

**Economic Consequences of Sexual Violence for Survivors:
Implications for Social Policy and Social Change**

A Dissertation presented to
The Faculty of the Heller School for
Social Policy and Management
Brandeis University

In Partial Fulfillment
Of the Requirements of the Degree
Doctor of Philosophy

By
Rebecca Marie Loya, M.A.

June, 2012

Thomas Shapiro, Ph.D., Chairperson

UMI Number: 3540084

All rights reserved

INFORMATION TO ALL USERS

The quality of this reproduction is dependent upon the quality of the copy submitted.

In the unlikely event that the author did not send a complete manuscript and there are missing pages, these will be noted. Also, if material had to be removed, a note will indicate the deletion.



UMI 3540084

Published by ProQuest LLC (2012). Copyright in the Dissertation held by the Author.

Microform Edition © ProQuest LLC.

All rights reserved. This work is protected against unauthorized copying under Title 17, United States Code



ProQuest LLC.
789 East Eisenhower Parkway
P.O. Box 1346
Ann Arbor, MI 48106 - 1346

The signed version of this form is on file at The Heller School for Social Policy and Management.

This dissertation of Rebecca Marie Loya entitled Economic Consequences of Sexual Violence for Survivors: Implications for Social Policy and Social Change, directed and approved by the candidate's Committee, has accepted by the Faculty of The Heller School for Social Policy and Management and the Graduate Faculty of Brandeis University in partial fulfillment of the requirements for the degree of:

DOCTOR OF PHILOSOPHY

Lisa M. Lynch, Ph.D.
Dean, The Heller School for
Social Policy and Management

June, 2012

Dissertation Committee:

Thomas Shapiro, Ph.D.
Janet Boguslaw, Ph.D.
Grant Ritter, Ph.D.
Ilene Seidman, J.D., Suffolk University Law School

Copyright by
Rebecca Marie Loya
2012

ACKNOWLEDGEMENTS

I would like to thank my dissertation committee members, who have seen this project through from the beginning. My advisor and chairperson, Tom Shapiro, has been a valuable resource throughout the process. By believing my questions and ideas were important, he helped ensure this project came into being, and by asking me the hard questions, he facilitated my growth as a researcher. Janet Boguslaw has also been a tremendous support throughout my time at Heller. She listened to my ideas, encouraged me, and guided me through every step of my graduate education. Grant Ritter has offered assistance and support with a quantitative analysis that was more complex than we initially imagined, and he offered valuable insight into my use of theory. Ilene Seidman served as an inspiration for this work and has been a tremendous ally and resource throughout the research process.

I would also like to thank the service providers who contributed to this study. They generously shared their time and wisdom to help shape this project from the very beginning. They connected me with others in their networks, and many also participated in interviews. Their knowledge, experience, and compassion have been invaluable resources for me and for the community as a whole. This research could not have been done without them.

I am grateful to the scholars who maintain the CPES data set for answering my many, many questions. I feel fortunate to have had access to a data set of this quality. I'd also like to thank the Ford Foundation for the Pre-doctoral Diversity Fellowship, which has supported my education for the past three years.

I also want to thank my friends and family members who have supported me and encouraged me throughout this process. Delia Kimbrel has been a constant ally from my first day at Heller, and it is hard to imagine making it through without her. Nicky Fox has been an incredible source of support throughout this process. Her belief in me and in this work has been unwavering, and I am grateful for every conversation, every piece of feedback, and every encouraging word. Thank you also to Maria Torres for connecting me with the CPES and for her encouragement and assistance each step of the way. I also want to thank my other friends who have listened to me, studied with me, and encouraged me throughout, especially Samantha Illangasekare, Monika Kunz, Emily Whitgob, Casey Clevenger, and more names than will fit here—but you are in my heart. I want to thank my love, Nikhil Bhatla, for seeing me through from the beginning, when grad school was just an idea, for supporting me through the very difficult moments, listening to my ideas, and reading my drafts. He has helped keep me sane and encouraged me to grow and develop intellectually. I am also grateful to my mom, Lindy Lampe Loya, for raising me and setting an incredible example of the importance of education. Thank you also to the rest of my family—Jason, Joshua, Sarah, Felix, Kathy, Joe, Patsy, Poonam, Ajay, and Nitin—for believing in me.

Finally, and most importantly, I offer my deepest gratitude to the survivors who courageously agreed to share their stories and generously gave their time to participate in this study. This project literally would not have been possible without them. This research is dedicated to these survivors, in the hopes that these findings will make a difference for survivors everywhere.

ABSTRACT

Economic Consequences of Sexual Violence for Survivors: Implications for Social Policy and Social Change

A dissertation presented to the Faculty of The Heller School for Social Policy and Management and the Graduate Faculty of Brandeis University
Waltham, Massachusetts

By: Rebecca M. Loya, MA

This study examined whether the myriad known consequences of sexual violence, such as post traumatic stress disorder (PTSD), together with costs like counseling bills, affect survivors' economic wellbeing. This study responds to the central research question, "What are the economic effects of sexual violence for survivors, and how do assets, services, and policies affect recovery?"

This research was informed by trauma theory, asset theory, and intersectionality. This study was conducted using a mixed-methods design. Interviews were conducted with rape crisis service providers and survivors of rape or sexual assault. A grounded theory approach was used for analysis. The quantitative analysis included an examination the Collaborative Psychiatric Epidemiology Surveys (CPES) data. Analyses included linear and logistic regression models for the effects of rape on income and low-income status, including differences by race/ethnicity.

The qualitative findings offer evidence of a range of expenses and economic consequences associated with sexual violence, such as medical bills and mental health issues. Sexual violence frequently triggered changes in educational attainment, occupation, and earnings, which negatively affected survivors' short- and long-term economic stability. Survivors of color, low-income survivors, and immigrants faced numerous additional burdens and barriers in the pathway to recovery.

The quantitative findings show that survivors of rape also had lower household income, even when controlling for demographic variables. The effects of rape may attenuate over time, as rape within the past 20 years had a stronger effect on income than did rape overall. Rape may act on income through mental health symptoms, specifically PTSD. Unexpectedly, rape had significant, negative effects on income for non-Hispanic white survivors, while women of color had no such effect. Black and Latina women had significantly lower income than white participants, regardless of their victimization status.

In terms of recovery, financial assets served as a crucial bridge to economic recovery by covering unexpected expenses and increasing flexibility. Those without access to assets relied on social welfare policies, such as cash assistance and subsidized housing. However, existing policies, while offering crucial supports, do not adequately address the needs of sexual assault survivors. Recommendations are provided for both policy reform and new policies.

TABLE OF CONTENTS

<u>ABSTRACT</u>	<u>v</u>
<u>LIST OF TABLES AND FIGURES</u>	<u>ix</u>
<u>CHAPTER 1. INTRODUCTION AND STATEMENT OF THE PROBLEM</u>	<u>1</u>
A. Introduction	1
B. Defining Terms	1
C. Scope of the Problem: Prevalence and Key Characteristics	3
D. Research Questions	5
E. Parameters and Focus of This Inquiry	5
F. Overview of the Dissertation and Summary of Findings	7
G. Policy Significance	9
<u>CHAPTER 2. LITERATURE REVIEW AND THEORETICAL FRAMEWORK</u>	<u>11</u>
A. Overview	11
B. Trauma Theory	11
C. Documented Consequences of Sexual Assault	25
D. Asset Theory	36
E. Open Questions in the Literature	41
<u>CHAPTER 3. METHODS: RESEARCH PLAN AND DESIGN</u>	<u>44</u>
A. Overview	44
B. Research Questions	44
C. Methodological Design	45
D. Data Sources and Limitations	46
E. Data Analysis	65
F. Conclusion	71
<u>CHAPTER 4. QUALITATIVE FINDINGS: FINANCIAL COSTS AND ECONOMIC IMPACT OF SEXUAL VIOLENCE</u>	<u>72</u>
A. Overview	72
B. Expenses: Qualitative Findings	73
C. Economic Consequences: Qualitative Findings	78
D. Differential Impact on Marginalized Populations	104
E. Conclusion	111
<u>CHAPTER 5. QUANTITATIVE FINDINGS: EFFECTS OF RAPE AND SEXUAL ASSAULT ON HOUSEHOLD INCOME</u>	<u>113</u>
A. Overview	113
B. Descriptive Statistics	114
C. Bivariate Analyses	117
D. Multivariate Analyses Using Linear and Logistic Regression Models	132
E. Limitations to This Analysis	148
F. Discussion and Conclusion	150

<u>CHAPTER 6. QUALITATIVE FINDINGS: STRATEGIES, POLICIES, AND SERVICES FOR WELLBEING AND RECOVERY</u>	<u>153</u>
A. Overview	153
B. Private Payment Strategies	154
C. The Role of Assets in Recovery	158
D. Services and Policies	176
E. Differential Impact on Marginalized Populations	186
F. Conclusion	195
<u>CHAPTER 7: POLICY RECOMMENDATIONS AND DISCUSSION</u>	<u>197</u>
A. Overview	197
B. Barriers and Gaps in Public and Institutional Policies	197
C. Policy Recommendations	206
D. Research Implications	226
E. Theoretical Contribution	228
F. Conclusion	235
<u>REFERENCES</u>	<u>237</u>
<u>APPENDIX</u>	<u>247</u>
Appendix 1: Statement of Informed Consent	247
Appendix 2: Initial Questionnaire for Providers	248
Appendix 3: Initial Questionnaire for Survivors	250
Appendix 4: Provider Interview Protocol	252
Appendix 5: Survivor Interview Protocol	257
Appendix 6: Survivor Income and Occupation Pre- and Post-Assault	263
Appendix 7: Supplemental Quantitative Models	263

LIST OF TABLES AND FIGURES

Table 1: Dysfunction resulting from trauma	15
Table 2: Potential individual economic consequences of sexual assault-related outcomes	31
Table 3: Hypothesized effects of asset ownership and asset poverty on sexual violence risk and recovery	41
Table 4: Sample size by category and region	53
Table 5: Qualitative sample by race and ethnicity (frequency, percent)	54
Table 6: Agency information.....	54
Table 7: Providers’ professional positions	55
Table 8: Frequency and types of sexual violence in qualitative sample.....	55
Table 9: Recentness and frequency of sexual violence for individuals.....	56
Table 10: Perpetrator gender and relationship to survivor	56
Table 11: CPES sample size detail	60
Table 12: Race and ethnicity of the quantitative sample	61
Table 13: Rape and sexual assault prevalence for women in CPES, NVAWS, and NISVS.....	62
Table 14: Major thematic areas and sub-themes in qualitative data.....	66
Table 15: Key variables by category	69
Table 16: 2001 U.S. Census weighted average poverty and low-income (150% FPL) thresholds	70
Table 17: Models and variables for each hypothesis.....	70
Table 18: Number of participants endorsing each expense category in response to an open-ended question on expenses	75
Table 19: Number of participants endorsing each expense category in the interview	77
Table 20: Consequence codes: A priori themes in <i>italic</i>	79
Table 21: Number of participants endorsing key mental health and substance abuse consequences	81
Table 22: Number of respondents endorsing key work-related consequences.....	86
Table 23: Number of participants endorsing key education-related consequences.....	93
Table 24: Number of respondents endorsing trajectory shifts resulting from sexual violence ...	101
Table 25: Race and Ethnicity of the Sample	115
Table 26: Sample Characteristics	115
Table 27: Sexual violence in the sample	117
Table 28: Prevalence and frequency of sexual violence among women by race/ethnicity	120
Table 29: Odds ratio of rape for each pair of racial/ethnic groups.....	120
Figure 1: Prevalence of rape and IPV	122
Figure 2: Prevalence of any sexual violence (rape or non-rape sexual assault) and IPV	123
Table 30: 12-month prevalence of select diagnoses by victimization status.....	124
Table 31: Paired correlations between mental health and substance abuse variables for women overall	125
Table 32: Paired correlations between mental health and substance abuse variables for rape survivors	125
Table 33: Mean household income and income-to-needs ratio by victimization status.....	126
Table 34: Differences in mean household income by victimization status and race/ethnicity.....	127
Table 35: Differences in low-income rate by victimization status and race/ethnicity	129
Table 36: Prevalence of reported rape by ethnicity, nativity, and employment	131
Table 37: Mean years of education by victimization status, ethnicity, and nativity	132
Table 38: Linear regression coefficients for the effect of rape and mental health variables on household income.....	134
Table 39: Frequency of time-specified rape and IPV variables	136
Table 40: Linear regression coefficients for the effect of rape within the past 20 years and mental health variables on household income.....	137

Table 41: Linear regression coefficients for the effect of rape, race, and mental health variables on household income	139
Table 42: Linear regression coefficients for the effect of rape within 20 years, race, and mental health variables on household income.....	141
Table 43: Odds ratios of low-income status by victimization and mental health status.....	142
Table 44: Odds ratios of low-income status by victimization status, race, and mental health status	144
Table 45: Prevalence of low-income status (150% FPL) for women of color and white women	145
Table 46: Coefficients for the effects of car accident vs. rape on household income	146
Table 47: Coefficients for the effects of car accident and race vs. rape and race on household income.....	147
Table 48: Number of respondents endorsing payment strategies.....	154
Table 49: Number of participants endorsing services as effective	177
Table 50: Participants endorsing policies as effective to survivors' economic recovery.....	182
Table 51: Barriers and gaps in existing public and institutional policies	198
Table 52: Recommendations to reform and improve existing policies	207
Table 53: Recommendations for new policies and services.....	220
Table A 1: Survivors' income pre- and post-assault: Short and long-term changes	263
Table A 2: Survivors' occupation pre- and post-assault.....	263
Table A 3: Skewness of household income for women by race/ethnicity.....	264
Table A 4: Paired correlations among lifetime mental health and substance abuse variables for female sample	264
Table A 5: Paired correlations among lifetime mental health and substance abuse variables for rape survivors.....	264
Figure A 1: Unweighted histogram of years since first rape	265
Table A 6: Frequency table of number of rapes in lifetime.....	265
Table A 7: Standard errors for the effect of rape and mental health variables on household income (for Table 38).....	266
Table A 8: Standard errors for the effect of rape within the past 20 years and mental health variables on household income (for Table 40)	266
Table A 9: Standard errors for the effect of rape, race, and mental health variables on household income (for Table 41).....	267
Table A 10: Standard errors for the effect of rape within 20 years, race, and mental health variables on household income (for Table 42).....	267
Table A 11: Standard errors of low-income status by victimization and mental health status (for Table 43).....	268
Table A 12: Standard errors of low-income status by victimization status, race, and mental health status (for Table 44).....	268
Table A 13: Linear regression coefficients for the effect of rape within the last 15 years & mental health diagnoses on household income.....	269
Table A 14: Linear regression coefficients for the effect of rape within the past 25 years & mental health variables on household income.....	269
Table A 15: Odds ratios of low-income status by rape victimization within 20 years & mental health status	270
Table A 16: Odds ratios of low-income status by rape victimization within 20 years, mental health status, & race/ethnicity	271
Table A 17: Linear regression coefficients for the effect of car accident & mental health variables on household income	272

Table A 18: Standard errors for the effect of car accident & mental health variables on household income (for Table A17).....	272
Table A 19: Linear regression coefficients for the effect of car accident, mental health, & race/ethnicity on household income	273
Table A 20: Standard errors for the effect of car accident, mental health, & race/ethnicity on household income (for Table A19).....	274

CHAPTER 1. INTRODUCTION AND STATEMENT OF THE PROBLEM

A. Introduction

Nearly one in five (19%) women in the U.S. has experienced rape or attempted rape, and 45% have experienced other sexual assault (including coercion, unwanted sexual contact, and non-contact unwanted sexual experiences) (Black et al., 2011). As these number suggest, sexual violence, which includes rape, attempted rape, and other sexual assault, is a problem of epidemic proportions, affecting more than 53 million women in the U.S. overall. While researchers have documented a range of psychological and physical consequences of sexual violence, few researchers have examined the economic impact of this violence for survivors. Yet it is reasonable to ask whether the myriad known consequences of sexual assault, such as post traumatic stress disorder (PTSD) and depression, together with costs such as counseling bills and missed work, affect survivors' economic wellbeing. This study was conceived to investigate and characterize the economic dimension of this very common form of violence.

B. Defining Terms

Rape. The state law in which this study took place defines rape as “compelling a person by force or by threat of bodily injury, or against her will, to engage in sexual intercourse, including any oral or anal sexual acts which involve penetration of any kind,” (Victim Rights Law Center, n.d.). This includes vaginal, anal, or oral penetration with any body part or object. For the purposes of the qualitative portion of this research,

this definition is broadened. Rape is understood to include any acts perpetrated against a person's will, including those committed when the victim was unable to consent due to inebriation or unconsciousness, as well as those involving the use of force, threat, or coercion. More importantly, potential participants in the qualitative portion of this study interpreted the terms "rape and sexual assault" for themselves and were included in the study if they identified as having experienced one of these forms of violence. In the quantitative portion of the research, rape was defined by the authors of the secondary data source, the Collaborative Psychiatric Epidemiology Surveys (CPES) (Alegria, Jackson, Kessler, & Takeuchi, 2008). Their definition, which closely resembles the legal definition provided above, will be discussed in detail in Chapter 3.

Sexual assault and sexual violence. Sexual assault can take many forms, including rape, attempted rape, and unwanted sexual contact or threats (National Center for Victims of Crime, 2008). The term "sexual violence" similarly encapsulates the range of sexually violent behavior described above. In this document, the terms "sexual assault" and "sexual violence" are used interchangeably to refer to this inclusive definition of rape and other sexually violent experiences.

Survivors and victims. In this document, the terms "survivor" and "victim" are used interchangeably to refer to those who have experienced sexual violence. The term "survivor" is used primarily because it conveys a greater sense of empowerment. I also recognize the particular value of allowing those who have been victimized to label themselves in the way they deem most meaningful. All of the participants in this study primarily used the word "survivor" for themselves or their clients, which informed this choice of terminology.

C. Scope of the Problem: Prevalence and Key Characteristics

While numerous studies agree that sexual assault is a pervasive problem, prevalence estimates vary widely due to different definitions of sexual assault, populations studied, and sampling methods. Estimates of sexual assault among U.S. women and girls range from 15% to 51% in community samples and from 21% to 41% in college samples (Harrell et al., 2009). In this section, I outline the most trusted prevalence estimates. I also note demographic differences in prevalence and statistics on the survivor's relationship to the perpetrator.

Prevalence. The National Intimate Partner and Sexual Violence Survey (NISVS), a national study released in 2011, found that 18% of women have experienced rape or attempted rape at some time in their lives (Black, et al., 2011). This translates to 22 million women in the U.S. As noted above, prevalence of other, non-rape forms of sexual violence is also extremely high, affecting nearly half of women in the nation (45%). In most cases, the survivor knows the perpetrator. In contrast to popular conceptions of rape, only 14% of female survivors in the NISVS reported being assaulted by a stranger, while 51% were raped by a current or former intimate partner (i.e., spouse, boyfriend, date), 41% by an acquaintance, 12.5% by a family member, and 2.5% by a person of authority (i.e., boss, teacher, caregiver). Note that these percentages exceed 100% because some victims were assaulted by more than one person.

Sexual assault prevalence differs by race and ethnicity. Multiracial (34%) and Native American (27%) women in the NISVS report the highest rates of rape and attempted rape, significantly greater than other groups. About a fifth (19%) of non-Hispanic white and Black (22%) women report experiencing rape. Hispanic women

report the lowest rate of rape at 15% (Black, et al., 2011). The NISVS does not provide an estimate for Asian or Pacific Islander women due to their small sample size, but the National Violence Against Women survey estimates this group's prevalence is 7% (Tjaden & Thoennes, 2006). It is important to note that underreporting is likely for all groups, due to the stigma associated with sexual violence, and cultural norms may make underreporting more likely among certain racial and ethnic groups. For example, it is unclear to what extent Asian Americans' and Latinas' lower prevalence reflects lower rates of victimization, versus less willingness to identify or disclose such violence. There is evidence that definitions of rape and sexual violence vary from culture to culture, as do attitudes toward victims (Ahrens, Rios-Mandel, Isas, & del Carmen Lopez, 2010; Bletzer & Koss, 2004). These cultural differences and potential underreporting will be explored in greater detail in a later section.

Consequences of sexual violence. Research on the consequences of sexual violence has demonstrated that it is associated with numerous negative psychological and emotional outcomes. Sexual assault survivors suffer from high rates of posttraumatic stress disorder (PTSD), depression, anxiety, suicidality, and substance abuse. Findings on these consequences are detailed in Chapter 2. Given the extensive evidence of these consequences, it is surprising that most existing research has not addressed the economic implications of these physical, mental, and behavioral health consequences for survivors both immediately following the assault and over the long-term. Since these health concerns are associated with decreased productivity and may impact survivors' ability to participate in work or school activities, I set out to examine whether sexual violence and its consequences have a negative economic impact on survivors.

D. Research Questions

Given the high prevalence of sexual violence among U.S. women and the numerous negative consequences associated with victimization, and given the lack of attention to economic implications of sexual violence, this study investigates the economic dimension of this crime and its health consequences. This study answers the following research questions (RQ):

RQ1: Does sexual violence create economic consequences for survivors, and if so, how can these consequences be characterized?

RQ2: How do the economic impacts of sexual violence differ by race, class, and immigration status?

RQ3: To what extent does access to financial and social assets affect survivors' economic and overall recovery and wellbeing?

RQ4: What policies and services contribute to survivors' economic recovery?

These questions are addressed using a mixed-methods design, including both qualitative interviews and quantitative analysis of nationally representative data. The methods are described in detail in Chapter 3. Some of the parameters of the study are described in the following section.

E. Parameters and Focus of This Inquiry

Non-IPV sexual violence. This paper focuses on sexual assault outside the context of intimate partner violence (IPV). It is important to acknowledge that this separation excludes a number of survivors of IPV who experienced sexual violence as

part of their batterers' repertoire of abuse. However, the goal of this study is to distill the particular effects of sexual assault outside the context of other types of abuse and violence, which are known to have detrimental effects similar to those hypothesized here. Specifically, this study focuses on sexual assault at the hands of a known or unknown perpetrator which is not part of a pattern of abuse.

