sexual violence can seriously undermine a person's education, decreasing their earning potential and economic stability throughout the course of their lives. Child sexual abuse can severely reduce a child's school readiness and ability to concentrate. Teens and young adults also experience interruptions in their education as a result of sexual violence, often dropping out and entering the workforce without the skills they need to compete for well-paying jobs.

- In one year, over 4,000 incidents of rape or other types of sexual assault occurred in public schools across the country.¹
- The federal government estimates that for every 10,000 undergraduate females, there are 350 incidents of sexual assault every year.²
- The most immediate consequence of a sexual assault during adolescence is a diminished investment in education.³ Lifetime earnings are considerably less for individuals who have been assaulted in adolescence, contributing to their propensity for economic insecurity and myriad of related issues.
- Safety, privacy concerns, post-traumatic stress disorder, depression, anxiety, sleep disturbances, and other physical complications from the assault may hinder a victim's ability to concentrate, do well on schoolwork or even attend school. Absenteeism or even temporary or permanent withdrawal from classes may result.
- Female students who have been physically and/or sexually abused by a dating partner in the 9th through 12th grades are at increased risk for substance use, unhealthy weight control, risky sexual behavior, pregnancy and suicide.⁴ Each of these can negatively impact the ability to excel in an academic environment.
- Federal and campus laws, such as Title IX exist to help students who experience sexual assault to continue their education. While these exist some victims may be too intimidated, scared, or anxious to file a formal complaint.
- In a study of homeless women, 41% who were victimized as children did not complete high school. The same study found that 66% of homeless women were severely abused by their caretakers; 43% were sexually molested during childhood; 60% of homeless women had been abused before the age of 12.⁵

For more information or to find a rape crisis center near you, contact the Pennsylvania Coalition Against Rape, www.pcar.org or 1-800-692-7445.

1 U.S. Department of Education, 1997.

2 Fisher, Cullen, & Turner, 2000.

3 The Economics Editor, 2000.

4 Silverman, Raj, Mucci, & Hathaway, 2001.

5 The National Center on Family Homelessness, 2007.

Sexual Violence and Mental Health

Sexual assault can lead to post-traumatic stress disorder (PTSD), depression, anxiety, eating and sleeping disorders, suicidality, and a wide range of short- and long-term mental health struggles among children, teens, and adults. Perpetrators often target people with vulnerabilities, such as mental illness, because they may be less likely to report or when they do, less likely to be believed or viewed as credible. Sexual assault victims who also struggle with mental health issues or mental illnesses often face layers of social stigma, which can exacerbate their isolation and make it more difficult to access services. Trauma and other mental health struggles can undermine a person's ability to concentrate at school or work, thus jeopardizing their economic stability.

- There is a 50-95% chance that a woman will develop PTSD after being raped.¹
- The Adverse Childhood Experiences (ACE) Study found a direct link between child maltreatment, including sexual abuse, and depression, psychotropic medication use, and low mental health scores in adulthood; the higher number of ACEs, the greater risk for mental health struggles in adulthood.²
- Short term psychological reactions to sexual assault may include feelings of shock, fear, anxiety, confusion, isolation, depression, despair, hopelessness, self-blame, guilt, and shame, sleep disorders, and concentration problems. Many survivors report a reduction of symptoms within the first few months, but some report symptoms that persist for years.³
- According to one study, even when evaluated several years after the assault, survivors are more likely to have a serious psychiatric diagnosis, including major depression, alcohol abuse and dependence, drug abuse and dependence, generalized anxiety, obsessive-compulsive disorder, and post-traumatic stress disorder.⁴
- The risk of developing mental health problems relates to assault severity, other negative life experiences, maladaptive beliefs, and perceptions of lack of control.⁵
- The prevalence of trauma-related disorders among poor women was higher than that among women in the general population. A high percentage (83%) of low-income women in one study had been physically or sexually assaulted during their life span. Thus, it is not surprising that PTSD, substance use disorders, and major depression were