Women survivors. While it is important to acknowledge that both men and women can be victims of sexual violence, this study focuses on female survivors because women are statistically the most frequent victims. As noted above, 19% of women in the U.S. have faced rape or attempted rape at some time in their life, and 45% have experienced some other form of sexual violence. For comparison, approximately 1 in 71 men in the U.S. (1%) has faced rape or attempted rape, and 22% of men have experienced some other form of sexual violence (including being made to penetrate someone, coercion, unwanted sexual contact, and non-contact unwanted sexual experiences) (Black, et al., 2011). Male victims of sexual violence face stigma based on gender norms on top of the stigma associated with sexual violence in general, which is likely to be a significant reporting barrier. Thus, these statistics may underestimate the problem of male victimization. Still, reported prevalence of rape and attempted rape for women and men differs by an order of magnitude.

Not desiring to further marginalize male victims, it was a difficult decision to focus this study on female survivors. Ultimately, the availability of participants and data made the decision for me. First, the qualitative portion of this study was technically open to male or female survivors, but no men volunteered to participate. However, service provider participants who served men and women included clients of both genders in

their responses about economic impact. Secondly, the data source used for quantitative analysis included an extremely small number of male survivors, which made analyzing this population infeasible. Hence, this study primarily focuses on the economic impact of sexual violence for women. It is likely that male survivors face similar challenges, although women face a number of structural considerations, such as the gender wage gap and occupational sorting by gender, that affect their economic prospects. It is important for future research to assess the particular economic impact for male survivors, as additional stigma and invisibility may create unique concerns for this population.

F. Overview of the Dissertation and Summary of Findings

This dissertation is organized into seven chapters, including this introduction. Chapter 2 introduces the theoretical frameworks of trauma theory, asset theory, and intersectionality and brings them together to examine the economic dimension of sexual violence. Through the lens of trauma theory, Chapter 2 also provides an overview of what is already known about the costs and consequences of sexual violence, including psychological and physical health outcomes and financial costs. This literature review makes it apparent that although researchers have documented a range of negative consequences of sexual violence, more research is needed to fully grasp the economic implications of this violence for survivors and their families. Additionally, using the lens of asset theory, Chapter 2 includes an overview of the protective effects of assets and other benefits of asset ownership. Asset theory is applied to the problem of sexual violence risk and recovery, and a model is presented for the relationship between personal financial and social resources and economic dimensions of recovery. Open

questions in the literature are identified, and these questions form the basis for this study. Chapter 3 provides an overview of the study's methods, which include both qualitative and quantitative analysis of data from two sources: interview data and secondary data from the Collaborative Psychiatric Epidemiology Surveys (CPES) (Alegria, et al., 2008).

Chapter 4 reports the findings from qualitative interviews on the economic costs and consequences of sexual violence, addressing Research Questions 1 and 2. These findings offer evidence of a range of financial costs and economic consequences associated with non-IPV sexual violence, including direct financial costs, such as medical bills, and mental and behavioral health issues, which have their own economic implications. These data suggest that rape can trigger changes in educational attainment, occupation, and earnings, which negatively affect survivors' short- and long-term economic stability. These financial concerns further impact wellbeing in other areas of life. Consequences differ by race, ethnicity, immigration status, and class. Survivors of color, low-income survivors, and immigrants face numerous additional burdens and barriers in the pathway to recovery.

The quantitative findings, presented in Chapter 5, answer Research Questions 1 and 2 specifically with respect to income and low-income status. These findings suggest survivors of rape have lower household income, even when controlling for a range of demographic variables. The data suggest that rape may act on income through mental health symptoms, specifically PTSD. Time also appears to be an important factor, as rape that occurred within the past 20 years has a much stronger and more significant effect on income than rape that occurred at any time in the survivor's life (up to 80 years ago in this data set). The income effect also differs by race and ethnicity in unexpected

ways. Non-Hispanic white survivors have significant, negative income effects, while women of color do not show a similar effect. Black and Latina women have significantly lower income than white participants, regardless of their victimization status. The implications of these findings are explored in Chapter 5.

Chapters 6 and 7 address Research Questions 3 and 4, which concern resources and policies that can facilitate recovery. These data suggest that financial assets can serve as a crucial bridge to economic and overall recovery for those with access, by covering unexpected expenses, standing in for lost wages, and increasing flexibility. Those without access to financial assets often rely on social welfare policies, such as cash assistance, food stamps, and public housing, for economic survival. In the final chapter (Chapter 7), existing policies are evaluated in terms of their effectiveness at addressing the economic needs of survivors, as described below, and policy recommendations are provided. These findings suggest social welfare policies do not adequately assess or address the needs of rape survivors. Chapter 7 also includes implications for future research.

G. Policy Significance

Given that over 21 million U.S. women have been raped and 53 million have experienced other sexual assault, it is reasonable to suggest that sexual violence and its consequences warrant policy attention. Because little is known about the economic dimension of sexual assault, most policies do not address the economic needs of non-IPV sexual assault survivors. However, scholars and policymakers have recognized the economic effects of intimate partner violence on victims, and many policies and services

have been developed to address their needs. Parallel policies and programs are needed to address the specific needs of non-IPV sexual assault survivors.

Additionally, a key existing policy, victim compensation, recognizes the financial impact of victimization and offers reimbursement to qualified applicants. However, low disclosure and reporting rates, stigma, and other barriers mean that this policy falls short of most survivors' needs. This policy can be made more accessible and broadened to cover more expenses for sexual assault survivors. Other policies aimed at assisting low-income families and individuals, such as unemployment insurance, cash assistance, and subsidized housing, can also play critical roles in addressing survivors' needs when their earnings are interrupted. These and other social welfare policies offer special accommodation or access to victims of intimate partner violence, but survivors of non-IPV sexual assault are often left out. Such exceptions can be broadened to incorporate the needs of non-IPV sexual assault survivors as well.

This study assesses the effectiveness of these and other policies at meeting the economic needs of survivors. Particular attention is paid to barriers and gaps in these policies with respect to the economic needs of survivors that are reported in this study. Existing policies are analyzed in detail in Chapters 6 and 7, and policy recommendations are presented in Chapter 7.

CHAPTER 2. LITERATURE REVIEW AND THEORETICAL FRAMEWORK

A. Overview

This study is grounded in literature from two areas: Trauma theory and asset theory. The first section of this chapter introduces trauma theory as a framework with which to understand findings on the consequences of sexual violence. After defining the major tenets of trauma theory, I provide an overview of the social construction of sexual violence, which is informed by trauma theory in conjunction with feminist theory and intersectionality. Second, I review the documented consequences of sexual violence for survivors, including psychological and physical health outcomes and consider the economic implications of these. The third section introduces asset theory and reviews relevant literature on the protective impact of assets. I apply asset theory to the problem of sexual violence risk and recovery and present a model that relates personal financial and social resources with the economic dimensions of recovery.

B. Trauma Theory

Trauma theory provides a helpful lens through which to examine the findings on the consequences of sexual violence because it explains why negative outcomes frequently occur and how they connect to survivors' global functioning. While trauma theory is silent on the economic impact of trauma and does not consider the emotional impact of these economic effects, it is possible to extrapolate economic implications from the theory's explanation of the impact of trauma on other dimensions of survivors' lives.

Through this novel application, this study represents a contribution to trauma theory, which will hopefully expand the field's theoretical and practical treatment of trauma to include economic dimensions. In the following sections, I draw on trauma theory to define trauma, describe theorized consequences of trauma, and present a brief discussion of the social construction of sexual violence in relation to trauma. Finally, I provide a critical overview of the findings on the impact of sexual violence on survivors' health and economic wellbeing.

1. Defining trauma. While many definitions exist, there is wide agreement among trauma theorists that a traumatic event is one that causes overwhelming stress. Judith Lewis Herman (1992), a pioneering trauma theorist, expands on this idea, linking trauma to powerlessness and loss of autonomy:

Psychological trauma is an affliction of the powerless. At the moment of trauma, the victim is rendered helpless by overwhelming force. When the force is that of nature, we speak of disasters. When the force is that of other human beings, we speak of atrocities. Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning. (p. 33)

Herman's definition notes not only the physical nature of the event but characterizes it as an assault on the victim's internal state, most notably their sense of control. In keeping with this definition, rape is a paradigmatic form of trauma. Herman tells us, "In rape, the purpose of the attack is precisely to demonstrate contempt for the victim's autonomy and dignity" (p. 53). This physical attack thus removes the victim's control over her/his body in the most fundamental way.

As this definition suggests, the key features of trauma are a disturbing incident, the victim's internal response to that event, and the "system of care" or social response. Terr (1990) expresses the importance of the internal response clearly when she writes, "Traumatic events are external, but they quickly become incorporated into the mind" (p. 8, as cited by Bloom, 2003, p. 6). Terr suggests the traumatic event lives on in the survivor's mind and body, so that the event or its internal representation continues to affect the survivor over a period of time. Indeed, trauma theory suggests that initially adaptive responses to stress, such as the "fight or flight" stress response, may ultimately cause harm for survivors (Bills, 2003; Bloom, 2000a, 2003). These scholars suggest these responses have their roots in human evolutionary history. Bloom (2003) explains it in this way: "The stress-related functioning of the brain, life-saving under immediate conditions of danger, becomes life threatening when the internal fragmentation that is the normal response to overwhelming trauma, is not healed" (p. 17). In this way, many negative outcomes of sexual violence may be understood as results of evolutionarily adaptive coping behaviors, which have outlasted their purpose.

In addition to the traumatic event and the survivor's internal reaction, the third dimension of trauma is the response of the survivor's social group. Bloom (2003) explains the interrelation between the internal and external responses to a traumatic event. She states that beyond the trauma itself, damage is also done by "how the individual's mind and body reacts in its own unique way to the traumatic experience in combination with the unique response of the individual's social group" (p. 6). This external response can have a central role in setting the course of the survivor's recovery. Herman (1992) argues, "Because traumatic life events invariably cause damage to

relationships, people in the survivor's social world have the power to influence the eventual outcome of the trauma" (p. 61). Not surprisingly, Herman and other trauma theorists suggest that supportive responses can mitigate the impact of the traumatic event, while hostile or negative responses can compound the damage and aggravate traumatic symptoms. Beyond interpersonal interactions within the survivor's social network, this external response can encompass such things as responses from law enforcement or medical personnel, accommodation by employers or schools, and access to free and confidential crisis services. Thus, this external response represents a crucial moment for policy intervention.

2. Consequences of trauma. Trauma theory offers a model for understanding the biopsychosocial consequences of traumatic experiences. As the term biopsychosocial suggests, this theory holds that trauma impacts the physical, psychological and social dimensions of survivors' lives. Trauma theory suggests that experiencing trauma can disrupt survivors' ability to function across all aspects of life. Bloom (2003) explains,

A traumatic experience impacts the entire person. The way we think, the way we learn, the way we remember things, the way we feel about ourselves, the way we feel about other people, and the way we make sense of the world are all profoundly altered by traumatic experience. (p. 2)

These impacts can manifest in disruptions in several dimensions of functioning, including cognitive, emotional, behavioral, and memory (Bills, 2003). Table 1 provides examples of outcomes in each of these dimensions. Due to these disruptions, sexual violence and other trauma are associated with a range of measurable outcomes, including mental health disorders, substance abuse, and physical health symptoms. Each of these

areas will be explored in greater detail in a later section, in concert with a review of the literature on each area. While trauma theory does not address the economic implications of such consequences directly, these disruptions have clear implications for survivors' livelihood and accomplishments, which will be explored below.

Table 1: Dysfunction resulting from trauma

Dimension	Examples
Cognitive	Attention deficit, difficulty focusing
Emotional	Depression, anxiety, hyperarousal
Behavioral	Substance abuse, self-harm
Memory	Flashbacks, state-dependent recall, dissociation

Sources: Bills, 2003; Bloom, 2003; Van der Kolk, 1989

3. Recovery. Several frameworks for treatment and recovery have emerged from trauma theory. These frameworks recognize that post-traumatic symptoms are natural responses to extreme situations. Rather than pathologizing survivors, these approaches recognize that traumatized people are victims of “psychological injuries,” which are “comprehensible, treatable and remedial, just as physical injuries are, even if the psychologically injured person must learn to live with some form of disability” (Bloom, 2003, p. 40). Bloom suggests the first way to begin this process is to change the implicit or explicit question with which we “confront another human being whose behavior we do not understand from ‘What’s wrong with you?’ to ‘What’s happened to you?’” (p. 40). This reframing shifts our position from one of blame and criticism to one of compassion and understanding.

Herman (1992) suggests recovery includes three stages: establishing safety, remembrance and mourning, and reconnection with ordinary life. Bloom’s Sanctuary model similarly calls for four components of treatment and recovery: Safety, Affect management, Grieving, and Emancipation (Bills, 2003; Bloom, 2003). Both of these

models suggest the need for trauma survivors to address both their own internal responses and to engage with their social networks to mourn or grieve their losses and establish safety. With respect to the social role in recovery, Herman (1992) suggests that individual and social recognition of “traumatic reality” requires “a social context that affirms and protects the victim and that joins the victim and witness in a common alliance” (p. 9). This social response is needed at the individual level through supportive relationships with lovers, friends, and family and at the societal level through political movements that empower victims. This social response to violence may be a key area for policy intervention. Looking at recovery holistically, Herman (1992) argues that, “At each stage of recovery, comprehensive treatment must address the characteristic biological, psychological, and social components of the disorder” (p. 156). These components, along with their economic dimensions, will be explored in Chapter 6.

4. The social construction of sexual violence: Implications for trauma. In order to understand the impact of sexual violence as a form of trauma, it is important to situate this type of violence in a gendered and racial cultural context. In her seminal book *Trauma and Recovery* (1992), Judith Lewis Herman offers a gendered analysis of trauma that recognizes society’s cultural scaffolding of rape and its effects on victims. Joining a tradition of feminist scholarship on rape, Herman argues that U.S. society tolerates and excuses sexual violence against women through both informal norms and formal social structures. She suggests this normalization silences victims and adds to their traumatic burden. In this section, I first provide an overview of Herman’s gendered critique and then add intersectionality layer to consider the impact of the racialized history of sexual violence in the U.S. for both social structures and survivors.

Informal rape-supportive norms. First, Herman suggests informal norms and attitudes about sexual violence lead to social judgment of victims, which silences survivors and impedes their recovery. Contemporary feminist scholars have used the term “rape culture” to describe social norms that excuse or accept sexual violence. Brownmiller (1975) and other feminist theorists (MacKinnon, 1991; Pendo, 1994) suggest that the major mechanism by which a rape culture is created and enforced is a hierarchical system of gender roles, which socialize women and men to encourage or excuse male sexual aggression and to treat sexual violence against women¹ as normal and inexorable (Buchwald, Fletcher, & Roth, 1993; Check & Malamuth, 1983; Malamuth, 1984; Orcutt & Faison, 1988). In this way, sexual violence is normalized so that women and men “consequently fail to define or react to many instances of sexual violence and aggression as rape” (Orcutt & Faison, 1988, p. 589).

Herman addresses this point, noting, “Many acts that women experience as terrorizing violations may not be regarded as such, even by those closest to them” (p. 67). She explains that this places survivors in the impossible situation of choosing between disclosing their trauma and remaining in connection with others. Because even the people closest to the survivor often hold rigid, preconceived notions about what constitutes sexual violence and how victims should respond, many survivors find “an immense gulf between their actual experience and the commonly held beliefs regarding rape” (p. 67). This leads to self-doubt and difficulty even in naming their experiences. This doubt and silence can exacerbate trauma and impede healing.

¹ The rape culture does not affect women alone. Children and gender non-conforming men are also subject to this constant fear of violence in the civilian world, as are many men in prison and other institutional settings. However, women as a class constitute more than half the population, yet face particular structural threat and consequences as a result of these cultural norms. This makes it appropriate to focus this analysis on women.

Another dimension of rape culture is that from childhood, girls learn that they should “alter their lifestyles to avoid becoming statistics” (Carney, 2001, p. 338); they learn they should be afraid to walk alone at night, to wear revealing clothing, or to be alone with unknown men (MacKinnon, 1991; Pendo, 1994). Although these guidelines may seem like little more than common sense in the context of contemporary U.S. culture, they in fact limit women’s choices and their freedom of movement relative to men’s. The acceptance and seeming normalcy of these “rules” illustrate how deeply rooted these beliefs are. Further, these prohibitions are a key way that responsibility for sexual violence is shifted onto women because the primary burden of avoiding or preventing violence rests on their shoulders. Herman explains this shift in responsibility by noting that, “A woman is especially vulnerable to rape when acting as though she were free—that is, when she is not observing conventional restrictions on dress, physical mobility, and social initiative” (p. 69). According to the beliefs described above, a woman who “acts free” is certainly more likely to be *blamed* for any sexual violence she encounters. Herman adds that women’s traditional socialization also makes them ill-equipped to defend themselves from an attack, due to both strong norms against physical violence and inculcation of the belief that they are physically defenseless. Herman suggests those who do not physically defend themselves may be more prone to self-blame after the fact.

Victims who choose to come forward despite their doubt and self-blame are often met with unsympathetic reactions. Herman (1992) describes the criticism and blame survivors often face as a result of rape culture norms:

Women learn that in rape they are not only violated but dishonored. They are treated with greater contempt than defeated soldiers, for there is no acknowledgement that they have lost in an unfair fight. Rather, they are blamed for betraying their own moral standards and devising their own defeat. (p. 67)

As noted above, Herman and other trauma theorists argue that the responses of social networks play an essential role in determining a victim's trauma experience. Responses like the one described here exacerbate their trauma and have negative effects on survivors' prospects for recovery. In contrast, when those closest to the survivor believe and support her, this can "detoxify her sense of shame, stigma, and defilement" (Herman, 1992, p. 68).

Formal rape-supportive institutions. These pervasive and deeply rooted beliefs are reflected not only in informal attitudes but in formal social and political structures as well. Herman argues that the justice system reflects these norms in two ways: First, the legal process re-traumatizes victims to the extent that "most rape victims view the formal social mechanisms of justice as closed to them" (p. 73). Second, the legal standards for rape not only fail to proscribe but effectively tolerate a majority of sexual violence against women. Additionally, across both of these areas, women of color and other marginalized populations face even greater obstacles due to a racialized legacy of rape acceptance, discrimination at all levels of the justice system, and obstacles to post-assault services.

First, the legal system is structured in such a way that it often involves further traumatization of sexual violence survivors. Those whose cases are brought forth are forced to relive the attack repeatedly, often describing it to skeptical or unsympathetic

officials who hold the same informal beliefs associated with the rape culture. Herman sees the legal system as a necessarily hostile environment, characterized by aggressive argument and psychological attack. She writes,

If one set out by design to devise a system for provoking intrusive post-traumatic symptoms, one could not do better than a court of law. Women who have sought justice in the legal system commonly compare this experience to being raped a second time. (p. 72-73)

Additionally, the male-dominance of the legal system can further impede rape survivors' faith in the system. As feminist legal scholar Catherine MacKinnon (1991) poignantly argues, the "legal system is dominated by members of the same group engaged in the aggression," so women in the wake of rape, like African Americans in the face of lynching, may feel that the established legal system will do nothing to defend them against a similar act of violence in the future (p. 1303). The structure of the criminal justice system and its treatment of victims serve as a barrier, which Herman and feminist legal theorists suggest keeps the majority of survivors from seeking justice (Herman, 1992; MacKinnon, 1989/1997, 1991). In fact, it is estimated that only 19% of adult women's rapes are reported to the police (Tjaden & Thoennes, 2006).

Second, the legal standards for rape are high and misaligned with victims' experiences, which means a large majority of sexual violence is effectively legally tolerated. This feeds self-doubt and precludes most survivors from experiencing formal recognition or restitution, which are important aspects of healing. Herman argues that "rape is a crime only in theory; in practice the standard for what constitutes rape is set not at the level of women's experience of violation but just above the level of coercion

acceptable to men” (p. 72). She posits that the accused perpetrator’s relationship to the victim is crucial in determining legal sanctions: “The greater the degree of social relationship, the wider the latitude of permitted coercion, so that an act of forced sex committed by a stranger may be recognized as rape, while the same act committed by an acquaintance is not” (p. 72). Since the vast majority of rapes are committed by acquaintances (Black, et al., 2011; Tjaden & Thoennes, 2006), by this logic, most rapists escape justice. MacKinnon affirms Herman’s argument that the legal system’s approach to rape is a gendered one, upon which women know they cannot rely for justice. MacKinnon (1989/1997) writes, “From women’s point of view, rape is not prohibited; it is regulated. Even women who know they have been raped do not believe that the legal system will see it the way they do” (p. 50). Like lynching before Civil Rights, MacKinnon (1991) says the atrocity of rape is “de jure illegal but de facto permitted” (p. 1303).

Herman’s arguments about the entrenched standards of the justice system align perfectly with those of the rape culture articulated above. Indeed, there is no reason to believe the informal norms of the rape culture do not pervade the minds of even educated and justice-minded district attorneys, judges, and jurors. In fact, Carney (2001) notes that historically, “prosecutors and police officers often felt that women who dressed provocatively, engaged in suggestive behavior, consumed alcoholic beverages, or had lost their virginity prior to the incident essentially got what they deserved by being raped” (p. 335). These beliefs translated into blatant victim-blaming and exoneration of rapists for most of U.S. history (Murakami, 2004; Pendo, 1994). Such legal norms may result from men’s greater political and social power throughout history, which led them to

create a justice system that serves their interests (MacKinnon, 1989/1997, 1991).

This failure of the justice system prohibits formal recognition of the trauma of rape, which contributes to survivors' post-traumatic struggles. Arguing that mourning one's losses with friends, family, and the larger community is an important part of the healing process, Herman (1992) draws a comparison between the public acknowledgement of returning soldiers to that of rape survivors. While the Vietnam War Memorial in Washington, D.C. is a formal community-level acknowledgement of the veterans' loss and sorrow, Herman notes that for rape victims, the "formal arena of both recognition and restitution is the criminal justice system" (p. 72). As noted above, the system fails to fulfill this role for most survivors. Thus, "the most common trauma of women" is confined to the "sphere of private life, without formal recognition or restitution from the community" (p. 73). Without a supportive community-level response, survivors experience greater isolation and self-blame, exacerbating their trauma.

Third, an important dimension to this discussion is the intersection of gender with other identities to create complex power differentials. An intersectional approach calls for an examination of the complex interrelation of "multiple marginalizations at the individual and institutional levels" (Hancock, 2007, p. 65). Hunnicutt (2009) applies this idea to the study of gendered violence. She argues that although gender is a central organizing feature of patriarchal systems, "age, race, class, sexuality, religion, historical location, and nationality mediate gender statuses, assigning males and females varying amounts of social value, privilege, and power" (p. 558). Accordingly, it is important to note that women with less economic and social power are more vulnerable to sexual

assault because they have less recourse to seek justice (Crenshaw, 1990), and the negative consequences of this violence may also weigh especially heavily on marginalized populations.

A historic review of rape laws reveals the racialized and gendered construction of this crime. During slavery, the rape of black women was not a crime in most states, and white men used this violence “as a crucial weapon of white supremacy” (Wriggins, 1983, p. 118). In fact, Wriggins (1983) argues rape was generally considered a serious crime in the antebellum period *only* in cases where a black man raped a white woman. Following the Civil War, rape laws officially became race-neutral, but “Black women raped by white or Black men had no hope of recourse through the legal system,” and white men’s widespread rape of black women persisted (Wriggins, 1983, p. 107). Similar patterns of white male violence were imposed upon Native American and Mexican women throughout early U.S. history (Card, 1996; Deer, 2004; A. Smith, 2005). White men had what Wriggins calls “institutionalized access” to women of color (p. 118), facing no sanctions for violating women of color in this way.

The legacy of this racialized treatment of sexual violence continues to play out in the present through the documented racial bias against both rape survivors and defendants of color at every stage of the legal process, from charging to sentencing (Bachman, Zaykowski, Kallmyer, Poteyeva, & Lanier, 2008; R. Campbell, Wasco, Ahrens, Sefl, & Barnes, 2001; Pokorak, 2006-2007; Spohn, Beichner, & Davis-Frenzel, 2001). Race is an excellent predictor of legal outcomes in rape cases. Such histories and their legacies in the present are all part of what trauma theory calls the social response to trauma. They must be considered in this discussion of the traumatic impacts of rape on marginalized

women. Although violent crimes are difficult for all victims, violence takes on added personal and social significance when members of groups that have historically faced discrimination are targeted, such as women of color, particularly African American, Latina, and Native American women in the U.S. As Pendo (1994) notes, violence against members of such historically marginalized groups “may symbolically reinforce the legitimacy of such discrimination in a way that violence against an individual for whom the perpetrator feels only personal hatred does not” (p. 161).

These legacies and histories provide a cultural context for the experience of rape in the present day and shape responses to sexual violence among survivors of color and their communities. Social responses to trauma, including informal reactions and formal services should account for these contextual issues. Indeed, Low and Organista (2000) argue that, “It is essential to regard a rape survivor within her socio-cultural context, in order to understand her unique experience and to provide her with appropriate interventions” (p. 133). Yet numerous structural barriers make survivors of color less likely to report sexual violence, find culturally and linguistically appropriate services, or utilize existing resources (Ahrens, et al., 2010; Crenshaw, 1990; Fitzgerald, 2003; Kaukinen, 2004; Low & Organista, 2000). Immigrant survivors of sexual assault, particularly those lacking legal status and those who do not understand their legal rights, face even greater barriers –both actual and perceived– to accessing post-assault services (Seidman & Vickers, 2004). For these survivors, for instance, fear of deportation can act as a deterrent to calling the police or seeking help of any kind (Grossman & Lundy, 2007; Lievore, 2002). These barriers to accessing services create yet another obstacle to recovery for marginalized victims. Additionally, trauma theory would suggest

marginalized survivors' trauma is exacerbated because their victimization is often either "invisible" to society or they are blamed for it. Together, these factors may create additional burdens for survivors of color and other marginalized victims. This study investigates the degree to which poor women, women of color, and immigrants experience unique economic impacts or barriers to recovery.

C. Documented Consequences of Sexual Assault

As trauma theory informs us, sexual violence leads to physical, psychological, and social consequences for survivors. A rich body of research has documented consequences of sexual violence across these areas of life, including mental and behavioral health concerns, physical health problems, and the need for residential relocation. The related literature is reviewed in this section, and the potential economic implications of the documented consequences are considered. A small number of studies have directly addressed the economic dimensions of sexual violence, and these studies are also reviewed.

1. Health consequences. Research on the consequences of sexual violence demonstrates that it is associated with numerous negative psychological and emotional outcomes. First, between 33% and 94% of survivors develop rape-related post-traumatic stress disorder (PTSD) (Breslau et al., 1998; Breslau, Wilcox, Storr, Lucia, & Anthony, 2004; Foa & Riggs, 1993; Kilpatrick, Resnick, Ruggiero, Conoscenti, & McCauley, 2007; Perkonigg, Kessler, Storz, & Wittchen, 2000; Rothbaum, Foa, Riggs, Murdock, & Walsh, 1992). Herman explains three cardinal symptoms of post-traumatic stress disorder—hyperarousal, intrusion, and constriction—in terms of evolutionarily adaptive

responses to trauma that have outlasted their purpose. Hyperarousal, a state of permanent alertness for danger, causes a survivor to startle easily, react irritably to small provocations, and sleep poorly. Intrusion refers to reliving the traumatic event “as though it were continually recurring in the present” (Herman, 1992, p. 37), which disrupts the normal course of survivors’ lives. Constriction, or numbing, refers to escaping a situation by altering one’s state of consciousness. In survivors of trauma, constriction often manifests as dissociation, a trance-like state over which the survivor usually has no conscious control. As the following sections demonstrate, many of the psychological and behavioral consequences of rape arise in relation to these three features of post-traumatic stress disorder.

In addition to PTSD, rape victims experience other psychological symptoms at high rates, including depression, anxiety, and withdrawal (Burnam et al., 1988; Elliott, Mok, & Briere, 2004; Foa & Riggs, 1993; Kimerling & Calhoun, 1994; Littleton, Axsom, Breitkopf, & Berenson, 2006). Herman (1992) suggests many of these symptoms result from survivors’ efforts to avoid the intense emotional distress that arises when they relive the traumatic experience. She notes that this self-protective effort to ward off intrusive symptoms ultimately contributes to the survivor’s post-traumatic struggles because “the attempt to avoid reliving the trauma too often results in a narrowing of consciousness, a withdrawal from engagement with others, and an impoverished life” (p. 42).

This withdrawal, which affects survivors’ interior life and range of external activities, can have long-lasting effects on survivors’ mental wellness. Herman suggests these post-traumatic effects cause many trauma survivors “to feel that a part of themselves has died,” (p. 49), which she suggests contributes to their high rate of suicide

attempts. Rape survivors are up to six times more likely to consider suicide than other women (Davidson, Hughes, George, & Blazer, 1996; Kilpatrick et al., 1985; Shrier, Pierce, Emans, & DuRant, 1998; Statham et al., 1998). For instance, Davidson, et al. (1996) found that 14.9% of sexual assault survivors had attempted suicide, compared to 1.4% of non-victims in a community sample. Citing Kilpatrick et al. (1985), Herman notes that rape survivors are more likely than other trauma survivors to consider and attempt suicide, even many years after the rape.

Rape survivors also struggle with substance abuse at high rates. Herman (1992) and Bloom (2003) suggest trauma survivors often draw on alcohol and drugs to soothe their anxiety and distress and produce a numbing sensation similar to dissociation. Burnam, et al. (1988) found that survivors of sexual assault experienced alcohol abuse or dependence at more than twice the rate of non-victims (15.74% compared to 6.76%), and the same was true for drug abuse or dependence (18.37% compared to 7.48%). Numerous other studies have also found high rates of alcohol and drug abuse among survivors of sexual assault compared to non-victims of similar profiles and survivors of other types of violence (Acierno, Resnick, Flood, & Holmes, 2003; Kilpatrick, Acierno, Resnick, Saunders, & Best, 1997; Kilpatrick, et al., 2007; Kilpatrick, Resnick, Saunders, & Best, 1998). In a review of the literature, Najavits, Weiss, and Shaw (1997) also report that women with substance abuse problems report higher rates of trauma than women in the general population, with 55% to 99% of substance abusers reporting past trauma, compared to 36% to 51% of women in the general population. Researchers have noted that substance abuse and sexual violence appear to be mutually reinforcing, as sexual violence increases victims' likelihood of abusing substances, and some types of substance

abuse also make them more vulnerable to sexual victimization (Burnam, et al., 1988; Kilpatrick, et al., 1997; Kilpatrick, et al., 1998; Messman-Moore, Ward, & Brown, 2009).

Survivors also experience elevated levels of a variety of physical health symptoms (Conoscenti & McNally, 2006; Kimerling & Calhoun, 1994), including injuries (Chrisler & Ferguson, 2006; Tjaden & Thoennes, 2006), sexually transmitted infections, and unintended pregnancy resulting from the attack (Centers for Disease Control and Prevention, 2007). In addition to these, Herman (1992) notes that hyperarousal and other aspects of the post-traumatic stress response can have physical manifestations, such as sleep disruption. Intrusive symptoms can also take the form of physical pain, known as “body memories,” such as “when a rape victim experiences sharp and penetrating pelvic pain that can become chronic pelvic pain” (Bloom, 2003, p. 16). Indeed, Zoellner, Goodwin, and Foa (2000) argue that sexual assault survivors’ number and severity of physical symptoms is positively associated with PTSD severity. In keeping with the importance of social response emphasized by trauma theory, Kimerling and Calhoun (1994) report that higher levels of social support are associated with better physical health for sexual assault survivors.

These harmful effects of sexual assault occur whether a survivor knew her attacker or not (Finn, 1995; Koss, Dinero, Seibel, & Cox, 1988). Indeed, some scholars argue that survivors who knew their rapists “may suffer more profound effects because they also experience feelings of betrayal and heightened self-blame,” due to rape occurring in a trusting context (Carney, 2001, p. 345; Myhill & Allen, 2002). Additionally, non-consensual sex has negative consequences regardless of whether the victim labels the experience as rape or not. Women who report having an experience that

meets the legal definition of rape but do not label their experience as rape report statistically identical levels of psychological distress (Littleton, et al., 2006), PTSD (Conoscenti & McNally, 2006), and somatic complaints (Littleton, Radecki Breitkopf, & Berenson, 2008), compared to those who label their experience as rape.

2. Employment consequences. In addition to these health consequences, some evidence suggests survivors of sexual violence often require time off from work and experience job loss following assault. For instance, Tjaden and Thoennes (2006) found that 19% of adult female rape victims in the National Violence Against Women Survey reported losing time at work as a result of the assault. While this finding does not indicate whether the survivors lost income or how much, it suggests that many survivors require time off. This item likely underestimates the proportion of survivors needing time off from work because it does not capture indirect reasons for missing work, such as mental or physical health disruptions, appointments for counseling or medical care, or working in proximity to the perpetrator. In addition to time off, sexual violence can disrupt survivors' employment. Byrne, Resnick, Kilpatrick, Best, and Saunders (1999) found that women who experienced recent sexual or physical violence were more than twice as likely to be unemployed at follow-up than women who experienced no such assault (13% versus 5%). This effect was particularly strong for women who were unemployed initially and those who had experienced prior violence. While Byrne and colleagues do not distinguish between sexual and physical violence, their finding suggests that sexual violence may impact survivors' employment. This study also suggests that economic conditions interact with other risk factors, such as prior victimization, to jointly determine the economic effects of violence. More research is

needed to fully understand the impact of sexual violence on employment.

3. Residential relocation. In addition to health and employment effects, there is some evidence that sexual violence has effects on survivors' housing needs and options. Seidman and Vickers (2004) note that because a majority of sexual assaults occur in or near the victim's home, many survivors wish to change residences in order to feel safe. In keeping with Seidman and Vickers' argument, Elklit and Shevlin (2009) found that Danish women who sought services for sexual assault were twice as likely as the comparison group to change residences during the three years following service-seeking. This effect size is about half of that for survivors of intimate partner violence, which increases the likelihood of residential instability by nearly four times (Pavao, Alvarez, Baumrind, Induni, & Kimerling, 2007). Similar to Elklit and Shevlin's findings, the National Sexual Violence Research Center (NSVRC) (2011) surveyed advocates who work in the sexual violence field about the needs of survivors living in public and Section 8 housing. They found that a majority of respondents believe housing issues are a central concern for survivors because sexual violence often jeopardizes survivors' housing, which is a critical source of safety. A majority of NSVRC's respondents also report that relocation is often necessary for survivors to feel safe. However, they note that their clients often face barriers to moving, including waiting lists, the high costs of relocation, and the absence of better housing options. While these studies do not report a specific dollar amount, moving has known costs, including fees to transport belongings, security deposit, first and last months' rent, and fees to break an existing lease.

The consequences discussed in this section carry direct costs and have implications for survivors' productivity and quality of life. Yet, surprisingly, relatively

few studies have addressed the economic implications of these consequences for survivors, either immediately following the assault or over the long-term. The potential economic impacts of these health, employment, and residential consequences are summarized in Table 2. The research on the resulting financial costs is discussed in the following section.

Table 2: Potential individual economic consequences of sexual assault-related outcomes

Sexual assault-related outcome	Potential economic effects
Mental ^a & behavioral ^b health issues: <ul style="list-style-type: none"> • Post Traumatic Stress Disorder • Suicidality • Substance abuse • Anxiety, depression, withdrawal 	Diminished productivity; missed work; decreased wages; job loss; financial costs of medical care, counseling, and medication
Physical health problems ^c <ul style="list-style-type: none"> • Sexually transmitted disease • Unintended pregnancy • Injury • Stress-related conditions 	Diminished productivity; missed work; lost wages; job loss; financial costs of medical treatment and medication
Residential relocation ^d	Moving expenses; loss of deposit; fees for breaking lease; loss of stable housing
Unemployment ^e	Lost wages; loss of employer-provided benefits; inability to meet financial obligations
Related research: ^a Breslau et al., 1998; Breslau et al., 2004; Crane, 2005; Davidson et al., 1996; Elliott et al., 2004; Foa & Riggs, 1993; Kilpatrick et al., 2007; Kimerling & Calhoun, 1994; Littleton et al., 2006; Perkonig et al., 2000; Rothbaum et al., 1992; Ullman & Brecklin, 2002 ^b Kilpatrick et al., 1998; Kilpatrick et al., 2007 ^c Crane, 2005; Conoscenti & McNally, 2006; Centers for Disease Control & Prevention, 2007; Kimerling & Calhoun, 1994; Tjaden & Thoennes, 2006; Ullman, 2007; Zoellner et al., 2000 ^d Elklit, 2009; Seidman & Vickers, 2004 ^e Byrne et al., 1999; Smith, 2002	

4. Financial costs. Given the numerous negative consequences of assault, it comes as no surprise that the limited existing research suggests sexual violence brings with it a heavy financial burden for survivors, their families, and society at large. In the most thorough study to date, Miller, Cohen, and Weirsema (1996) estimated the costs of various kinds of criminal victimization, including rape and sexual assault. They report

that each rape or sexual assault (excluding child abuse) costs \$5,100 in tangible losses, which include the following: \$2,200 in lost productivity, \$500 for medical care, \$2,200 for mental health care, \$37 for police/fire services, and \$100 for property loss or damage. To this they add \$81,400 in lost quality of life (based on jury awards for pain and suffering), arriving at an estimate of \$87,000 in costs per victimization.² This translates to \$125,684 per assault in 2012 dollars (United States Bureau of Labor Statistics, 2012). Since rape victims are often victimized more than once (1.27 times on average), the authors separately estimate the cost per rape victim to be \$110,000. When these numbers are aggregated, they find that rape and sexual assault (excluding child sexual abuse) cost \$127 billion annually, the highest annual cost of all crimes they studied. For comparison, other crimes in this study have the following aggregate annual costs: \$93 billion for fatal crimes (all crime-related deaths except drunk driving and arson), \$56 billion for child abuse, and \$11 billion for robbery.

Miller and colleagues acknowledge several limitations to this analysis. First, they note that they underestimated the costs of medical care and victim services because these were only collected a few months after the incident and did not include long-term costs. Additionally, their victim services estimate relied on federal funding and excluded private organizations that were not federally funded, as well as the value of time spent by volunteers in such agencies. Second, the authors note several costs they excluded from their analysis. They intentionally excluded two significant costs of crime: those related to operating the criminal justice system and actions taken to reduce the risk of future victimization. They also note that they excluded (due to lack of solid data) public and

² Miller et al.'s estimates are in 1993 dollars. The authors note that the numbers may not add due to rounding.

private disability and welfare payments, long-term effects on victims' earnings due to psychological injury caused by domestic violence, and intergenerational costs.

In addition to the authors' list of caveats, Miller's study has several other limitations. First, while recognizing excluded data, the authors specifically note the possibility of long-term earning losses due to psychological injury arising from intimate partner violence (IPV), but they do not acknowledge the possibility of such "mental injury" arising from non-IPV rape. As the mental health effects outlined above suggest, such "mental injury" is a reality for many rape survivors. Second, Miller's study likely underestimates productivity losses because these values were derived from the probability of permanent disability based on the type of physical injury and the affected body part. Since disability arising from rape is often likely to be psychological in nature and may have no physical manifestation, their method risks missing productivity and wage losses for many rape survivors. Third, the authors based their estimate for lost quality of life on the value of jury awards for pain and suffering awarded in civil court, which is difficult to translate into meaningful costs or effects for survivors and their families. In fact, the very large confidence intervals the authors report ($\pm 29\%$) reflect the uncertainty of this estimate. Finally, while they acknowledge that these expenses can be borne by crime victims, their families, taxpayers, or perpetrators, the authors do not specify what share is paid by each segment of society. Importantly, this means their estimates are unable to provide information on the economic impact of these costs for individual survivors.

In a related study, Post and colleagues (2002) use the term "rape tax" to describe the costs that arise from rape victimization. Replicating Miller's analysis for the state of

Michigan, they arrived at similar estimates for the cost of rape. They suggest each individual incident of rape or sexual assault costs \$5,605 in direct costs (in 1996 dollars), plus \$88,385 for lost quality of life, adding up to a total cost of \$93,990 per assault. Once again, the authors did not disaggregate which costs were paid by victims, their families, and the public, respectively. This study shares the limitations outlined above for Miller et al.'s (1996) analysis.

The present study builds upon Miller's and Post's analyses by beginning to fill in gaps in their picture of the financial costs of sexual violence. First, the present study's qualitative approach allowed me to collect data on several costs which Miller and colleagues excluded. For instance, I recognized the possibility that rape can create long-term psychological impacts, including permanent disabilities, which affect earnings, and I set out to uncover details of such consequences. Additionally, through interviews, I was able to collect data on the value of disability insurance and public supports for survivors, if not the administrative costs of such programs. Second, a central goal of the present study was to assess the impact of these direct and indirect costs on survivors' economic wellbeing and stability. Whereas Miller and Post focused on overall costs without regard to who ultimately paid for them, the present study examined the expenses borne by individual survivors and the impact of these expenses on their wellbeing.

Several studies lend support to the types of costs described by both Miller and Post, particularly with respect to mental health care and lost wages. For instance, Chrisler and Ferguson (2006) report that survivors of rape by an intimate partner visit mental health professionals an average of 12 times at an average cost of \$79 per visit, which adds up to nearly \$1,000. They report that the victim is ultimately responsible for

one-third of that expense. Although their study focused on intimate partner violence (IPV), its findings are suggestive of the types of mental health costs that non-IPV sexual violence survivors may face. Chrisler and Ferguson's estimate for mental health costs is lower than that of Miller's or Post's, potentially due to its examination of IPV survivors.

At this time, it is unknown whether the costs of sexual violence outlined above increase victims' risk for poverty. However, one study highlights this possibility for survivors who have been victimized more than once. Byrne, et al. (1999) found that women who had a history of assault and whose initial income was above the poverty level were twice as likely to fall into poverty following a sexual or physical assault, compared to those who suffered no revictimization. Byrne and colleagues did not distinguish between physical and sexual violence, but their finding suggests that sexual violence may indeed open a pathway to poverty for some victims. Clearly, more research is needed to assess the impact of these various costs on survivors' economic wellbeing. The present study addresses this gap in the literature by focusing on the economic impact of non-IPV sexual violence.

In addition to characterizing the financial costs that arise from sexual violence, this study also considers the role financial and social assets may play in buffering assault-related costs and consequences. In the following section, I introduce the major components of asset theory and apply key concepts to sexual violence risk and recovery. Importantly, asset theory does not currently directly address the relationship between asset ownership and sexual violence; the present study is a novel application of the theory and represents a contribution to this theoretical literature.

D. Asset Theory

1. Overview of asset theory. Asset theory suggests that asset ownership plays a crucial role in cushioning economic shocks and is associated with positive psychological and physical outcomes. Sherraden (1991) defines assets as “rights or claims related to property, concrete or abstract,” which can be leveraged to help people gain economic stability, even in the face of lost or insecure income and emergency expenses (p. 100). Assets can include financial products (e.g., savings and stock); tangible possessions (e.g., property); and intangible resources (e.g., social and human capital). Assets have important distinguishing features, as Chang (2006) summarizes:

Wealth confers many benefits that earnings do not: wealth can be transferred to others, can generate income (through interest, capital gains, and rent, for example), can be used as collateral for loans, and provides the ability to weather common financial crises, such as spells of unemployment or illness, in which income is temporarily disrupted. (p. 112)

Similarly, social capital, such as supportive networks, can yield an array of “safety net” functions for individuals, such as family providing free childcare or housing (Edin & Lein, 1997).

In addition to providing a cushion in the case of financial emergencies, Sherraden (1991) postulated and later researchers affirmed that asset ownership is associated with numerous psychological and even physical benefits on the individual, household, and neighborhood levels. These beneficial consequences of asset-ownership, known as asset effects, range from conveying increased hope to improved familial relationships at the individual level, as well as neighborhood safety and wellbeing at the community level

(Page-Adams & Sherraden, 1997). It is possible that asset ownership may be a protective factor for sexual violence by allowing women to leverage their assets to increase safety.

This idea is explored in greater detail below.

Although existing research has not addressed sexual assault or other types of trauma as causes of economic shocks, the significant costs associated with recovery suggest this is the case. This paper argues that in the case of sexual assault, assets can play a key role in mitigating both direct and indirect economic consequences by allowing women to access safe housing, privacy protections, medical care, and other services. Assets may be especially important to recovery because survivors often have difficulty maintaining employment, and students who need to take time off school due to assault may lose their tuition and financial aid (Seidman & Vickers, 2004). These financial losses clearly burden women with fewer financial resources more heavily than those who own significant assets. Similarly, the amount of time a survivor can take off from work while still meeting her basic needs is dictated by her access to savings, familial resources, or public supports. Similarly, the immediate and long-term economic impact of losing one's job due to an assault depends on a survivors' access to various assets.