1 John Hopkins University School of Public Health, 1999.

2 Chapman et al., 2004.

3 Yuan, Koss, & Stone, 2006.

4 Campbell, 2001.

5 Yuan et al., 2006.

disproportionately represented with lifetime rates of PTSD three times greater than in the general female population.⁶

- Individuals with mental illnesses or under the influence of drugs or alcohol are even more vulnerable to attack, and less likely or able to seek help afterwards.⁷
- The lifetime risk for violent victimization is so high for homeless women with severe mental illness (97%) that many consider sexual violence to be expected and part of the norm. Given the high rates of violence, it is not surprising that many homeless women suffer from emotional symptoms, including major depression (47%), substance abuse (45%) and PTSD (39%).⁸

For more information or to find a rape crisis center near you, contact the Pennsylvania Coalition Against Rape, www.pcar.org or 1-800-692-7445.

⁶ Bassuk, Buckner, Perloff, & Bassuk, 1998.

⁷ Breslau et al., 1999.

⁸ Goodman, Fels, & Glenn, 2006.

Sexual Violence and Healthcare

Sexual violence can usher in a host of health complications for victims and survivors, including eating and sleep disorders, obesity, HIV and sexually transmitted diseases, unwanted pregnancy, physical and mental injuries, and other struggles. Often, the strategies victims and survivors use to cope with trauma—such as smoking, drug and alcohol use/abuse, risky sexual behaviors, and others—put them at greater risk for negative health consequences. These after-effects can plague a person from childhood to adulthood. Furthermore, the costs associated with rape-related health complications are unplanned and can take an enormous toll on the economic well being of victims and survivors (as well as communities and the larger society).

- The tangible costs of rape and sexual assault to victims and survivors is estimated at \$5,100—this includes out-of-pocket expenses such as medical and mental health bills, property losses, and reduced productivity. Intangible costs to victims and survivors—such as lost quality of life—are estimated at \$87,000.¹
- There is a high correlation between adverse childhood experiences—such as sexual abuse—and a range of health, mental health, and social struggles in adulthood.²
- Findings suggest that abuse by an intimate partner or ex-partner [including sexual abuse] negatively impacts women’s health and is especially detrimental to the health of low-income women.³
- One study of rape victims found that visits to the physician increased 18% during the year following a rape, 56% the following year and 31% the year after. Another found that 18% of women who had been sexually assaulted used mental health services over a six month period compared with 9% who had not been assaulted.⁴
- Of women with histories of child sexual abuse, a disproportionate number also manifest high risk behaviors [that may have been developed as coping mechanisms] that have adverse medical consequences such as prostitution, frequent changing of sex partners, substance abuse, smoking, and alcohol use.⁵
- The cumulative effects of trauma increase one’s risk of developing stress-related disorders and illnesses.⁶
- Traumatic events, such as sexual violence, physiologically lower pain thresholds, making day-to-day living more difficult.⁷
- Female adolescent sexual abuse survivors are more likely to develop eating disorders – 18% binge and purge, while only 6% of non-abused

1 Miller, Cohen, & Wiersema, 1996.

2 Felitti, 2001.

3 Sutherland, Sullivan, & Bybee, 2001.

4 Bassuk, Melnick, & Browne, 1998.

5 Bassuk, Melnick, & Browne, 1998.

6 Bassuk, Melnick, & Browne, 1998.

7 Kendall-Tackett, 2000.

adolescent girls do so. They are also more likely to use illegal drugs – 30% compared to 13% of teenage girls who were never sexually abused.⁸

- Without health insurance, children and adults who are victimized are less likely to receive the help and support they need, including counseling, making myriad of negative outcomes likely.⁹
- Low income women’s access to health care may be limited by:
 - financial obstacles such as lack of insurance, restrictive public benefits;
 - bureaucratic obstacles such as inflexible hours or scheduling, long waits;
 - programmatic obstacles such as scarcity of appropriate services, inadequate transportation, fragmented services, negative attitudes of some providers towards disenfranchised people;
 - individual obstacles such as prioritizing health lower than basic daily survival, mistrust of health care providers.¹⁰

For more information or to find a rape crisis center near you, contact the Pennsylvania Coalition Against Rape, www.pcar.org or 1-800-692-7445.