2. Racial-gender wealth gap. Since assets may play a crucial role in helping women both prevent and recover from sexual assault, racial and gendered gaps in asset ownership may contribute to the additional burden faced by women of color who experience violence. Asset ownership in the United States is deeply divided by race and gender. The average African American family holds only seven cents of wealth³ for every dollar that white families own, while Latino families possess nine cents on the

³ Here, wealth refers to net financial assets, or assets owned minus debts.

white dollar (Oliver & Shapiro, 2008). These numbers are even more dismal for female-headed households of color. For example, Latino households headed by women have only 34% of the net assets of male-headed Latino households (Kochhar, 2004), while black and Latina mothers have less than 1% of the wealth of white mothers (Chang & Lui, 2010). Additionally, 26% of minority households and 19% of households headed by women have zero or negative net worth (Jaggar & de Renzy, 2008). These wealth gaps are central to our understanding of sexual violence because this financial cushion and, often, familial economic support may facilitate survivors' recovery as described below. Thus, women of color's overwhelming *lack* of assets may make them particularly vulnerable to the economic consequences of sexual violence.

3. Literature on asset ownership and sexual violence. No research has directly focused on the relationship between asset ownership and non-IPV sexual violence. However, one study includes an analysis that can inform this question and suggests that asset ownership may decrease women's risk for sexual assault. Myhill and Allen's (2002) analysis of the British Crime Survey found that women living in public housing experienced rape at twice the rate of women in the private rental sector and four times the rate of women in owner-occupied housing. The lower rate of rape among women in owner-occupied housing may suggest that homeownership has a protective effect in terms of rape, as has been found for intimate partner abuse (Brownridge, 2005; Christy-McMullin, 2004; Rennison & Welchans, 2000). Of course, these differences may also be explained by other housing characteristics, such as neighborhood crime rates, social norms, or police attention. Clearly, further research is needed to understand to what extent asset ownership affects the risk of sexual violence. Research is also needed to

understand whether assets affect survivors' recovery by absorbing the economic "shocks" created by trauma or facilitating access to post-assault resources and services, or both.

Additionally, although the literature on sexual assault and asset ownership is minimal at this time, numerous studies have examined the relationship between intimate partner violence and asset ownership. Overall, these studies suggest that individual and community-level assets and general financial wellbeing may decrease women's risk for IPV (e.g., Benson & Fox, 2002, 2004; Benson, Fox, DeMaris, & Van Wyk, 2003; Brownridge, 2005; Christy-McMullin, 2004; Christy-McMullin & Shobe, 2007; Cunradi, Caetano, Clark, & Schafer, 2000; Rennison & Welchans, 2000). Although the present study excludes sexual assault that occurs within an abusive relationship in order to distill the effects of sexual violence, findings on IPV may be suggestive of potential asset effects for survivors of sexual assault and those facing a high risk for sexual violence.

4. Assets as protective factors. While more research is needed to understand the relationship between asset ownership and sexual violence, the principles of asset theory and findings in other areas of the literature support the hypothesis that assets can play an important role in both avoiding and recovering from sexual violence. In keeping with asset theory's assertion that assets can be leveraged to help individuals and families recover from economic shocks, I argue that asset owners can leverage assets to prevent or recover from the financial costs triggered by sexual assault. In general, women frequently draw on their resources to protect themselves against the dangers of rape, sexual assault, and other gendered violence in their homes, workplaces, and communities (Carney, 2001). However, women with more financial and social resources are better able to make these sorts of protective investments, such as living in safer neighborhoods,

choosing low-risk occupations, scheduling their work hours during the day, owning a car, and even feeling able to count on the police for appropriate help.⁴ If a woman with financial and social capital is sexually assaulted, she can draw on assets such as financial savings, paid sick leave, health insurance, and family financial assistance to access the supports and services she needs to recover. These resources will help cover the “significant financial cost” of recovery, including medical costs, counseling, and prescription drugs (Seidman & Vickers, 2004, p. 476).

Meanwhile, women who have fewer economic and social assets are less able to “buy” these sorts of protections for themselves. They are more likely to live and work in neighborhoods with higher crime rates (including rape and sexual assault rates), to work in occupations that put them at higher risk for sexual violence (due to night hours and isolated settings) (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002; Mouzos & Makkai, 2004), and are less likely to have a car or flexible transportation options. Additionally, because most sexual assaults take place in or near the victim’s home (Myhill & Allen, 2002; Tjaden & Thoennes, 2006), many survivors need to relocate to feel safe (Elklit & Shevlin, 2009). However, because no laws specifically protect rape victims from lease termination actions or provide emergency transfer or admission rights to public housing (Seidman & Vickers, 2004), women without financial or familial resources may be unable to move or forced to incur additional expenses, debts, and stress in order to do so.

As noted above, Latinas and African American women are much less likely to own financial assets or to have access to familial financial support. Thus, these women

⁴ Although the police have historically treated survivors of rape with some suspicion, there are clear racial and socioeconomic biases in sexual assault victims’ treatment by law enforcement, which allows wealthier women, especially white women to more confidently seek help (Howerton, 2006).

of color have many fewer options for avoiding sexual violence and lack access to the financial resources that can be critical to recovery. As a result, low-income survivors of color often require significant financial and economic support in addition to the traditional rape crisis services of counseling and legal aid (Crenshaw, 1990). However, women of color are less likely to receive culturally and linguistically appropriate services following an assault, which may make recovery even more difficult. As Table 3 summarizes, I argue that in the event of sexual assault, a woman without access to assets may be at risk for falling into poverty if she needs time off from work, loses her job, or cannot afford to pay for medical, legal, and counseling expenses. These risks are likely to be especially pronounced for low-income women of color, who are least likely to have access to assets.

Table 3: Hypothesized effects of asset ownership and asset poverty on sexual violence risk and recovery

	Asset ownership	Asset poverty
Prevention/ Risk	Live in safer neighborhood, daytime work hours, employment mobility, safer jobs, own car/flexible transportation, count on police	Live and work in higher-crime areas, occupational risk for sexual assault, less likely to have car or flexible transport options
Recovery/ Barriers	Draw on financial savings, health insurance, and family support to pay medical, legal, and moving expenses; paid sick and vacation leave	Risk losing job if need time off, high costs of care, lack insurance, lack of appropriate services nearby, relocation difficult

E. Open Questions in the Literature

The theories and findings reviewed in this chapter suggest that sexual violence is associated with numerous negative consequences for survivors. Trauma theory provides a helpful framework for understanding the physical, psychological, and social consequences that ripple out from a traumatic event like sexual violence. Yet trauma

theory fails to assess how these well-documented consequences impact survivors economically and whether economic stress related to such violence in turn impacts survivors' biopsychosocial wellbeing. Indeed, research suggests sexual assault is associated with residential instability and the need for time off from work, but these consequences have received relatively little attention in the literature. The present study expands trauma theory to consider the economic implications of sexual violence and post-traumatic effects.

Additionally, a review of asset theory and related literature reveals that assets enhance wellbeing on several dimensions and can play an important role in helping people recover from economic crises. In this analysis, this idea is applied to sexual violence, which can create a number of significant economic shocks for survivors. This examination of the asset literature also reveals a paucity of research on the impact of asset ownership and sexual assault. Thus, the present study aims to assess how access to financial and social assets impacts survivors' economic wellbeing following sexual assault.

The literatures reviewed here leave three important questions to be answered:

- 1.) Do the documented physical, psychological, and financial consequences of sexual assault carry direct or indirect costs, which impact survivors' economic wellbeing?
- 2.) Are there differences in the economic consequences of sexual violence for women of color and other vulnerable populations due to barriers to post-assault services and other facets of inequality?

3.) Does access to financial assets and social capital shield survivors from the economic consequences of sexual violence or improve their overall recovery?

By bringing together trauma theory and asset theory, this study aims to respond to these gaps in the literature by exploring the economic consequences of sexual assault for survivors. The study's methods for answering these questions are detailed in the following chapter.

CHAPTER 3. METHODS: RESEARCH PLAN AND DESIGN

A. Overview

This study was undertaken to address key gaps in the literature with the goal of assessing the extent to which sexual violence has economic consequences for survivors and characterizing any such impacts. This chapter outlines the study's primary research questions and describes the methods used to address them.

B. Research Questions

As noted in Chapter 2, previous research has documented numerous psychological and physical consequences of sexual violence, as well as suggestive findings on its financial costs. However, this body of research fails to adequately address the economic consequences of this type of violence for survivors and their families. In order to address these gaps in existing research, this study was designed to answer the following research questions (RQ):

RQ1: Does sexual violence create economic consequences for survivors, and if so, how can these consequences be characterized?

RQ2: How do economic impacts of sexual violence differ by race, class, and immigration status?

RQ3: To what extent does access to financial and social assets affect survivors' recovery and wellbeing?

RQ4: What policies and services contribute to survivors' economic recovery?

C. Methodological Design

To respond to these research questions, qualitative and quantitative methods were necessary, so a mixed methods design was used. Interview data offers insight into the specific costs and economic consequences associated with individuals' experiences of sexual violence. Meanwhile, quantitative analysis of a nationally representative data set allows us make inferences about survivors' economic wellbeing compared to non-survivors and to examine the differences by race.

1. Qualitative study aims. Qualitative interviews were included in the study to answer the four research questions at the individual level. This portion of the study was designed to assess the extent to which sexual assault causes economic consequences for individual survivors and to provide insight into the mechanisms through which this occurs. Special attention is paid to the outcomes suggested by trauma theory, including impact on psychological functioning, physical health, and interpersonal relationships. Additionally, the asset framework and related findings led me to include questions on the role of assets in survivors' recovery (Research Question 3).

2. Quantitative study aims. The quantitative portion of this study was designed to assess the degree to which sexual violence impacts economic wellbeing for a representative sample of women in the U.S. The secondary data set was limited in the types of questions that it could answer due to available data and its cross-sectional design. Thus, the quantitative analysis aimed to respond to research questions 1 and 2 by assessing differences in income for survivors compared to non-survivors and racial

differences in such effects. This analysis accounts for the post-traumatic disorders that trauma theory suggests frequently arise due to rape. Both the qualitative and quantitative data and analyses are detailed below.

D. Data Sources and Limitations

The data for this study came from three sources: 1) In-person interviews with staff and interns at seven agencies serving rape survivors in a northeastern state; 2) In-person or phone interviews with adult, female survivors of rape or sexual assault residing in any region of the United States; and 3) Secondary data from the Collaborative Psychiatric Epidemiology Surveys (Alegria, et al., 2008). The qualitative and quantitative data sources and their respective limitations are described in detail in this section.

1. Qualitative data. To address the qualitative research questions, semi-structured interviews were conducted with 10 adult, female survivors of rape or sexual assault and 18 service providers who serve non-IPV sexual assault survivors.

Inclusion and exclusion criteria. This study's participants were drawn from two populations of adults from a major northeastern metropolitan area and a smaller metro area in the same state: 1) Service providers offering non-intimate partner violence (non-IPV) sexual assault-related services and 2) Self-identified survivors of non-IPV rape or sexual assault.

Inclusion and exclusion criteria: Service providers. The inclusion criteria for service providers were that they be staff or interns affiliated with organizations that provide sexual assault-related services in the region. The staff member must have worked directly with survivors of sexual assault or have indicated that they had direct

knowledge of the economic impacts of sexual violence for the agency's clients. To be included, service providers had to be over the age of 18. They could be male or female and of any race and ethnicity. The goal was to interview providers from a range of locations in the service network, which includes rape crisis centers, a legal services center, university victim service centers, and targeted counseling programs. One to five participants from each site were included, with the number of participants determined by the size of the organization, the scope of its services, and the staff's willingness to participate. Within these organizations, providers' roles included counselors, lawyers, legal advocates, and case managers.

Inclusion and exclusion criteria: Survivors. The inclusion criteria for survivors were that they be age 18 or older and identify as victims or survivors of non-IPV sexual assault. To allow time to heal, at least one year must have passed since the most recent sexual assault. They could be male or female and of any race or ethnicity. Additionally, to prevent the possibility of coercion, survivors recruited through formal service providers were limited to *former* clients of those agencies, who were not receiving services there at the time of recruitment. Participants' survivor status was determined based on their self-identification with the study's definition of non-IPV sexual assault, which includes: *Rape, attempted rape, or other unwanted sexual contact or threats since the age of 12, committed by a known or unknown assailant, which is not part of a pattern of abuse.* While this definition did not exclude survivors who had *also* experienced intimate partner violence or child abuse, it specified this study's focus on the impact of non-IPV sexual violence in adolescence or adulthood.

Although recruiting was done primarily in one northeastern metropolitan area, survivors could live in any region of the United States. Initially, I had planned to interview survivors who resided in the two specified regions only. However, it quickly became apparent that survivors currently living in these regions could have been assaulted anywhere in the country or the world. Since I did not place a limit on how recently the assault had occurred, many who lived in the area had never used the local rape crisis services. Based on these findings, I determined that a survivor's current city was of little relevance to the study, which allowed me to broaden my inclusion to those living in other regions of the country.

Qualitative data collection. Once IRB approval was received, interviews were conducted in two phases. Service providers were recruited and interviewed first, and survivor interviews were conducted in the second phase. Twenty-eight interviews were conducted between January and July of 2011.

Data collection: Service providers. A purposive sampling technique was used to recruit service provider participants in two metropolitan areas in the northeast. The primary geographic region was in a major metropolitan area, with additional interviews conducted in a less populous metro area for the purpose of exploring regional differences. Agencies were identified through conversations with key providers, Internet searches, and through the local Department of Public Health.

First, existing contacts at key provider agencies, including the local rape crisis centers and the legal service provider, were asked for the names of other key service providers in their region. Additionally, at the end of each interview, I asked the participant whom else I should interview in the region, and additional contacts were made

in this way. This also served as a way of verifying that the agencies with which I was working were viewed as the most relevant service providers in the region by those within the provider network. Second, I conducted exhaustive Internet searches to identify agencies that offered services for non-IPV sexual assault survivors in the regions. Third, I met with several staff at the Department of Public Health's Sexual Assault Prevention and Survivor Services division. They provided a list of official DPH rape crisis service providers, as well as suggestions on informal community contacts. Agencies in the major metropolitan area were recruited first, followed by those in the less populous region, using the same procedure.

In the first phase of recruitment, I sent introductory emails or letters on Brandeis letterhead, introducing the study and alerting the agency head that I would like to invite their direct service providers to participate in an interview. I followed each letter with a phone call to the agency head, seeking permission to invite staff and interns to participate in interviews. In all, I sent letters or emails to 18 agencies and received permission to conduct interviews at eight of these. Staff members at seven of those eight agencies participated in interviews, while at the eighth agency, no staff volunteered to participate. I also held an informational meeting with a ninth agency, at which I was ultimately unable to conduct interviews because no staff member there was willing to sponsor my research, a step required by their Internal Review Board.

Once permission was granted to conduct research at a given agency, I worked with each agency head to arrange a process to outreach to their staff and interns who were direct service providers. Generally, this was done via email, with a staff member sending a message from me to the staff and asking potential participants to contact me directly.

One agency allowed me to visit their staff meeting to make an announcement in person. When prospective participants contacted me, I answered any initial questions and arranged to meet them for the interview at a time and location of their choosing. Most participants chose to meet at their offices, but some interviews were conducted at a coffee shop and a local women's community center.

All participants signed a Statement of Informed Consent immediately before to the interview and received a signed copy of the form to keep. Prior to beginning the recorded interviews, participants were asked to complete a brief, written survey about their demographic information, position, agency, and caseload. Participants were notified that they could opt not to answer any question and could end the interview at any time with no penalty. All interviews with providers were conducted in person, and all participants agreed to be recorded. The interviews lasted from 40 minutes to two hours, with most lasting 60-90 minutes. One provider was interviewed twice due to her vast knowledge and expertise. The Statement of Informed Consent, initial questionnaires, and interview protocols are available in Appendix 1-5. Interviews with 18 providers were conducted between January and June of 2011.

Data collection: Survivors. In the second phase of recruitment, I began outreach to survivors. A convenience sampling technique was used to recruit survivor participants using flyers, email listservs, and posts on websites. This sampling technique was not intended to produce a representative or random sample but rather to collect data on a small number of diverse survivors in order to begin exploring their understandings of the economic impact of sexual assault in their lives.

All flyers, emails, and announcements drew on Campbell, Sefl, Wasco, and Ahrens' (2004) method of respectful and value-based outreach; their recruiting language served as the basis for this study's flyers and email announcements. Flyers were posted at local service provider agencies, college campuses, and a women's community center. Additionally, email announcements were sent to various agency volunteers and staff, who then disseminated them to their networks. The Department of Public Health disseminated the email announcement to their statewide listserv. I also contacted several online support groups, seeking permission to invite their members to participate, but none of them responded. One agency volunteer posted the announcement on her blog, through which a number of participants volunteered. Additionally, one survivor was recruited initially as a service provider but elected to participate as a survivor when given the option.

All outreach materials listed a dedicated email address and voice mail phone number for this study. When a prospective participant contacted me, I called or emailed her back, explained the purpose of the study, offered to answer any questions, confirmed that she fit the inclusion criteria, and invited her to participate in an interview. Once the potential interviewee confirmed her desire to participate, we scheduled a time for the interview at a time and location of her choosing. Campbell et al. (2004) emphasize the importance of allowing sexual assault survivors participating in research to have a sense of control over their setting, so participants were offered the choice of being interviewed at an office on a university campus, a room at a local women's community center, or at a location of their choice (e.g., a coffee shop, library, or their home). Two participants chose to meet in their home, two in their place of work, and three preferred me to arrange

a location (a meeting room at a university, the women's community center, and a public library). Participants who did not live locally were offered the option of a phone interview. Three interviews were conducted by phone or Skype.

All participants were provided a Statement of Informed Consent and all provided written consent prior to the interview. For those who were interviewed in person, the Statement was provided in writing and read aloud immediately before the interview. They were asked to sign two copies of the form and were given one of the signed copies to keep. For those who were interviewed by phone, the Statement of Informed Consent was emailed well in advance of the interview, and they were asked to indicate their consent either by faxing or scanning the signed form to me or by emailing me the following statement:

I have read the consent form and agree to participate in the research study titled "Economic Consequences of Sexual Assault: Implications for Social Policy and Social Change" (IRB Protocol #11067). I also agree (or do not agree - you choose) to have the interview recorded.

In addition to informed consent, other measures were taken to protect participants' wellbeing. Participants were instructed that they could opt not to answer any questions and could end the interview at any time with no penalty.

Following informed consent procedures, I reminded each survivor participant that the interview would focus on the *economic* impact of their sexual violence experience and not the specific circumstances of the assault. In order to gather basic demographic information and their general sexual violence history, they were given the option of completing a brief, written survey or answering the questions verbally. Most participants

opted to complete the initial questions in writing before beginning the recorded interview. This written survey included the only questions specifically related to the sexually violent incident(s). This form can be seen in Appendix 3. The interviews lasted 60-90 minutes, and all participants agreed to be recorded. Following each interview, survivors were given a referral to their local rape crisis center and were invited to contact me with any thoughts or feedback. Participants were given a \$10 gift card to either Amazon.com or Target (whichever they chose) following the interview. Ten interviews were conducted with survivors between March and July of 2011.

Table 4: Sample size by category and region

	Major region	Secondary region	Total
Providers	15	3	18
Survivors	7	2	9
Total	22	6	27

Qualitative sample characteristics. Interviews were conducted with 18 service providers and 10 self-identified survivors, of which 9 were included in the final sample. One survivor was excluded from the final sample because she viewed her rape experience as part of a pattern of abuse by an intimate partner, which suggested it did not fit into the definition of non-IPV sexual violence used by this study. This participant is excluded from the sample characteristics in Table 4. As Table 4 indicates, the majority of provider participants (15) were based in the major metropolitan area, while three were from the less populous region. Similarly, most survivors were from the major metro area, while two were from other regions of the country.

Gender and racial/ethnic makeup: Overall sample. The sample was entirely female, as no male participants volunteered. As Table 5 summarizes, the majority of participants in the study (22 or 81.5%) identified as non-Hispanic white. Fifteen percent

of the total sample (four participants) identified as Latina, 7.4% (2 participants) were Black or African American, and 3.7% (one participant) identified as Asian American.

Unfortunately, no Native Americans were included in the sample.

Table 5: Qualitative sample by race and ethnicity (frequency, percent)

	Providers	Survivors	Total
Black/African American	1 5.6%	1 11.1%	2 7.4%
Non-Hispanic White	15 83.3%	5 55.6%	22 81.5%
Asian/Pacific Islander	1 5.6%	0 0%	1 3.7%
Native American	0 0%	0 0%	0 0%
Hispanic/Latina	1 5.6%	3 33.3%	4 14.8%
Total	18 100%	9 100%	27 100%

Provider sample. The provider participants were somewhat less racially diverse than the overall sample, as Table 5 notes. The majority of providers (15 or 83%) interviewed were white, which appeared to reflect the demographics of their agencies. Providers had an average of 10.5 years of experience in the field, with a range of 16 months to 20 years. Providers came from seven agencies, including two rape crisis centers, a legal service center, two university victim services centers, a hospital, and a community health center. See Table 6 for details on the agencies. The providers held various positions at their agencies, including lawyer, counselor, advocate, administrator, and case manager. The agencies and roles are summarized in Table 7.

Table 6: Agency information

	Agency type	Participants
Rape Crisis Center	2	10
Law Center	1	4
Community Health Center	1	1
Hospital	1	1
University victim services	2	2

Table 7: Providers' professional positions

Position Category	Participants	Percent
Lawyer	5	27.8%
Counselor	5	27.8%
Advocate	2	11.1%
Administrator	3	16.7%
Case manager	1	5.6%
Counselor/administrator	2	11.1%

Survivor sample. The survivor portion of the sample featured greater racial and ethnic diversity than the provider portion, as Table 5 demonstrates. Just over half of the survivor participants (5 participants, or 55.6%) identified as non-Hispanic white, three were Latina, and one was African American. Unfortunately, no Asian American survivors were interviewed, despite outreach efforts. Survivors' mean age was 41.2, and they ranged in age from 22 to 54. Eight of the nine survivors reported experiencing rape, while the ninth experienced a non-rape sexual assault. Several participants had experienced more than one type of sexual violence, as Table 8 illustrates. The mean number of years since the most recent assault was 16.8, with a range of 2 to 31. As Table 9 shows, all participants were first sexually assaulted at a young age (under 24 years), and many had experienced more than one instance of sexual violence in their lifetimes. The mean number of sexual assaults in the lifetime was 4 and the mode was 3.

Table 8: Frequency and types of sexual violence in qualitative sample

	Frequency	Percent*
Rape	8	88.9%
Attempted rape	4	44.4%
Other sexual assault or unwanted sexual contact	6	66.7%
Sexual threats	3	33.3%
Other	1	11.1%

*Percent of participants reporting each type of violence. These do not sum to 100% because several participants reported experiencing more than one form of violence.

Table 9: Recentness and frequency of sexual violence for individuals

	Mean	Min	Max
Age at first sexual assault	18	5	23
Age at most recent sexual assault	24.4	18	32
Years since most recent sexual assault	16.8	2	31
Number of times assaulted in lifetime	4	1	12

Table 10: Perpetrator gender and relationship to survivor

		Frequency	Percent*
Perpetrator gender	Male	9	100%
	Female	2	22.2%
Perpetrator relationship	Friend	4	44.4%
	Acquaintance	3	33.3%
	Date	1	11.1%
	Current or former boyfriend or girlfriend	2	22.2%
	Current or former spouse	1	11.1%
	Family member	2	22.2%
	Other (babysitter)	1	11.1%
	Stranger	5	55.6%

*Percent of participants reporting each perpetrator characteristic. These do not sum to 100% because several participants reported experiencing violence from more than one perpetrator.

All participants reported an assault by a male perpetrator, and two participants reported an additional assault by a female perpetrator. Table 10 shows the relationship of each survivor to the perpetrator. Participants knew the perpetrators in the majority of instances, although more than half of this sample (5 women) reported being assaulted by a stranger. Data show a large majority of sexual assaults are perpetrated by someone known the victim (Black, et al., 2011; Tjaden & Thoennes, 2006); thus, survivors of stranger assault appear to be overrepresented in this sample. Because stranger assaults are generally unambiguously treated as crimes, it is likely that survivors of stranger assault are more likely to self-identify as survivors, disclose, and report their crimes. Hence, they may also be more willing to participate in research related to sexual violence than those who experienced violence at the hands of a friend or loved one.

Limitations of the qualitative data. These data have several limitations that must be acknowledged. First, these data are subject to the limitations associated with self-reported data, as all respondents have imperfect memories and may selectively report or omit information. Survivors may be particularly likely to omit or suppress information on sensitive, potentially stigmatizing issues such as sexual assault and financial wellbeing, which are the focus of this study. Providers are more likely to be willing to speak openly about these issues due to their indirect relationship to the subject matter. Still, the data from both survivors and providers appear reliable, as there is a high degree of agreement among responses from both groups.

Secondly, I did not screen out participants who had histories of child sexual abuse or other child abuse. Some survivors in this sample indicated they had experienced these types of violence in the past. It is possible that these and other forms of abuse would increase the overall economic impact of subsequent sexual violence. Hence, future research is needed to disentangle these effects.

Third, the sample is small, non-representative, and drawn primarily from one geographical region, which limits the generalizability of the findings. On this point, the supplemental use of quantitative data with a nationally representative sample may add confidence to the qualitative findings and help bolster their generalizability. The sample is also not adequately diverse to ascertain differences in experience by race, ethnicity, or class. The fact that the interviews were conducted in English only also limits the diversity of the sample and precludes some analyses. Gender comparisons are also not possible, as all responses are women. The quantitative analysis can assist in addressing

the former, but further research is needed on both concerns to fully grasp the racial and class dimensions of this effect.

2. Quantitative data. To address the quantitative research questions, I utilized data from an epidemiology data set, the Collaborative Psychiatric Epidemiology Surveys (CPES) (Alegria, et al., 2008). By design, the main purpose of the CPES was to assess the rates and racial and ethnic disparities of psychiatric illnesses in the U.S. However, the data set includes information on the experience of sexual assault and rape, as well as numerous items on economic stability and income, which lends to its use in the present study.

The CPES is a nationally representative data set of 20,013 observations, collected between 2001-2003 by the Survey Research Center of the Institute for Social Research at the University of Michigan. The sample consists of non-institutionalized, English-speaking adults aged 18 or older, who resided in households in the coterminous United States during the study period. The CPES is made up of three nationally representative surveys, which are designed to work together as a whole: The National Comorbidity Survey Replication (NCS-R), National Latino and Asian American Study (NLAAS), and National Survey of American Life (NSAL).

Sampling design. Two sampling methods were used to recruit participants for the CPES studies. First, core sampling was conducted based on multistage, stratified area probability designs, which resulted in nationally representative household samples. Second, high-density supplemental sampling was used “to oversample Census block groups for target ancestry groups,” including “Afro-Caribbean, Chinese, Filipino, Vietnamese, and Puerto Rican” (Gavin et al., 2009, p. 52). Supplemental oversampling

was not needed to recruit Mexican, other Latino, and other Asian samples because sufficient numbers of eligible participants were recruited through the core sampling procedure (Heeringa et al., 2004). The CPES' racial composition is important for the present study's focus on racial differences in the effects of sexual assault. Weighting corrections were constructed to account for both oversampling and joint probabilities of selection (Heeringa, et al., 2004). See Heeringa, et al. (2004) for a detailed description of the sample design methods.

Quantitative sample size. Although the CPES contains data for 20,013 respondents, the sample for this study was restricted on two primary dimensions: gender and availability of data. First, for both theoretical reasons and due to limitations of the data, this study focused on the economic consequences of rape and sexual assault for female respondents. The theoretical reasons, addressed in detail in chapter 1, concern the gendered nature of sexual violence and high prevalence of sexual victimization of women, compared to men. Additionally, only 141 male respondents in the CPES (1.9% of men) reported experiencing rape, making statistical analysis of this subgroup potentially problematic. For comparison, 1,381 female respondents (14.4%) reported experiencing rape. This analysis focuses on the CPES' 11,463 female respondents, who are all over the age of 18.

Second, the three surveys that make up the CPES did not ask every question of all respondents. The National Comorbidity Survey Replication (NCS-R) included a short form, to which all respondents replied, and a long form, which was given to a subset of the population. Because the rape and sexual assault variables were included on the long form, 3,590 participants lacked sufficient data for inclusion this analysis, of which 1,833

were female. Similarly, the National Survey of American Life (NSAL), which focused on African American and Afro-Caribbean populations, did not ask all questions of its 891 white respondents. Because the questions related to rape and sexual assault were not asked of the NSAL’s white respondents, its 519 female respondents are also excluded from this analysis. Thus, before accounting for missing data, the effective sample size for this study is 9,111. This information is summarized in Table 11.

Table 11: CPES sample size detail

Criterion	Excluded	Remaining Sample
All CPES respondents	(None)	20,013
CPES female respondents	8,5550 males	11,463
NCS-R long form respondents	1,833 females who completed the short form only	9,630
NSAL non-white respondents	519 non-Hispanic white women who were not asked key questions	9,111

Quantitative sample characteristics. These 9,111 women were racially and ethnically diverse, as Table 12 shows. Table 12 also demonstrates the impact of oversampling and weighting on the data. It is important to note that despite oversampling for populations of color, the CPES administrators created sampling weights, which allow for representative estimates. From this point forward, the weighted estimates are provided, unless otherwise noted. Also of note in Table 12 is that although more detailed ethnic information is available via the CPES, for the purposes of this study, a five-category race/ethnicity category was utilized. The “other race” category, generated by the CPES administrators, includes Native Americans, Pacific Islanders, and others who did not fall into the 12 racial and ethnic categories they used. Other sample characteristics can be found in Chapter 5.

Table 12: Race and ethnicity of the quantitative sample

5-category race	Freq.	Unweighted Percent	Weighted percent
Asian	1,143	12.6%	4.7%
Latina	1,843	20.2%	11.6%
Black	3,635	39.9%	12.8%
Nonhispanic white	2,378	26.1%	68.5%
Other race	112	1.2%	2.4%

Although the CPES used a fairly restrictive definition of rape, its sample reported rates of rape and sexual assault that are comparable to other data sources. In the CPES, rape was defined in this way:

Someone either having sexual intercourse with you or penetrating your body with a finger or object when you did not want them to, either by threatening you or using force, or when you were so young that you didn't know what was happening. (Interuniversity Consortium for Political and Social Research [ICPSR], n.d., PT17, PT45)

Limitations of this definition are discussed in the Limitations section below. The lifetime prevalence of rape for this sample was 14.4%. Relative to rape, a larger portion of the sample, 18.8%, reported experiencing sexually assault other than rape, which was defined as inappropriate or unwanted touching. When rape and sexual assault were combined, more than a quarter (26.0%) of the sample reported experienced some form of sexual violence in their lifetime. Note that the category "Ever raped or sexually assaulted" is not simply the sum of the frequencies for rape and sexual assault because 724 women (7.3%) reported experiencing both rape and sexual assault in their lifetime. More detailed information about sexual violence prevalence in the CPES can be found in Chapter 5.

These prevalence rates align with some previous research, although contemporary researchers have expanded the definitions of rape and sexual assault, which leads to some

differences. The National Violence Against Women Survey (NVAWS), which defined rape similarly to the CPES –in terms of threat or force– estimated that 14.8% of women have been raped in their lifetime (Tjaden & Thoennes, 2006), a figure nearly identical to the CPES estimate. The NVAWS only collected data on rape or attempted rape and did not estimate the prevalence of non-rape sexual assault. The NVAWS was considered the standard in the field until the National Intimate Partner and Sexual Violence Survey (NISVS) was released in 2011. The NISVS used broader definition of rape, including:

Unwanted vaginal (for women), oral, or anal penetration through the use of physical force (such as being pinned or held down, or by the use of violence) or threats to physically harm and includes times when the victim was drug, high, drugged, or passed out and unable to consent. (Black, et al., 2011, p. 17)

Using this more inclusive definition, the NISVS found 12.3% of women have experienced completed forced penetration, 8% have been subjected to completed alcohol- or drug-facilitated penetration, and 5.2% have faced attempted rape. The NISVS also used a broad definition of “sexual violence other than rape,” including being made to penetrate someone else, sexual coercion, unwanted sexual contact, and non-contact unwanted sexual experiences. Using this metric for sexual violence, they found that 44.6% of women have experienced some form of sexual violence in their lifetime. The prevalence rates from the different studies are summarized in Table 13.

Table 13: Rape and sexual assault prevalence for women in CPES, NVAWS, and NISVS

	CPES N= 9,111	NVAWS N= 8,000	NISVS N= 9,086
Rape (threat or force)	14.4%	14.8%	12.3%
Sexual assault other than rape	18.8%	-	44.6%
Rape <u>or</u> sexual assault	26.9%	-	-
Rape or attempted rape	-	17.6%	18.3%

- indicates data is not available

Limitations of the CPES data. There are several limitations to the CPES data which should be acknowledged. First, this is a cross-sectional data set, so the impact of sexual assault over time cannot be assessed. I initially planned to construct a timeline using variables on economic wellbeing in childhood. However, items on economic wellbeing in childhood are missing a majority of data because they were only included in one of the three surveys, making it impossible to control for prior economic status.

Second, the phrasing and structure of the sexual assault and rape questions are not optimal and do not include important information on the perpetrator of the violence. As noted above, the question that assesses prevalence of rape is focused on threat, force, or child sexual abuse. This phrasing omits coercion or drug- and alcohol-facilitated assaults, which comprise a large portion of sexual assaults, as the NISVS data suggests (Black, et al., 2011). Additionally, the emphasis on either threat or force is likely to capture rape committed by strangers but to be less sensitive to violation by friends, partners, dates, or family members, who often use other methods of intimidation, rather than direct threats or force (Koss & Dinero, 1988; Littleton, et al., 2008). This definition is also better attuned to more overtly violent acts, when research suggests most rapists use only the amount of force necessary to complete the attack (Lisak, 2000, 2008; Lisak & Miller, 2002). Further, the definition's inclusion of child sexual abuse (CSA) (e.g., "you were so young that you didn't know what was happening") may also impact the findings because CSA often occurs repeatedly. Due to both young age and a pattern of abuse, CSA may carry economic implications that differ from those of survivors of discreet instances of sexual violence in adolescence or adulthood. Further research is needed to disentangle these effects.

Additionally, the structure of the questions on rape and sexual assault may lead to underreporting. Russell (1982) suggests women are more likely to disclose sexual violence in response to a multi-question assessment than to a single question about sexual assault. The CPES surveys asked one yes-no question about rape, and follow-up questions were only asked of those who gave affirmative responses on the initial item. According to Russell's findings, this format may lead women to underreport. The survey also failed to ask who committed the rape or sexual assault, so any effects of the survivors' relationship to their perpetrator cannot be examined. An important implication of this limitation is that non-IPV sexual assault cannot clearly be separated from sexual assault that occurred in the context of an abusive relationship.

An additional limitation to this data is that the number of Native Americans in the sample is too small to assess the economic consequences of sexual assault for this population. In fact, the data administrators have aggregated Native Americans' responses into the "other race" category, precluding any analyses using this subgroup. This is a noteworthy shortcoming because Native American women face a significantly higher rate of sexual violence than women of other races (Bachman, et al., 2008; Tjaden & Thoennes, 2006). By effectively excluding Native American women, the CPES may also underestimate the prevalence of sexual assault overall.

Despite these limitations, the CPES data is a valuable source of information, which provides an initial understanding of the contours of the relationship between sexual assault and economic hardship for U.S. women. A nationally representative data set, the CPES offers a unique constellation of data, which makes it uniquely able to address the questions of this study.

E. Data Analysis

1. Qualitative data analysis. The qualitative analysis was driven by the study's research questions and guided by grounded theory (Charmaz, 2006). While data collection was ongoing, the interviews were transcribed verbatim. The transcripts were entered into Atlas.ti software to organize and track the codes and themes for this study. Using an approach based on grounded theory, the data were coded and analyzed as they were collected in a thematic manner. Based on the literature and the qualitative research questions, the transcripts were examined for following a priori themes:

- Immediate monetary costs of assault
- Secondary monetary costs and economic consequences of the assault
- Needing time off from school or work
- Changes in employment status
- Changes in jobs or schools
- Moving residences
- Mental and physical health consequences
- Use of financial and social assets.

In keeping with grounded theory, the specific content of these themes emerged from the data, along with additional themes and codes. These emergent themes were used to guide the content and pacing of future interviews. Most of the codes and thematic areas were examined for both provider and survivor participants, although some unique codes were needed for each of the two sub-samples.

The interview data were continually analyzed and compared in order to “elaborate categories, specify their properties, define relationships between categories, and identify

gaps,” as Glaser and Strauss (1967) suggest (as cited by Charmaz, 2006, p. 5). This type of analysis was done within and between code categories, sub-samples (provider versus survivor), and regions (major metro area versus minor metro area). Interviews were conducted until each of the major thematic categories was saturated. After the conclusion of data collection, review and coding of transcripts continued, as each new interview shed light on earlier ones.

Table 14: Major thematic areas and sub-themes in qualitative data

Major thematic areas	Sub-themes
Expenses	Legal expenses Lost wages Medical expenses Moving expenses Methods of paying expenses
Economic consequences	Changes to routines Educational consequences Health consequences Moving residences Relationships Trajectory changes Work consequences
Differential Impact based on ascriptive identity	Race and ethnicity Class Immigration status
Assets’ role in recovery	Financial assets Social capital
Policies and services	Barriers and gaps Effective policies and services Recommendations

Memos were written during the data collection and coding phases in order to track emerging ideas and patterns in the data. After coding was complete, memos were written to summarize the major findings in key areas, based on the research questions and volume of data in each category. These thematic areas, summarized in Table 14, include five broad areas: 1) Expenses, 2) Economic consequences, 3) Differential impact based on ascriptive identity, 4) The role of assets in recovery, and 5) Policies and services. The

findings in these broad areas are described in detail in the following chapters.

2. Quantitative data analysis. The quantitative analysis aimed to answer the fundamental research question as to the impact of sexual violence on income level, as well as any differences by race or ethnicity, for a representative U.S. sample. To answer Research Questions 1 and 2, I examined the impact of sexual violence on household income and low-income status for survivors of different races and ethnicities. Based on the literature, the following hypotheses were derived from the study's main research questions:

H1: Survivors of sexual violence will have lower economic wellbeing than non-victims, after controlling for demographics, employment, relationship status, and mental health diagnoses.

H2: Sexual violence will have a greater negative effect on economic wellbeing for women of color than for non-Hispanic white survivors.

H3: Sexual violence will have a greater negative effect on economic wellbeing than a life-threatening car accident.

Two primary measures of economic wellbeing were examined: household income and low-income status (150% of the federal poverty threshold). For each of these hypotheses, multiple models were run to test each measure of economic wellbeing, as detailed in The general analysis plan included the following: First, descriptive statistics were generated to gain a greater understanding of the sample's demographics, prevalence of sexual violence, and economic wellbeing. Second, bivariate analyses were run to determine differences between survivors and non-survivors on a variety of measures, including household income, poverty status, and a range of mental health and substance

abuse diagnoses. Finally, linear and logistic regression models were run to test the four hypotheses. Table 17 summarizes the models used to test each hypothesis. The findings of the quantitative analysis are discussed in Chapter 5.

Table 17.

To test these hypotheses, I undertook the following analysis. The Collaborative Psychiatric Epidemiology Surveys (CPES) data, including both a public-use portion and a number of restricted-use files, were obtained from the Interuniversity Consortium for Political and Social Research (ICPSR). Stata 10 statistical analysis software was used for this analysis. Due to the CPES' complex sampling design, I used Stata's survey commands, which were designed to account for complex sampling methods. These commands make use of designated sampling weights, sampling units, and strata to account for the complex sample design and the oversampling of particular populations.

Table 15 summarizes the key variables of interest in this analysis by category. In order to study poverty and overall sexual violence, several variables were constructed. First, a categorical Poverty variable was created. Poverty status was calculated using household income, household size, and the 2001 U.S. Census poverty thresholds (U.S. Census Bureau, 2002). The weighted average income thresholds (listed in Table 16) were used for each household size of one to seven members. As the CPES caps household size at seven ("seven or more people"), the poverty threshold for seven people was applied to all households in this category. This measure yields an overall poverty rate of 13.02% for the CPES sample, while the official poverty rate for 2001 was 11.7% (Proctor & Dalaker, 2002). This may be due to variation over time, as the CPES data was collected over a three-year period from 2001 to 2003. Second, using these same poverty

thresholds, I created a categorical variable for low-income status equal to 150% of the poverty line for each family size. These thresholds are also included in Table 16. Third, a sexual violence variable was constructed, which includes respondents who reported experiencing rape and/or non-rape sexual assault. Finally, a variable was constructed that reflects rape experienced within the past 20 years, and an analogous variable was created for IPV.

Table 15: Key variables by category

Category	Variable	Description
Economic wellbeing	Household income	Household income, capped at \$200,000
	Income-to-needs ratio	Ratio of household income to the 2001 federal poverty threshold for a given family size
	Poverty status	Based on income and household size using 2001 U.S. Census poverty thresholds
	Low-income	Up to 150% of 2001 federal poverty line
Sexual violence	Rape	Ever raped
	Sexual assault	Ever sexually assaulted other than rape
	Sexual violence	Ever raped or sexually assaulted
	Rape20years	Raped in past 20 years
Demographics	Age	Age in years (18-98)
	Age ²	Age squared, mean-centered
	Education	Years of education completed (4-17)
	Single	Divorced, widowed, or never married (compared to married or cohabitating)
	Employed	Employed, unemployed, or working for pay (compared to retired, homemaker, student, unemployed, and other)
	Race/ethnicity	5 categorical variables: Asian/Pacific Islander, Black/African American, Latina (any race), non-Hispanic white, and Other
Mental Health	PTSD	DSM-IV criteria for Post Traumatic Stress Disorder in past 12 months
	Depression	DSM-IV criteria for Major Depressive Episode in past 12 months
Substance Abuse	Alcohol abuse	DSM-IV criteria for Alcohol Abuse (with hierarchy) in past 12 months
	Drug abuse	DSM-IV criteria for Drug Abuse in past 12 months
Other trauma	IPV	Ever badly beaten by your spouse or romantic partner
	IPV20years	Badly beaten by your spouse or romantic partner in past 20 years
	Car	Ever in a life-threatening car accident

Table 16: 2001 U.S. Census weighted average poverty and low-income (150% FPL) thresholds

Household size	1	2	3	4	5	6	7
Poverty	\$9,039	\$11,569	\$14,128	\$18,104	\$21,405	\$24,195	\$27,517
Low-income	\$13,559	\$17,354	\$21,192	\$27,156	\$32,108	\$36,293	\$41,275

The general analysis plan included the following: First, descriptive statistics were generated to gain a greater understanding of the sample’s demographics, prevalence of sexual violence, and economic wellbeing. Second, bivariate analyses were run to determine differences between survivors and non-survivors on a variety of measures, including household income, poverty status, and a range of mental health and substance abuse diagnoses. Finally, linear and logistic regression models were run to test the four hypotheses. Table 17 summarizes the models used to test each hypothesis. The findings of the quantitative analysis are discussed in Chapter 5.

Table 17: Models and variables for each hypothesis

Hypothesis	Model	Model Type	Dependent variables	Independent variables	Covariates
(H1) Survivors of sexual violence will have lower economic wellbeing than non-victims.	1	OLS	Household income	Rape Rape20years	Age, Age ² , Education, Relationship status, Employment status, Mental health, Substance abuse
	2	Logit	Low-income		
(H2) Sexual violence will have a greater negative effect on economic wellbeing for women of color than for non-Hispanic white survivors.	3	OLS	Household income	Rape Rape20years	Race/ethnicity, Race*rape, Age, Age ² , Education, Relationship status, Employment status, Mental health, Substance abuse
	4	Logit	Low-income		
(H3) Sexual violence will have a greater negative effect on economic wellbeing than a life-threatening car accident.	5	OLS	Household income	Car accident	Race/ethnicity, Race*rape, Age, Age ² , Education, Relationship status, Employment status, Mental health, Substance abuse

F. Conclusion

This chapter has provided an overview of the methods used to address the research questions on the economic impact of sexual violence and the role of assets in facilitating recovery. This study's mixed methods design allows for examination of this issue at both the individual and national levels. The findings from the quantitative analysis can be found in Chapter 5. These findings shed light on differences in household income and low-income status for rape survivors versus non-victims, including racial differences. The findings from the qualitative analysis shed light on the individual-level economic effects of sexual violence and the role of assets, policies, and services in facilitating recovery. The qualitative findings are divided into three sections: Economic costs and consequences (Chapter 4), recovery and post-assault wellbeing (Chapter 6), and a critique of existing policies (Chapter 7).