8 The Commonwealth Fund, 1997.

9 Nardella, 2006.

10 Bassuk, Melnick, & Browne, 1998.

Sexual Violence and Substance Use

The connection between substance abuse and sexual violence is complex. Perpetrators often use alcohol and drugs to incapacitate and discredit victims. Victims and survivors often turn to alcohol and drugs as a way to cope with the trauma of sexual violence, the stress of poverty, and other social struggles. Substance use and abuse is a risk factor for further victimization; it often compounds the stigma and isolation of sexual violence in the lives of victims and survivors.

- A high percentage of adult victims were intoxicated at the time of the assault and therefore unable to give consent. Perpetrators often use substances such as alcohol or drugs to incapacitate their victims in order to facilitate a sexual assault.¹
- There is overwhelming evidence that victims of sexual assault are likely to use alcohol and drugs to cope with trauma.² Coping strategies are tools someone uses to deal with stressful, traumatic and/or painful experiences.
- According to one study, when compared with non-victims, rape victims are:³
 - 3.4 times more likely to use marijuana
 - 5.3 times more likely than non-survivors to use prescription drugs for non-medical purposes
 - 6.4 times more likely to use cocaine
 - 10 times more likely to use hard drugs other than cocaine
- Seventy nine percent (79%) of survivors who drink alcohol became intoxicated for the first time after the assault and 89% of survivors who use cocaine used it for the first time after the assault.⁴
- Those who use illegal substances are more likely to be around others who do the same, increasing their vulnerability to violence.⁵
- Studies have associated alcohol and other drugs with both physical and sexual assault⁶ including childhood sexual abuse.⁷
- Because victims of sexual assault, including childhood sexual abuse, may use alcohol or drugs to numb or escape from painful memories or PTSD symptoms, when they attempt to stop using the drug symptoms reappear and the likelihood of relapse increases. Studies indicate that those working with people experiencing PTSD and drug addictions treat these conditions concurrently. Untreated PTSD increases risks of relapse and will result in poorer outcomes if treated for substance abuse alone.⁸

1 Lisak & Miller, 2002.

2 WCSAP, 2005.

3 Kilpatrick, Edmunds & Seymour, 1992.

4 Kilpatrick et al., 1992.

5 Kushel et al., 2003.

6 Kushel et al., 2003.

7 WCSAP, 2005.

8 WCSAP 2005.

- Women with histories of childhood sexual molestation and diagnoses of PTSD are far more likely to abuse drugs.⁹
- Intimate partner violence was predictive of subsequent drug, but not alcohol, use in poor women.¹⁰
- Economic deprivation, health and mental health risks, loss of child custody, mounting stigma—all have been identified as long- and short-term consequences of drug abuse for women.¹¹
- Of women with histories of child sexual abuse a disproportionate number also manifest high risk behaviors that have adverse medical consequences such as substance abuse, smoking, and alcohol use.¹²
- One study found that approximately one third of abused women had lifetime alcohol problems, compared to approximately 20% of women in the general population.¹³
- One study found that girls who were raped are about three times more likely to suffer from psychiatric disorders and over four times more likely to suffer from drug and alcohol abuse in adulthood.¹⁴
- Substance use and abuse is linked to poverty and violence in thousands of women’s lives.¹⁵
- There is a strong correlation between physical/sexual abuse and alcohol or drug dependency among people who experience homelessness.¹⁶

For more information or to find a rape crisis center near you, contact the Pennsylvania Coalition Against Rape, www.pcar.org or 1-800-692-7445.

9 Browne et al., 2004.

10 Browne et al., 1999.

11 Browne et al., 2004.

12 Kushel et al., 2003.

13 Kushel et al., 2003.

14 Kendler, 2000.

15 Bloom, 2002.

16 Breslau, 1999.

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This publication was funded by the Pennsylvania Commission on Crime and Delinquency, Grant No. 2005-JG-02-17657