CHAPTER 4. QUALITATIVE FINDINGS: FINANCIAL COSTS AND ECONOMIC IMPACT OF SEXUAL VIOLENCE

A. Overview

As noted in the previous chapters, the goal of this study is to understand the economic impact of sexual violence for survivors and identify policy solutions to address their economic needs. This chapter provides an overview of the findings from the qualitative portion of the study on the economic impact of sexual violence, including financial costs, economic consequences, and differential impacts for marginalized populations. These findings address Research Questions (RQ) 1 and 2:

RQ1: Does sexual violence create economic consequences for survivors, and if so, how can these consequences be characterized?

RQ2: How do economic impacts of sexual violence differ by race, class, and immigration status?

Interviews with 19 service providers and 9 sexual assault survivors provided a wealth of data on the economic impact of sexual violence for survivors. The economic effects of sexual violence were divided into expenses and consequences. Expenses include financial outlays or charges that respondents report arising from the assault, such as medical bills, legal fees, or lost wages. Consequences include outcomes resulting from the assault that have direct or indirect economic effects but are not themselves financial costs. These include things like impacts on educational performance, job loss, and effects

on health. Respondents widely agreed that survivors encounter some expenses almost universally, particularly costs associated with medical care, counseling, and moving. Similarly, all respondents reported mental health consequences of assault, and a majority spoke of the desire to move to a new residence. Most also reported some consequence on survivors' work or school status, including decreased performance, losing or changing jobs, and transferring schools. Together, these expenses and consequences can have devastating effects on survivors' economic wellbeing in the short- and long-term. Most respondents spoke about how sexual violence can shift a survivor's life trajectory in some way, and many provided examples of dramatic shifts in educational attainment, occupation, earnings, or overall economic stability following the assault.

In this chapter, I first present the major findings related to expenses, then outline the key consequences. The final section of this chapter considers the differential impact of these costs and consequences on marginalized populations, including immigrants, women of color, and low-wage workers.

B. Expenses: Qualitative Findings

Expenses include any financial outlay or charge that respondents reported arose from the assault, such as medical bills or wages lost due to missed work. Participants were first asked an open-ended question about expenses that arise from sexual assault. Then, they were asked about a series of categories of expenses (e.g., medical, legal, and moving). In this section, I report the major findings from both the open-ended and topical questions about expenses, as well as expenses participants reported during other parts of the interview. Because the discussions about expenses consisted largely of lists,

some sections below contain relatively few direct quotes from participants. However, where direct quotes add dimension to the analysis, they are included.

Provider and survivor respondents generated a long list of expenses that arise in the wake of sexual violence. I first outline the expenses participants most commonly described in response to an open-ended question about expenses. Then, I describe the a priori expense categories explored in this study and provide an overview of the findings on key expenses.

1. Response to open-ended “expense” question. At the beginning of the interview, I asked participants what expenses come up as a result of sexual assault. Their responses to this open-ended question are important because they reflect the interviewees’ initial views before hearing the expense categories that were embedded in subsequent interview questions. Table 18 defines the various expenses and summarizes the number of providers and survivors who endorsed each expense in response to this open-ended prompt. As the table shows, the resulting expenses can be divided into two categories—those arising directly from the assault, such as lost wages or medical expenses, and those arising due the disruption in earnings, such as food, housing, or utility costs. According to respondents, the latter obligations become difficult to meet due to lost or disrupted income or due to unexpected costs, for which the survivor’s pre-assault budget is inadequate. The direct expenses are consistent with previous research on sexual assault-related expenses (Miller, et al., 1996; Post, et al., 2002), while the expenses related to income loss are less often acknowledged in previous research. Providers and survivors both generated direct expenses more frequently, with medical care, moving expenses, and transportation endorsed by both groups.

Table 18: Number of participants endorsing each expense category in response to an open-ended question on expenses

Expense Type	Expense (Definition)	Providers (N=18)	Survivors (N=8) ⁵	Total (N=26)
Due to sexual assault directly	Medical care Counseling, medication, prophylaxis for sexually transmitted diseases, ambulance, emergency room, doctor's visits, evidence-collection kit	10	5	15
	Moving expenses Security deposit, first and last months' rent, higher rent costs, transporting possessions, moving assistance, packing material, breaking a lease or paying on former apartment	10	3	13
	Lost wages Wages lost due to unpaid time off work or losing one's job	12	0	12
	Transportation Taking cabs due to fear of other public transit, car expenses, transportation to receive services, attend to legal matters, or visit family more	7	3	10
	Education expenses Tuition paid to the school that cannot be refunded, additional costs of taking extra time to complete education, loss of financial aid or scholarships	8	0	8
	Legal expenses Civil legal assistance, immigration-related expenses, expenses incurred before learning of pro bono options, transportation and time off to attend legal proceedings	4	0	4
	Security measures Changing locks and measures to increase home safety	3	0	3
	Bedding and furniture Replacing bedding or furniture damaged or marred during assault, furnishing new home	2	0	2
	Childcare Childcare during legal proceedings or service receipt	1	0	1
Due to income loss	Housing Difficulty paying rent or other housing costs	6	0	6
	Clothing Replacing clothing taken as evidence, desire to change style of dress to feel safer, clothing to wear to court, difficulty affording clothes in general	4	1	5
	Food General difficulty affording food, costs increase due shopping at different market or avoiding the dining hall to avoid the perpetrator	3	0	3
	Utility bills Difficulty paying utility bills due to lost income	3	0	3

⁵ Eight of nine survivors were asked an open-ended question about what expenses came up as a result of the assault. One participant was not asked this question because her interview was driven by her own narrative more than the interview guide.

Providers generated more expenses due to income loss and more overall expenses in response to this question than did survivors. Providers may have been more attuned to the indirect costs due to their role of advocating for survivors and often helping to find them economic resources in the wake of assault. This advocacy role, along with providers' exposure to a large number of cases, may allow them to connect seemingly unrelated expenses back to the assault, whereas survivors are less likely to identify these indirect expenses. One provider, a legal advocate from a rape crisis center, explained how survivors may not connect the new expenses to their victimization experience:

I can't tell you how many clients worry about money and how much is it going to cost, and then end up putting strain on other aspects of their life that really -- It's just sad that that has to be an extra burden. I mean debt's definitely incurred. I don't think survivors often know and necessarily often pay attention to all the expenses of where it's coming from and if this hadn't happened, what you can attribute it back to. So, I think usually when the debt's incurred, it's just thought of like, "Oh, well, my life's getting too expensive," you know, not, "This event triggered all these other expenses, which they wouldn't have had..." [trails off]." (Provider 110, lawyer)

2. A priori and emergent expenses. In addition to those expenses raised in response to the open-ended question, a priori expense categories were derived from the literature on the costs of rape, trauma theory, and initial conversations with rape crisis service providers. In the interviews, I asked participants specific questions about the following a priori expense categories: Medical bills (including counseling), legal fees, unpaid time off, and moving expenses. While each of these categories was spontaneously generated by at least one participant in response to the open-ended question, the specific questions prompted some participants to speak about new expenses and encouraged others to provide further details.

Table 19 summarizes the number of respondents who endorsed each type of expense (both a priori and emergent), including responses to the open-ended expense question, replies to interview questions on specific expenses, and expenses mentioned at

any time during the interview. These expenses are again divided into two categories, those arising directly from the assault and those arising due the disruption in earnings. As the table demonstrates, participants endorsed direct expenses more often than indirect ones. A large majority of participants agreed that sexual violence leads to expenses related to medical care and moving. Many respondents, particularly providers, also spoke about legal expenses, including such things as taking time off to go to court and frequent life disruptions due to prolonged legal involvement. It is noteworthy that several survivors who reported the crime to the police explained that the perpetrator was never caught, which limited their involvement in the criminal legal process. Survivors were also less likely to consider their time investment as an economic cost, so even those who spent time with police did not report this as an economic cost.

Table 19: Number of participants endorsing each expense category in the interview

Expense Type	Expense	Providers (N=18)	Survivors (N=9)	Total (N=27)
Due to sexual assault directly	Medical care	17	9	26
	Moving expenses	17	7	24
	Legal expenses	15	1	16
	Transportation	12	3	15
	Lost wages	10	2	12
	Bedding & furniture	7	1	8
	Education	8	0	8
	Security measures	5	0	5
Childcare	2	0	2	
Due to income loss	Food	9	3	12
	Housing	6	4	10
	Clothing	8	2	10
	Utility bills	4	0	4

Additionally, many respondents reported basic expenses, such as food, clothing, housing, and utilities, arising at least in part as a result of lost or disrupted earnings. As with the open-ended prompt, providers endorsed more of these expenses derived from lost income than did survivors. While only 12 participants spoke directly about lost

wages, most (23 of 27) described at least one consequence that is associated with forfeited wages, including taking time off from work, losing one's job, or being unable to work.⁶ The two providers who did not mention any of these outcomes related to lost wages were university employees, who focused their responses on educational impacts, and two survivors did not encounter these consequences.

The interviews yielded detailed data on these expenses and their impact on survivors, which I do not present here due to space constraints. Instead, this expense information serves as a helpful backdrop for the following section, which presents the findings on the economic consequences for survivors. The costs and consequences are intimately linked, as new expenses often trigger economic concerns for survivors, such as when disrupted income makes it difficult for a survivor to meet her basic financial obligations. Additionally, as the following section demonstrates, consequences often lead to additional costs, such as when a survivor experiences depression and as a result needs to pay for medication and therapy.

C. Economic Consequences: Qualitative Findings

The expenses described above are intricately related to the economic consequences presented in this section. Consequences included a range of outcomes resulting from the assault, which had direct or indirect economic effects but were not themselves financial costs. A wide range of consequences emerged from this study, including 7 a priori themes and an additional 37 emergent themes (44 consequence codes in all). This section includes an overview of the economic consequences that emerged

⁶ Time off from work, lost job, and inability to work were coded as consequences and will be explored in greater detail in a later section.

from the data, followed by a detailed analysis of the major consequences. Unlike expenses, participants tended to elaborate on the economic consequences and their effects for survivors. Thus, in this section, I include participants' views in their own words wherever possible to most accurately reflect their views and experiences.

1. Overview of consequences. Participants were asked about the assault's effect on various areas of survivors' lives, including the following a priori categories: Move residences, educational performance, ability to work, health, opportunities at work or school, household or key relationships, and changes to routines. Additionally, emergent themes added depth and dimension to these a priori themes and also added new categories of consequences. Table 20 includes a list of consequence codes that were employed in this analysis. In some cases, the a priori themes translated into broad categories (underlined in Table 20), from which numerous emergent sub-themes arose.

Table 20: Consequence codes: A priori themes in *italic*

<u>Financial:</u>	<i>Missed opportunities</i> , including difficulty finding another job
Credit	
Debt	<u>Moving:</u>
Family economic impact	<i>Move residences</i>
<u>Education:</u>	No consequences or improve
Drop class	<u>Relationships:</u>
Grades	Effects on survivor's parenting
Keep going	Impact on parents of survivor
Performance	Effects on relationships
Time off	Stigma
School trajectory change	<u>Work:</u>
Transfer schools	Cannot work
<u>Health:</u>	Change jobs
Disability	Lose insurance
Mental health impact	Lose job, including quitting and being fired
Physical health impact	Lower wages
Reproductive health (e.g., pregnancy, sexually transmitted infection, vaginismus)	Must keep working
Substance abuse	Performance changes
Suicidality	Retaliation
Eviction	Time off
Homelessness	Work trajectory change
	<i>Routines change</i>
	<i>Trajectory change (overall)</i>

This list of codes reveals the range and breadth of economic consequences for survivors, which can touch all areas of their lives. As the discussion below will make clear, these consequences do not act in a vacuum; instead, they tend to interrelate and compound one another. For instance, a mental health challenge such as PTSD often requires a survivor to take time off work or impacts her performance at work. This in turn may lead to the survivor losing her job or shifting her work trajectory to one in which she earns lower wages or has less opportunities for promotion. Job loss or time off often cause lost wages, which have their own impact on the survivor's budget. In this way, the consequences are closely interrelated.

2. Findings on key consequences. Due to the sheer number and complexity of consequences that emerged from these interviews, I am unable to explore all of consequences in detail. However, the following section includes an examination of the major economic consequences for survivors – those related to health, work, and education, as well as trajectory shifts.

Mental health and substance abuse consequences. Health-related outcomes include negative impacts on both mental and physical health. Participants emphasized the extent and severity of mental health and substance abuse concerns more than physical ones, which is consistent with prior literature on the consequences of sexual assault. In this section, these mental health and substance abuse concerns are explored, and their economic impact is assessed.

Mental health. All 27 participants reported some type of mental health consequence of sexual assault. Mental health outcomes included a range of concerns, most prominently depression, anxiety, post-traumatic stress disorder (PTSD), and

suicidality. In addition to these, other mental health outcomes were also described, including agoraphobia, hypervigilance, difficulty concentrating, trouble sleeping, isolation, disordered eating, and self-injurious behavior. As Table 21 indicates, survivors and providers overall had a high degree of agreement in their reporting of mental health consequences of sexual violence. A majority of both providers and survivors reported anxiety and depression as consequences. Providers mentioned PTSD more often than survivors, which may be due in part to survivors not being diagnosed or not using the diagnostic term for their symptoms. Survivors described mental health symptoms of varying severity, ranging from fairly minor to debilitating. Providers' responses were in accord, suggesting that some of their clients' mental health consequences are manageable with appropriate treatment, while other survivors are disabled by theirs. These findings are consistent with research on the mental health outcomes associated with sexual assault.

Table 21: Number of participants endorsing key mental health and substance abuse consequences

Mental Health Consequence	Providers (N=18)	Survivors (N=9)	Total (N=27)
Anxiety	16	5	21
Depression	15	6	21
PTSD	10	2	12
Suicidality	4	3	7
Substance abuse	11	1	12

In this sample, participants spoke about mental health consequences arising for three primary reasons: Directly due to the violence, due to contact with the legal system, and in response to economic instability. First, trauma theory suggests trauma disrupts survivors' basic sense of trust and safety in their social world (Herman, 1992, p. 51). Consistent with this idea, respondents spoke about the sexual violence creating symptoms that affect the whole of their lives. For instance, a lawyer at a legal service agency

explained how her clients experience anxiety in many areas of their lives following the assault:

I think the majority of our clients either are on anti-anxiety medications or need to be on anti-anxiety medications. And again, I think it just tends to go with the psychology of being raped, which is to say that, you know, it was a person who you trusted at least a little bit, you know, who ended up raping you, and your whole life changes. And you become anxious about things you were never anxious about. (Provider 101, lawyer)

Also consistent with trauma theory, survivors described the traumatic response living on within their bodies and persisting for years after the assault. For example, Sally*, a 50-year-old survivor who was assaulted more than 25 years ago, described how the physiological trauma response can be reawakened to this day:

When I think back about my experience, there's the piece of the experience itself that's *very* difficult still to process and still, at times can be overwhelming. And really, my nervous system can feel like 25 years ago might as well have been yesterday, in terms of how my body feels. (Sally, survivor, age 50)

Second, in addition to those mental health consequences that arise directly from the violence, both providers and survivors described ways in which participation in the legal system can contribute to trauma. This is in keeping with the gendered analysis of trauma and justice proposed by Herman (1992). For instance, an administrator at a rape crisis center explained how legal proceedings created additional trauma for a survivor with whom she worked:

Afterwards, when the criminal case was going on, she had her life disrupted over and over again during the two-year trial. Someone would call and ask her for just one small piece of information, and it would bring all this stuff up for her again. She was basically tormented by this process for two years. Witnessing that case made me wonder how we can ever want to see someone pursue a criminal case because it can be so traumatizing for survivors. (Provider 108, administrator)

Third, the respondents also spoke of mental health issues arising in response to economic concerns from the assault. For example, a legal service provider described

* All survivors' names and identifying details are changed to protect their identities. All names used are pseudonyms.

seeing clients become suicidal as a result of the economic precariousness they experienced following sexual violence: “We have suicidal clients because they can’t find a place to live, and they’re on the edge of homelessness” (Provider 103, lawyer).

Similarly, a counselor at a rape crisis center described another way in which economic effects interact with suicidality, through disrupting their ability to work and their identity:

I’ve had that [suicidality] happen with a lot of my clients who were assaulted by a coworker or a supervisor. And so, in those cases where their whole identity of themselves as being able to be a working person has to change, and so their whole sense of identity changed and then they were not getting help from their employer, were not feeling safe, constantly had to see their perpetrator after the assault, and they had no control over their lives. And then we see a high rate of suicidality. Anywhere where somebody’s not being helped by the system or feeling like they’re totally -- this perpetrator’s taking control of their lives, is when you see like higher rate of suicidality. (Provider 112, counselor)

As these examples illustrate, the negative economic effects of sexual violence may reinforce existing mental health consequences as well as creating new sources of stress. Thus, the economic effects of this violence are not merely consequences but also inputs in a complex system of trauma and recovery.

These mental health concerns are linked to a range of economic implications for survivors, including financial costs of treatment and symptoms that make it difficult to work, which often mean disrupted or lost income. For instance, an administrator of a rape crisis center explained how one client’s debilitating anxiety disrupted her ability to work and fueled further isolation:

She was assaulted by a family friend, and she really just felt, I think, trapped in her apartment because the family friend knew where she lived and had a key at one point. She wasn’t sure if he still had a key, but she also felt very unsafe going to work because he knew her routine and where she worked. So she really just became prisoner in her apartment, like the shades drawn all the time, she’d strung spoons on the doors so she could hear if anybody is coming in. (Provider 107, administrator)

Similarly, Lee, a 54-year-old survivor, described how being raped 30 years ago put an end to her lucrative career as a seamstress for a prominent theater in a major city:

I couldn't walk down the streets, because I'd hear the footsteps behind me. And that stayed with me for a couple of years. The certain cadence of footsteps would just trigger a panic, a quiet panic though. It was very strange, it was always a quiet panic. But I tried, and I just couldn't go into work. And it was too bad, because it was a great union job, I was making wonderful money. Union benefits, I was actually working on shows that were [in a major theatre], you know, and it was just slam the door shut. I couldn't do it. (Lee, survivor, age 54)

Due to her anxiety and panic, Lee quit her job and moved to a different city to live with a family member. The only work she could find paid the minimum wage, and she was never able to achieve her prior level of earnings. In addition to losing her job, the move created additional financial burdens, as she had to continue paying rent on her former apartment for several months, and she had to leave her newly purchased furniture behind.

Importantly, it appears negative economic effects and mental health effects can reinforce each other in a cyclical manner. Mental health concerns can disrupt work, and economic effects, such as inability to work or economic stress, can contribute to mental health symptoms. This reciprocal relationship is not one that is addressed in most existing literature on either psychological or economic effects of victimization, yet it may create significant barriers to recovery for some survivors. This is also an area for policy intervention. For instance, providing economic resources to survivors at critical moments can bolster financial stability and may also improve their mental health outcomes, increasing prospects for overall recovery.

Substance abuse. In keeping with the literature, substance abuse issues were commonly reported as consequences of assault. Providers described substance use and abuse as a coping strategy, which at times turns to addiction. Indeed, while only one survivor reported struggling with substance abuse following assault, her description is consistent with the providers'. Lil' Miss, a 51-year-old survivor, explained that she used cocaine as a way of coping and blocking her pain. She also spoke of using much of her

monthly budget on drugs, highlighting one of many potential economic impacts of substance abuse. She said:

I smoked more money, because I didn't have to pay rent [because she was living in a foreclosed building]. So, it was first of the month, I'd get my check, I'd pay my bills immediately, and by the fifth of the month I was broke. But I had bought all my food, my cat had her belongings, litter, food, so monthly needs, everything was bought, but then when I came out, *every* penny went towards getting high and blocking pain. And I didn't know it was blocking pain at the time, and I didn't care that I was getting high. (Lil' Miss, survivor, age 51)

In addition to the financial costs of purchasing substances, respondents noted other ways in which substance abuse can impact survivors' economic stability. They reported that when substance abuse occurs, the associated stigma can create a barrier to accessing medical care and other services, impede their ability to work, and result in job loss. For instance, a counselor at a rape crisis center described how she has seen the stigma around substance use impact survivors' access to services, as well as their ability to work:

The other consequence for medical care is the stigmatization. And so you go in to see somebody, and they say, "Well, you're drinking," and you feel like crap because you were once assaulted, and now you feel somewhat secondarily assaulted by a provider. And you don't go to work the next few days because you just got emotionally walloped in the stomach. So that's not a medical cost, but it is a cost of getting the medical care. (Provider 106, counselor)

As with the mental health symptoms, providers reported that some of their clients were able to function despite their substance abuse, while others became disabled as a result.

Work-related consequences. Several work-related consequences were identified, including inability to work, changing jobs, losing insurance, job loss, getting lower wages, performance changes, and time off. Clearly, many of these circumstances overlap. For instance, many who lost their jobs as a result of the assault had to changed jobs and thus received lower wages. Additionally, as the above sections suggest, these work outcomes overlap with consequences in other areas of life, such as mental health symptoms that limit survivors' ability to work. This section examines the data on the key work-related expenses in each major area: Time off, performance changes, inability to

work, and job loss. Table 22 summarizes the number of participants who endorsed each of these work-related consequences. Additional information about the occupations and wages of survivors pre- and post-assault can be found in Appendix 6.

Table 22: Number of respondents endorsing key work-related consequences

Work-related consequence	Providers (N=18)	Survivors (N=9)	Total (N=27)
Time off	15	7	22
Performance declines	13	4	17
Cannot work	9	4	13
Lost job	12	4	16
Terminated	10	1	11
Quit	6	3	9

Time off. A large majority of providers (15 of 18) and survivors (7 of 9) spoke about the importance of taking time off from work to recover. The providers described time off as a very common need of most survivors at some point in their recovery process, although they noted that the amount of time and when it is needed varies greatly among survivors. Indeed, the survivors reported needing from a week or two to more than three years. Participants reported many reasons the survivors need this time away from work, including immediate recovery, medical or legal appointments during work hours, struggles with mental health challenges, and fear of seeing the perpetrator if he works in the same place. The survivors most frequently reported needing time off to recovery mentally or curb their fear. Additionally, one survivor mentioned needing that time to move to a new home. In accord, many providers reported seeing time off as a cost associated with service seeking, moving, and participation in the justice system.

When asked how survivors access leave, providers spoke of a range of options, including sick time, vacation time, unpaid time off, the Family Medical Leave Act, and temporary disability. Most survivors did not describe how they accessed the time,

although one mentioned using vacation time, while another took unpaid leave.

Participants noted several barriers survivors face in seeking time off, most commonly that hourly workers do not get paid for time off and may lose their jobs as a result of taking days off.

Several participants noted that some survivors do not have the option to take time off due because they must keep working in order to make ends meet. For instance, two survivors reported being unable to take time off because they needed to keep working, simply because they relied on their earnings to meet their basic financial obligations. One of these survivors, Lil' Miss, also explained that her employer never notified her of her right to take time off from her job as a police cadet, which meant she did not have time to heal and recover from a violent rape at the hands of a stranger:

It took me a while to recover mentally, but I never missed a beat in the police academy. I was raped on a Friday night. Monday morning I was at the police academy, on the line, bruises under my eyes, tooth broken in the bottom front, bruises on my back, bruises on the back of my legs, cuts on my fingers because he had a knife and we struggled. But I needed to keep going, because I didn't know who was going to pay the rent. [At] the police academy, no one told me that I had the option of going out injured and coming right back into the academy where I left off. (Lil' Miss, survivor, age 51)

Soon after the rape, Lil' Miss was fired due to significant, PTSD-related performance issues. She remained unemployed for 18 months, went through bouts of homelessness, and developed a serious drug addiction. Her story underscores the importance of institutions notifying survivors of their rights and of providing job-protected time off for victims. Institutional leave policies for employees represent an aspect of the social response to trauma, which trauma theory says is a central determinant of survivors' outcomes. This is a place where policy can potentially intervene. While Lil' Miss attributes much of her downward economic trajectory to her *inability* to take time off, many participants spoke about the potentially significant ripple effects for those who do

take time off from work. Time off, particularly unpaid leave, can inhibit survivors' ability to pay their bills, result in job loss, and create many other economic outcomes.

Performance declines. Given the numerous mental health consequences of sexual violence, it is not surprising that many respondents reported that survivors' performance at work declines following the assault. For instance, a survivor described herself as "not doing a very good job" and "sleepwalking" her way through her job (Jane, age 46), while another described dissociation interfering with her job as a salesperson (Juana, age 28). Similarly, providers described survivors in the wake of violence missing work, "showing up [to] work late or kind of disheveled sometimes, they're not really there ..." (Provider 107, RCC administrator). Respondents reported that these performance issues lasted from a couple of weeks to several years following the assault.

Participants reported that the inability to focus was a primary reason for these types of performance changes. This concentration issue arose for a variety of reasons, including anxiety or depression diminishing their focusing ability, distraction by the perpetrator's presence in the workplace, and the legal process draining time and energy.

A counselor described the impact she has seen on her clients' concentration:

It's the concentration, being able to concentrate and not think about what you're going through. And then, so if you can't do that, being able to explain that to someone is kind of forcing you to tell them what happened. Or you try your best to struggle through it, and it ends up impacting every part of your life in that you're just pushing yourself through, and eventually, it gets too much, and you can't concentrate. You miss work, you can't perform, you're jumpy. (Provider 104, counselor)

This counselor also noted the difficult privacy concern survivors face, as they must disclose the assault in order to receive accommodation from their employers. Thus, a survivor who chooses not to disclose often foregoes employment protections and leaves

the employer to interpret any performance changes. A legal advocate expounded upon this point, saying:

I think probably the biggest expense is when they *don't* tell their employer why it is that they're missing work or maybe haven't maintained the same quality of work, which they have every right to be, but then I find that employers aren't always as forgiving. (Provider 110, legal advocate)

Another provider, an administrator, explained how these performance issues can lead to lost opportunities for survivors, especially when the survivor does not disclose:

If it was before the assault, they [the survivor] would've been the standout employee or student that a professor or an employer would have a thought of right away for a specific opportunity. And particularly if they don't know what's going on because for whatever reasons, [the] student or the employee hasn't wanted to come forward, they're looked at very differently. And they're not considered as competent anymore, that something's going on with them. They're not as responsible. So I do think that they lose out on a lot of opportunities. (Provider 107, RCC administrator)

Once again, it appears that one economic effect, such as decreased performance, can lead to other economic consequences, such as lost opportunities and potentially job loss.

Work performance and job loss can also have negative psychological impacts, as mentioned above.

Inability to work. Participants reported that survivors are unable to work following assault for many reasons, including working with the perpetrator, debilitating depression or anxiety, overall trauma, substance abuse, and injury. Survivors used phrases such as “unable to function” and “rape in general *crippled* me” to describe their experiences. Brooke, a 35-year-old survivor, was raped at age 16 by a man with whom she had developed an online friendship. She explained her inability to work this way:

After that [finishing high school], I was pretty much too much of a basket case to work until I was at least 21 [5 years post-assault] and arguably, it should've been another couple years...I was still getting - I was still absolutely overrun with flashback type events. And I could drop into a panic attack at the drop of a hat. So managing my own life was not easy at all. (Brooke, survivor, age 35)

As Brooke's experience illustrates, many survivors are unable to work for years following the assault. In fact, several providers and one survivor described permanent disability as a consequence of sexual violence, suggesting this inability to work is a long-term, stable concern for some survivors.

The inability to work creates a loss of income, which has implications for survivors' economic stability. Many respondents described how the inability to work, whether temporary or permanent, had a ripple effect on other aspects of life, including overall economic stability and housing. For instance, a lawyer provided this detailed example of a client:

She was assaulted in the workplace by her manager, and she stopped working, felt like she couldn't work. Many, many months, she was living off of her boyfriend. Her relationship suffered because she was going through a lot of anxiety and stress and stuff, so he left. Then she was left in a hole. Basically, she decided not to do unemployment [insurance] because you need to show that you can still work to get unemployment. So we applied for Social Security Disability... It took a long time, but she was getting a little bit of state money. But it wasn't enough to sustain her. So she was just like calling everyday, "What do I do? I can't live." She was getting food stamps, but it wasn't enough. We got her victim compensation for lost wages, but...it wasn't enough to- She had a lot of debt that she had to pay off still to people who helped her. So she ended up not having that much after all, so now she still doesn't have a job, so it's not sustainable. So she basically lives month-to-month. So there's no stability. And that, the fact that she's so financially destitute, it completely exacerbates her anxiety and her depression and all of these things, problems that were caused by the actual sexual assault. (Participant 102, lawyer)

This example captures many dimensions of the ripple effects that can result when a survivor can no longer work—effects on relationships, financial stability, and mental health. It also speaks to many potential sources of support for survivors in this position, but in this case, it is clear the safety net is inadequate to facilitate either economic stability or recovery. This is another area for policy attention.

Job loss. Providers and survivors reported sexual violence leading to job loss, including quitting and being fired, for a variety of reasons, including being fired for performance issues or retribution and quitting due to their inability to function.

Overlapping with this category, of course, are those who find they cannot work after the assault due to mental health challenges, substance abuse, or other disability, as discussed above. Most commonly, providers described their clients getting terminated for taking too many days off or for decreased performance. For instance, a lawyer described clients who are unable to take time off going back to work before fully recovering, only to end up losing their jobs:

You have those clients who try and rush back into work, only to fail and then get fired. You know, the clients who feel, well, frankly, they don't feel, they *know* that they aren't going to make rent. They're not going to get food. They have all these obligations, and so they rush back into a situation, only to not really be able to handle it. And either make a mistake, or have their performance suffer, and get fired. Especially with these young clients. They're doing things like they're a receptionist. They're administrative assistants. They're in lower level positions. And they're just not capable of staying in a position like that post-assault, so they end up getting fired, which is devastating. (Provider 103, lawyer)

As this example illustrates, survivors' particular positions and the benefits they have access to contribute to their vulnerability to being fired.

In fact, several providers mentioned that their clients who work hourly jobs are particularly vulnerable to losing their jobs. For instance, a lawyer described some of the occupational differences in this regard:

I think that if people have benefits, like vacation, sick, or whatever, I think they'll take it. Or, you know, some kind of disabil[ity insurance], whatever benefit they have, many survivors will use it to take time off. But for those folks who don't have any benefits, which is many, or who work at the, you know, Claire's boutique at the mall, you know what I mean, they're not going to be able to- If they take time off, they're going to get fired. (Provider 100, lawyer)

In keeping with this idea, some providers described their clients having to make impossible decisions, such as choosing between keeping a job and attending a court date. This is a problem that low-status employees and those without benefits face more often than those who can draw on personal or sick time.

In addition to occupational differences, many providers spoke about the additional risks faced by immigrant survivors, particularly those who are undocumented. For

instance, a lawyer who works primarily with undocumented immigrant survivors described a situation she has seen many times among her clients, which often leads to the survivor losing her job:

They get assaulted. They report to their boss. Nothing happens. They try to get a civil attorney. They're in the negotiating process, but this whole time, her perp is still working at the place. She's working at the place, and it's like everybody's harassing her because she's complained against him, and he has a hold over a lot of people because a lot of people are undocumented. These are factory workers, like in the fruit factories and et cetera. So everybody's scared because he has papers and nobody else does, and so they all turn against her. And then, eventually something happens, where either my client quits, can't handle it any more, has a panic attack at work, gets an ambulance call, gets hospitalized, or the rare occasion, he gets fired. That's only happened maybe once. Most of the time, it's my clients who quit the job that they get assaulted in. (Provider 102, lawyer)

Given that undocumented immigrants have a limited set of jobs to choose from, it is apparent that immigration status intersects with occupational features to create vulnerability for this population. Similarly, providers also reported their clients have been fired because they spoke up about being assaulted at work or by a fellow employee.

Among survivors, one was terminated due to performance issues, and three reported quitting their jobs because they could no longer function in that environment. For instance, Lee, the seamstress introduced earlier, described her decision to quit her job due to her fear of walking to and from work on the same street where she was attacked:

Then that was just like, "You know what guys? I can't do this," because my job required -- it was a long stretch. We were working on a lot of work, so I had to get up at like six in the morning, so it was dark when I'd go in, because it was January, get out at 5:00, 5:30, and it was dark when I came home. *I couldn't do it.* I couldn't walk in the dark to the same street. I just, I couldn't. (Lee, survivor, age 54)

Several survivors, including Lee, reported that they were paid lower wages in the jobs they found post-assault. Three survivors also described losing their health insurance coverage as a result of losing their jobs. As these income and benefit losses suggest, job loss can lead to ripple effects that impact survivors' economic wellbeing. Lil' Miss' story, described above, is emblematic of this type of ripple effect, as she went from a

being a police cadet, employed in a stable job with good pay, to being homeless as a result of losing her job.

As these numerous work-related consequences suggest, sexual violence directly and through other consequences can lead to serious economic impacts for survivors. A picture is beginning to emerge of the intricate ways in which economic and mental health effects interact with each other and ripple outward to other areas of survivors' lives.

Education-related consequences. Respondents described an array of unique impacts for students, including declining grades and changes in performance, which often placed financial aid or scholarships in jeopardy, taking time off, transferring schools, and dropping out. These education-related effects are summarized in Table 23. Many respondents also commented on the need for schools to offer better accommodation to student survivors. This section provides an overview and analysis of the key findings in this area: performance changes, time off, and dropping out.

Table 23: Number of participants endorsing key education-related consequences

Education-related consequence	Providers (N=18)	Survivors (N=5) ⁷	Total (N=27)
Performance declines	17	5	22
Grades decline	11	3	14
Time off	15	3	18
Drop out	9	2	11
Transfer	10	0	10

Performance changes. A large majority of providers (17 of 18) described some type of negative change in student survivors' performance in school, including effects on

⁷ Five survivors were students at the time of their first assault. A sixth survivor, experienced child sexual abuse from a very young age, including while she was a student. However, her interview did not include questions on the educational impact of the violence for two reasons. First, this study's focus on sexual violence since the age of 12 meant the interview focused more on the rape she experienced as an adult. Second, her interview was less structured and instead driven by her own narrative.

grades and general ability to perform or participate fully in the academic setting. For instance, a lawyer described the effects she has seen for most of her student clients:

I work with teens a lot, and I've definitely done my share of college cases as well. I have not had a client yet whose grades did not, not just slightly diminish, but markedly diminish. Going from A's and B's to D's and F's. No doubt. It happens every time. I've had clients who want to get to school. They're anxious to be at school, only realize when they get there that they're having a difficult time concentrating, focusing. They're triggering all day long, especially if the assault occurred on campus or the perpetrator remains in school...It's such an overwhelming experience. (Provider 103, lawyer)

In keeping with this provider's explanation, all five of the survivors who were students at the time of the assault reported experiencing academic performance effects, including declining grades, inability to concentrate, missing classes, and choosing not to participate in their former interests.

Participants cited many reasons for decreased performance, including missing classes to avoid seeing the perpetrator on campus and difficulty concentrating, which can be a general response to trauma or a response to the perpetrator's presence. For instance, a counselor described the struggles her student clients have faced when the perpetrator attended the same school, which is a common occurrence:

For a lot of the students that I've seen, the biggest problem is that the perpetrator... goes to their school as well, and in a lot of cases, even has classes with them. So in that sense, being able to concentrate in class when the person who assaulted you is sitting two rows behind you, obviously is going to make it almost impossible for you to do anything. So I think to the biggest degree it's just being able to concentrate, even passing, you know- going through the regular reaction, for them to also have to deal with the fact that the person might be sitting next to you in class, might be passing you in the hall while you're walking to class, or even going to class becomes something difficult and can be triggering every- almost every moment. (Provider 104, counselor)

Inappropriate responses from family, friends, or teachers also contributed to students' performance issues. For instance, Lisa was raped at age 14 by a trusted adult. She reported that after receiving an inappropriate and unsupportive response from a teacher, her grades declined dramatically:

I had been a good student, and the one person I told was a teacher. The response from the teacher was, "You did this [disclosed] because you really want to have sex with me." And so, we know

that -- I mean now I know, from my work [as a volunteer at the rape crisis center], that the first person's response is incredibly important. And so, that response came to me from a teacher and completely messed up my head, and so I became pretty disinterested in particularly in science, because my family were all in scientific fields, and that had been the thing that I was good at and interested in. So anyway, I sort of rebelled. I got my first C ever, got a C in science. (Lisa, survivor, age 48)

In Lisa's case, it is clear that the social response to her disclosure exacerbated her trauma. Such a response can make a survivor feel unsafe, and trauma theory suggests safety and social support are two critical ingredients for recovery. Lisa explained that her specific disinterest in science also reflected her ambivalent feeling toward her parents, who allowed her to go to dinner alone with the perpetrator, a 30-year-old staff member at a ski resort, during a family vacation. Similarly, a university-based victim advocate explained how peers' dismissive responses, while less extreme than Lisa's teacher's response, can make it difficult for survivors to cope:

They find it impossible to concentrate, they aren't sleeping, they are stressed out, or they have thrown themselves into too much partying, or lots of different ways of coping, but they're just unable to focus in that way, like it just becomes too large. I think for a lot of them, what happens is it happens, they try to put it in a little box, because they don't want to deal with it. They *maybe* tell some friends, and everyone just kind of makes it not that serious. And then they go along with it, and then suddenly that little box just starts to burst open, and it just lands them in the face. You know, it kind of blows up. (Provider 113, university victim advocate)

Participants reported that these performance declines have negative effects on survivors' lives, including jeopardizing scholarships and financial aid and limiting future opportunities. For instance, a lawyer explained how grade declines in high school limit survivors' access to scholarships and options for colleges:

I have other clients who were doing really good in school and then had an assault in high school and grades went down, which made them not eligible for scholarship money, which was so desperately needed by their parents, so they were going to go to a 4-year school, end up going to a community college. Which I know is frankly an option for many people. It's not to say it's not the best choice, but it wasn't going to be her path originally. And due to the assault and due to her grades, she's not going to go. (Participant 103, lawyer)

Similarly, Juana, a 28-year-old survivor who was assaulted while in college, explained that she feared she would lose the scholarship she depended on. She said, "Toward the

end, I started getting worried, simply because my grade point average was dropping,” because, “you had to be above a certain number to continue receiving it [the scholarship].” She explained that she came within “.1%” of losing her scholarship but was ultimately able to keep it. The financial implications of losing a scholarship are potentially quite significant, particularly for lower income students and those who lack financial assets to make up the difference. Such a loss can lead survivors to take out additional loans or even to drop out of school. Providers reported that both of these outcomes are common among their clients.

Time off. Respondents reported that students commonly need time off following assault, including both missing classes and taking formal leave from school. A lawyer summarized many of the reasons students need time off, including avoiding the perpetrator or his friends, feeling generally overwhelmed, and receiving a negative response from a professor:

Probably like 95% of the time, students will skip class for one reason or another. And, I mean, the reasons are because the perp’s in the class, because the perp’s friends are in the class, because, sometimes schoolwork just gets to be too much, again in the aftermath of the assault. Sometimes, they’ve come out to the professor as a survivor, and the professor hasn’t...been particularly supportive, so they won’t go back to the class. Sometimes it’s because they know that on their way to the class, they’ll see the perp because of their schedules or whatever. Sometimes they might be in different majors with different course studies, but they’ll have like a 101 class together, so that something will intersect, so they’ll stop going to the 101 class. So they won’t stop their studies on their own plane, but they’ll stop the ones that intersect with the perp. So there’s a lot of that. (Provider 101, lawyer)

The same provider explained that safety is the primary concern that leads college student survivors to miss classes, saying:

Again, there’s that daily feeling of, “I was raped. Am I going to see the person on campus? Am I, you know, is it safe for me to go to class? Should I not go to class because he’s going to be there?” So there’s a lot of stuff that rides-- that’s safety in the academic realm. That safety plays a big part of the academic piece of this. ‘Cause I think victims will oftentimes think, “So I would rather miss class for the next 3 weeks and then just take my final, than go to class where I know he’s going to be there.” (Provider 101, lawyer)

In addition to the perpetrator’s lingering presence, other trauma-related responses,

like depression and withdrawal, cause students to miss class as well. For instance, Juana, who was assaulted while in college, described her experience in this way:

There were a lot of days where I just didn't want to go to school, didn't want to do anything. I just *didn't* want to be present. I would just lay in bed with the lights out. That was definitely a negative thing in my life... I didn't want to be present. I didn't want to go to classes. I just wanted to stay in bed. I didn't want to eat. (Juana, survivor, age 28)

Another survivor, Rosa, also described missing many of her college classes, particularly physics and math classes, after being raped by a date:

I'm pretty sure I can't remember what I did in any of those classes. And usually I have-- Even now I can remember generally what we discussed in most of my classes, and I can remember what classes I took, and at this point I can remember that I *took* a physics class, and I can remember that I *took* a math class, but I couldn't begin to tell you what topics we covered in either of those classes, because I mostly avoided those classes. (Rosa, survivor, age 37)

When asked why she avoided these classes, Rosa reported two possible reasons. One, the person who raped her often made fun of her for being smart. And two, the morning after the rape, she had to go straight from the perpetrator's home to a math test. However, Rosa also reported not wanting to officially take time off, saying, "Well, I missed a lot of classes, but I didn't take any time off, because well, when your option is to go home to your parents that you don't want to go home to, yeah, work and school is your sanctuary."

Participants reported that student survivors need varying amounts of time off. One provider who works primarily with college students estimated that most of her clients take three weeks off. Others suggested college students often take a semester or entire school year. Other providers noted that while college students can take a semester off, high school students face limitations around how much time they are allowed to take. Providers also noted that immigrants whose status or economic situations depend on enrollment also face barriers to taking time off.

As with consequences in the work domain, taking time off from school can trigger ripple effects on many areas of survivors' lives. In fact, several providers reported that

time off from school affected their clients' educational trajectory, immigration status, and economic wellbeing. For instance, a university-based victim advocate reported that taking time off can change her students' educational trajectories. She said:

If you take two or three weeks off from a class here, I think it's almost insurmountable to come back from it. I think you wind up having to drop the class... I think the fall is so great. I think that inevitably, I've had people sit in that chair that are like, "I haven't been to class in four days," and then that's it, they just feel like they can't catch up, because they have the regular work to do, plus now they have to try to catch up with four days of missed work and it's just too much. (Provider 113, university victim advocate)

This example illustrates how something as simple as missing classes to recover or improve safety, can create a major shift in a student's college performance. This provider went on to explain that once a student has fallen this far behind, her only options are to drop the class or take the semester off, both of which cost the student time and money. Another provider, a lawyer, explained how these very changes can result in shifts in a survivor's life plan:

If they take time off from school, [they think], "Well, but I was planning to graduate then, and I want to walk with my friends, and I want to start my job on this date, or whatever it is, or I was planning to go to graduate school." And right now it's just throwing off the whole life plan. So, I try to work with them out of that... And we all do it. We have a plan, we have a certain kind of thinking. And sometimes it's just, *it's made so difficult*. If they do take time off, who is going to pay for that semester that's lost? What are they going to do? They don't have anywhere else to live. I mean now we're talking a major physical disruption in their life, that is just -- it seems almost more overwhelming than just continuing, even if taking some time would be good. (Provider 110, legal advocate)

On top of these costs, immigrants who rely on educational visas face particular vulnerability if they need time off following sexual assault. A case manager provided this example of how time off can place immigrant survivors' legal status at risk:

She had to end up leaving school and trying to figure out what her next move was. It becomes more complex for cases that are also immigrants, and they're here on a student visa. So that means if they are leaving that school, if they decide to, then what's going to happen for their visa? If it's assigned for them to be in that school... Actually, even right now, she's still absent from school and trying to figure out how she can make ends meet. She was actually getting financial aid from the school partly. But because of the assault and whatever happened, she was unable to stay. She was unable to pay for the bills, and she had a lot of, from the previous semester, a lot of expenses she had to pay for. And she wasn't working for a while, and she's not still working because of her immigration status. (Provider 105, advocate)

As these data indicate, time off can create an array of economic consequences for survivors, including additional tuition costs, time spent retaking classes, and jeopardized immigration status.

Dropping out. While many survivors miss classes or take temporary leave, others drop out or take years off. Providers described dropout resulting from declining grades and from survivors' inability to afford tuition, among other reasons. Two survivor participants dropped out of school for reasons related to their sexual assaults. For Lisa, financial considerations led her to drop out of her master's program. Brooke, who was raped at age 16 by a much older man she met online, dropped out of college when the perpetrator contacted her there. She explained:

I actually washed out of a college education because my perp tracked me down six weeks in. So getting back on track on that front was almost impossible. So I've had to pass for an educated person my entire life. (Brooke, survivor, age 35)

She went on to say, "And then having left home, knowing absolutely nobody at all and then having that fall on my head, that was too much for me." After this, Brooke did not work or attend school for three years, while she relied on the good will of friends for shelter and food. She never returned to college, and in her quote, she hints at the long-term impact this decision had on her life.

Unsurprisingly, participants reported several economic implications of dropping out, including responsibility for tuition that has already been paid, as well as major shifts in the opportunities available to them and their future trajectories. Respondents explained that dropping out of high school creates barriers to college, while dropping out of college creates barriers to employment. A lawyer summarized several of these consequences:

If they're a college student, for example, and they drop out of school, they'll lose their financial aid and might be liable for whatever they were given. They might lose their financial aid, but if they went to class, or, say they might drop out or if they have really bad grades, the financial aid is revoked, but they still have the expense from the university, so they still owe the university a certain amount of money. They might want to transfer to a different school, but if they've already had their financial aid suspended, the school won't transfer their credits to a different school until they pay off their balance. It's all about money for the universities. And then they're [survivors are] left in a hole. (Provider 102, lawyer)

The impact of dropout on earnings has been well documented. For instance, among workers aged 25-44, an associate's degree adds \$8,154 to a high school graduate's annual median income, while a Bachelor's degree adds \$18,345 (National Center for Higher Education Management Systems, 2006). These eight to eighteen thousand dollars are additional earnings lost to women who discontinue their education as a result of sexual assault. The losses for high school dropouts are even greater.

Given that education is an important predictor of future earnings, these manifold effects of sexual violence on educational performance and achievement are of particular concern. To the extent that sexual violence disrupts a survivor's education, it can determine her future economic chances. Thus, it appears policies are needed to both prevent sexual violence among school-age populations, who currently face the highest risk, and to better address victims' needs.

Trajectory shifts. These consequences on health, work, and education do not exist in a vacuum. Instead, as noted above, these consequences often intersect and set off ripple effects that affect all dimensions of survivors' lives. In examining these consequences, it became apparent that several respondents spoke about a survivor's life trajectory shifting dramatically as a result of the assault. For many survivors in this study, the cumulative impact of the assault and its after-effects dramatically shifted their life from the path they seemed to be on at the time of the assault. These changes, which I

call trajectory shifts, can affect survivors’ educational attainment, occupation, wages, or overall economic stability. Providers and survivors offered consistent accounts of the types of dramatic, negative trajectory shifts that sexual violence can precipitate. Table 24 summarizes the number of participants who endorsed trajectory shifts as a result of sexual violence.

Table 24: Number of respondents endorsing trajectory shifts resulting from sexual violence

Negative trajectory shift	Providers (N=18)	Survivors (N=9)	Total (N=27)
Trajectory shift – any	12	8	20
Major shift	7	7	14
Modest shift	4	1	5

Seven providers reported seeing dramatic trajectory changes for their clients. One administrator stated, “It’s really is this downward, spiral, and it’s kind of hard to grab on and stop that from happening” (Provider 107), while a counselor said, the assault “kind of derailed everything, kind of changed her whole future” (Provider 104). For instance, one administrator explained in detail a pattern she noticed among clients who were professional women. Their professional trajectories shifted dramatically, which also affected their identities and relationships:

There’s two or three of them that I’m thinking about right now, and they all were assaulted either by someone they worked with or connected with their work in some way. And so they don’t feel safe when they’re at work. They don’t feel safe when they’re at home because that person has some personal knowledge of them. They start to worry about when they get to work, even if they were able to come forward and get some type of assistance, now everybody at work, even if they’re not supposed to know, knows about what happened and is looking at them differently. And for all of those women, they all left their jobs. Some of them tried to transfer within that community just to a different position, different town doing the same thing, but eventually, they all stopped doing completely what they had been doing because they felt like they couldn’t handle it, they were reminded all the time of what happened, people were looking at them differently. Two of the clients didn’t feel safe because the perpetrator was still in those circles. So they lost their positions, and they all took lesser-paying positions and less prestige too... It wasn’t what they had worked for their whole lives. And then that stress translated to their home life, you know, dealing with their partners at home, their children at home, not feeling good about themselves, not being able to find the job that they were happy in again. (Provider 107, administrator)

This detailed description illustrates the multidimensional effects sexual assault can have on survivors' lives, including causing survivors to change careers, earn less money, and feel less confident in their work. These effects in turn impact survivors' personal relationships.

The majority of survivors (7 of 9) also described their life trajectories shifting dramatically in at least one aspect. Using phrases like, "the rug was pulled out from under my feet and I landed face down" (Lil' Miss), "ruined my life" (Lee), and "destroyed my life" (Sally), they described the assault affecting several key areas of their lives, including educational attainment and performance, occupations and earnings, and relationships. For instance, Lee's story, introduced above, illustrates this type of shift. After being raped by a stranger, Lee was forced to quit her job as a seamstress where she was earning \$300 per week, only to find a minimum wage job at a fast food restaurant. She never regained her former level of pay. She described the rape's effect on her life this way:

This was a big, huge redefining moment, and I was thinking more about it, and I said, "But you know what, economically it really did. It changed *all* the rules. It changed my life." Because you're thinking -- I never really put [it] into that focus, and it did. [I] had things taken away from me that would have made this decision and that decision, taken away by some stupid guy with a gun. You know, that pissed me off, when I think about that, but not enough. I mean it's here and done now, and there's no going back 30 years. (Lee, survivor, age 54)

Another survivor, Sally, was similarly derailed by her rape. Two strangers attacked Sally more than 25 years ago, when she had just finished college. At the time, she was working in a job she enjoyed in the publishing field, earning \$12,000 per year. After the assault, she found she was unable to concentrate at work and asked for a month off. When her employers refused, she quit her job and worked as a temp for 5 years, earning just enough money to meet her basic expenses. She described her frustration at

seeing her life knocked off track and how her aspirations changed due to the assault:

It's the experience of feeling like it just destroyed my life. You know, I really thought I was going to be working temp forever, at the time. And I thought, "My God!" I was Most Likely to Succeed in high school and valedictorian, and when I went to [a private university] and did extremely well and really thought, "Well, I'll, you know...I'll go to graduate school, and maybe I'll get a PhD in Women's Studies or maybe I'll...be a social worker, maybe I'll do all those things." Of course, now I can't remember, but I had friends who were like 22 and 23, deciding to— probably too soon— to go to law school. And my best friend went to [a university] to get a Ph.D. in history one year out of school. So, people were all kind of moving on, and I thought, "My God, I'm a secretary in the medical area of [the city]. This is what my life's going to be." And it really felt like it had *destroyed my life*. (Sally, survivor, age 50)

Many other examples of significant trajectory shifts arose from the data, several of which were introduced in previous sections. These shifts often began with an initial economic consequence, such as dropping out of school, losing a job, or becoming disabled. Each of these initial consequences then had its own negative impact on survivors' educational achievement, job opportunities, earnings, or overall stability. Several survivors also spoke about engaging in relationships they would not otherwise have been in, which had far-reaching consequences on their lives and economic wellbeing.

In addition to these major shifts, respondents also described more modest trajectory shifts, such as delaying graduate school for a year or working in a low-status job for an extra year or two. For instance, a counselor offered this example of survivors being passed up for promotions as a result of their post-traumatic state:

While you're post-traumatic, it does a number on your self-esteem. So you may be able to go to work every day, but you may not feel good about yourself at work. So it could be that it has an economic cost because you're not being considered for advancement because you're more depressed and disconnected at work, and things like that. So even for people who are maintaining, it may be that they're not excelling in a way that they might otherwise have done. (Provider 106, counselor)

These more modest shifts, while subtle, may have effects on survivors' earnings and opportunities. However, more research is needed to document these effects.

In addition to these modest negative shifts, several survivors described the assault affecting their educational or occupational choices in ways that were not clearly negative.

In these cases, survivors primarily described the assault influencing their chosen field of study or work. For instance, one survivor, Lisa, who was assaulted in the 8th grade and received a negative reaction when she disclosed to her science teacher, worked for years as an 8th grade science teacher. Another survivor, Jane, said her decision to pursue a graduate degree in Social Work was inspired in part by a positive therapy experience she had with a Social Worker. A third survivor, Lil' Miss, said her life mission was fighting sexual abuse and shared a story about giving up a lucrative job in order to pursue work in this area. While these choices may mean giving up higher-earning career paths, as one provider suggested, it was not clear whether the survivors themselves viewed these shifts as negative. On this point, Sally, a 50-year-old survivor, explained that while, "I don't like to think anything good came of it [the rape]," she has cultivated tremendous empathy for the people she works with because, "you don't know what people are contend with."

Overall, these data suggest that sexual violence triggers numerous economic consequences for survivors, many of which create their own additional costs and complications. The metaphor of ripple effects is an apt one to describe the way not only sexual violence but each of its attendant effects can impact survivors' lives overall and their economic wellbeing in particular.

D. Differential Impact on Marginalized Populations

Across these areas of inquiry, findings suggest that certain populations face greater economic vulnerability than others. Respondents described numerous ways in which immigrants, low-income survivors, and (to a lesser extent) survivors of color bear additional economic burdens following sexual assault. In this section, I outline ways in

which the expenses and consequences appear to differentially impact immigrants, some women of color, and low-wage workers. These data come primarily from the provider participants, as they were asked directly whether and how economic effects of sexual violence differ by immigration, race, and class status. Survivor respondents were not asked directly about these dimensions, and most did not raise these concerns.

1. Differential impact for immigrant survivors. Immigrant survivors are particularly economically vulnerable to the effects outlined in this chapter in a number of ways. Specifically, providers described many employment-related concerns their immigrant clients face, including lack of employment protections, difficulty getting a new job, and reliance on work for sustenance. For instance, one lawyer who works primarily with undocumented immigrant survivors, explained that the jobs open to her clients tend to be ones in which they can easily be replaced, such as work in factories or cleaning positions. She explained the implications for her clients, implicitly contrasting the options open to undocumented immigrants to those available to documented survivors who work in middle class jobs:

A lot of my clients who are low-income would not be able to take emergency leave, would not be able to take maternity leave, would not be able to get services, especially if they're undocumented. And most of my undocumented clients are low-income. So I think there's a huge impact when there's low and high. Low/high, legal status/not legal status. (Provider 102, lawyer)

In addition to the lack of protections, another provider explained that these low-status jobs also make it difficult for immigrant survivors to come forward and seek help:

A lot of the immigrants that we work with, particularly if they are undocumented, and those are the immigrants that you're going to find in a lot of the jobs I was talking about, where it's just you show up and you get paid, you don't show up, you don't get paid. They are often losing their jobs because, unfortunately for a lot of those clients, they have been assaulted on the job by co-workers and the employer's not interested in doing anything to help them. And because they're [paid] under the table, it's difficult for them to really come forward and make a complaint. So once they lose that job, they've lost the ability to have any income, and a lot of public benefits are not available to them, so absolutely there is a greater impact on them. (Provider 107, administrator)

A lawyer very simply reiterated this concern, saying, “I’d say if they’re non-documented immigrants, the financial costs are greater in general. They almost all lose their jobs, and there’s no real recourse, because they’re working illegally” (Provider 110, lawyer).

These participants underscore the sense of helplessness many undocumented immigrant survivors feel in the wake of sexual violence due to their immigration status.

Participants also explained that in their experience, undocumented immigrants tend to rely on work for survival, but finding a new job after job loss is difficult due to their legal status. A lawyer explained this work-reliance in this way:

I work mostly with Hispanic populations, and most of them are undocumented or have temporary status, so they have to work. So if they haven’t been assaulted in the workplace, and they continue working because they have so many other needs that they have to meet, and that’s the only way to meet them. (Provider 102, lawyer)

Similarly, several providers reported that their clients remain in unsafe or abusive working situations due to their reliance on income and limited employment alternatives.

For instance, an administrator explained the dire conditions endured by some of her agency’s undocumented immigrant clients:

We’ve seen lots of cases where undocumented immigrant workers are in really abusive situations at work. I don’t want to say it’s like trafficking, but it’s close. They are subject to really awful conditions and abused by their bosses or coworkers. They don’t have an option to get another job, so they feel stuck in those circumstances. I was interviewed for a story in [omitted] Magazine about this issue, and the author was also profiling someone who worked at the [local grocery store], who was being raped by a coworker for years and endured it because she felt she had no other options. (Provider 108, administrator)

These concerns overlap and interrelate, creating an extra burden for immigrant survivors, as several providers explained. For instance, this counselor described the additional challenges faced by her immigrant clients:

For the immigrant clients that I have, it’s just everything is more dire, every consequence is more dire: “My kids won’t get to eat. I have no place to sleep. My kids in my home country won’t get to eat. My mom is not going to get her diabetes medication.” Everything is more *dire*, you know, whereas the college student is like, “I’m going to have to go and live with my parents again.” You know, it’s a totally different consequence in terms of economically. (Provider 112, counselor)

Immigrant survivors also have limited or no access to public benefits and certain private services, meaning they have little to fall back on when their earnings are disrupted. Language barriers further limit their options for accessing post-assault services. Undocumented immigrants face additional barriers to accessing services and are barred from accessing certain public supports altogether. The barriers to services and public policies will be discussed in detail in Chapter 7.

2. Differential impact for women of color. Women of color, particularly Black and Latina women, have lower income than their white and Asian American counterparts, which has implications for their ability to access services and to absorb new expenses resulting from sexual violence. Due to their lower income and marginal social and political status, women of color may face particular economic effects of sexual violence. Many providers reported that race does play an important role in determining the economic effects of sexual violence for survivors, but many had difficulty describing why and how this was the case. For instance, one participant acknowledged that racism affects survivors in “a million ways” but said she was unable to give a specific example of how this works (Provider 100, lawyer). Some stated that they could not speak to this point because they primarily served white women. The following example shows how a participant attempted to articulate a difference she saw by giving an example, but she trailed off partway through her thought:

It was a rich group of African-American women [having a discussion following a presentation about rape]. And they kind of talked. As they talked, I'm sure that they -- there's a bigger impact in terms of if you think about where they are as a group overall economically, that you know -- [trails off]. (Provider 109, counselor/administrator)

Another common response to this question was for providers describe the challenges faced by immigrant survivors. While the immigrants they spoke about were people of

color (most often Latinas), most of the barriers they described were related to immigration specifically. In this way, some providers failed to address other race-related issues for U.S.-born survivors.

Three providers articulated ways in which race, in conjunction with class (or due to people of color's overrepresentation in poverty), impacts the economic prospects of survivors of color. For example, this bilingual, Latina counselor explained the interrelation of race and class in her experience:

In general, in my experience, in an urban environment, people of color are generally poor, low income, less education, lower paying jobs. So they don't get a salary. They get an hourly wage, which is like a huge difference. If you have a salary and you miss work, your boss might start to question. If you're not being paid [hourly], you're not going to be docked, whereas if you have an hourly paying job, your pay then it's less of a paycheck. So, I think it would be more -- the correlation within an urban environment of race and poverty, that's totally intersected. That brings it together. (Provider 111, counselor)

This provider offered a clear structural analysis for why survivors of color might face additional economic burdens associated with sexual violence.

The providers who spoke about race also suggested that women of color face barriers to accessing services (which will be discussed in Chapter 7) and receiving accommodation from employers and schools. In keeping with the earlier discussion of providers' difficulty articulating the racial dimension of these economic effects, this provider first suggested that race and ethnicity do not affect her clients' *economic* wellbeing. However, she went on to describe how racism affects the accommodation students are given, which can clearly impact their academic performance and hence, future opportunities and economic potential. Explaining that one of her Latina clients was in a program for high school students from disadvantaged backgrounds, which allows low-income students to attend schools in higher-income neighborhoods, she said:

I think the school is treating her very badly because of her [Program] status [her membership in a program for low-income students]. They've had some run-ins before with other [Program]

students. I think we have this whole kind of idea around [Program] students at this particular school, which is really B.S. So I think she's, in the accommodation sense, I feel like they're not accommodating her safety needs. He [the perpetrator] still continues to stay. He's currently at the school. They've had *no* disciplinary action whatsoever against him. And...we believe he's assaulted someone else, and there's a current police investigation going of another girl that he raped in another school. Literally, picked up on her charges, two months later, picked up on another girl's charges... Kid's a total perpetrator. But they're not going to take any of her safety needs into accommodation. And I think that's a direct result of the fact that she's Latina and she's not quote "from there." (Provider 103, lawyer)

This example demonstrates how an institution can fail to accommodate the needs of survivor of color who is perceived as an outsider. Given the importance of both safety and social responses in determining the course of survivors' post-traumatic experience, this type of inaction may compound a survivor's trauma. Indeed, the provider went on to explain that this survivor's grades "tanked," her extracurricular involvement decreased, and she was unable to participate in an internship she had previously arranged. These changed affected the college options available to her, adding up to a trajectory shift of the kind described above.

3. Differential impact for low-wage workers. Providers reported many ways in which low-wage workers are particularly vulnerable to negative economic effects of sexual violence, many of which are reported above. Low-wage jobs are characterized by instability, no benefits, and few employment protections. This means time off is likely to be unpaid, and hourly workers often risk losing their jobs if they need to take time off to seek services or simply to recover from the assault. Participants spoke of these risks in sharp contrast to middle class and higher-earning survivors, who have many more options, particularly around paid time off, job security, and benefits. Indeed many middle class survivors in this study described drawing on paid time off, insurance coverage, and similar benefits in order to get through their recovery. This lawyer explained the limited options available to her clients who work in low-wage jobs:

I've seen...people who have to work because they have rent, children, other obligations that they don't feel-- They don't have short-term disability, they don't have workers' comp, they don't have long-term disability, they have nothing to fall back on. (Provider 103, lawyer)

This provider went on to explain that these survivors are often, “essentially regressing back into severe poverty because if they're working an hourly job, there is no health insurance. There is no vacation time. There is no sick days” [*sic*].

These work-related effects can impact survivors' economic stability and their mental health and wellbeing. In turn, mental health can impact a survivor's ability to continue working, as discussed above. An administrator explained the interrelation of these effects for her agency's clients:

The clients that work in the food industry or housekeeping and things like that or just any type of job where you're not a salaried employee, it's more about how many hours you're working, they don't have the reserve. They don't have any financial reserve, they usually don't have much in terms of savings, and they are in jobs where if they don't show up, they don't get paid. Maybe they can take two weeks off, but that means they're not going to get paid those two weeks. So that pretty quickly affects someone's ability to pay their rent and pay their utility bills and buy food and take care of their kids. And then that also affects them emotionally and their ability to continue to function. And I've seen a lot of clients in that position really sink into a depression, where even if they could go back to work, they weren't in a position to go back to work. And unfortunately, I think those are the clients that are always in danger of becoming homeless and really just losing everything because they didn't have that much to begin with, and they were kind of living paycheck to paycheck. (Provider 107, administrator)

As this provider explains, low-wage workers who are sexually assaulted are vulnerable to a number of negative financial consequences, which can spawn additional economic harm, creating a negative cycle or downward spiral. Immigrants, low-income individuals, and women of color are overrepresented in low-wage jobs, suggesting these categories overlap considerably and placing the most marginalized survivors at risk for serious economic consequences.

E. Conclusion

On the whole, the findings presented in this chapter suggest sexual violence carries significant expenses and economic consequences for survivors. Two types of expenses were identified, those arising directly from the assault, such as lost wages or medical expenses, and those arising due the disruption in earnings, such as food, housing, or utility costs. Numerous economic consequences were also identified, including mental health effects, the desire to move to a new residence, and difficulties working or attending school. Together, these expenses and consequences can damage survivors' economic wellbeing in the short- and long-term. Indeed, most respondents spoke about sexual violence shifting survivors' life trajectories, and many provided examples of dramatic shifts in educational attainment, occupation, earnings, or overall economic stability following the assault.

The costs and consequences of sexual violence appear to vary by race, ethnicity, immigration status, and class. Participants reported that survivors of color, low-income survivors, and immigrants face numerous additional burdens and barriers in the pathway to recovery. For instance, all of these populations are overrepresented among low-wage workers, who tend to lack employment protections and options for paid leave. Thus, survivors in hourly and low-wage jobs often risk losing their jobs in the wake of assault. Undocumented immigrant survivors also face an array of additional concerns, including limited access to legal recourse and difficulty finding new employment.

In keeping with trauma theory, many of the costs and consequences arise in relation to post-traumatic symptoms. For instance, post-traumatic symptoms, such as anxiety or depression, can trigger medical expenses and often disrupt survivors' ability to

work and earn. Additionally, these economic consequences, such as a temporary or permanent inability to work, can add to survivors' mental health burdens due to their effect on survivors' identity as well as the economic stress caused by interrupted wages. In this way, economic effects are neither static nor isolated but instead interact with and reinforce emotional, psychological, and other financial consequences in survivors' lives.

Taken together, these findings suggest that the economic dimension of sexual violence is important to survivors' future prospects, wellbeing, and recovery, and policy should attend to the economic needs of survivors. Since these economic consequences affect some survivors more than others, depending on their economic and social position, remediative policies are needed to target vulnerable populations. The barriers for vulnerable populations to access existing policies and services are explored in Chapter 6, and policy options are presented in Chapter 7. Before delving into these policies, however, I analyze the economic consequences of sexual violence from a different angle. Chapter 5 presents evidence on the income effects of sexual violence for a representative sample of U.S. women.

CHAPTER 5. QUANTITATIVE FINDINGS: EFFECTS OF RAPE AND SEXUAL ASSAULT ON HOUSEHOLD INCOME

A. Overview

The previous chapter offered evidence on a range of financial costs and economic consequences that arise as a result of sexual violence, suggesting that such violence can create significant costs and economic burdens for survivors and their families. The question remains as to whether these types of costs and consequences lead to survivors having lower household income than non-victims. In this chapter, a quantitative analysis of the Collaborative Psychiatric Epidemiology Surveys (CPES) (Alegria, et al., 2008) is presented in response to Research Questions (RQ) 1 and 2 with respect to income:

RQ1: Does sexual violence create economic consequences for survivors, and if so, how can these consequences be characterized?

RQ2: How do the economic impacts of sexual violence differ by race, class, and immigration status?

To respond to these questions, this analysis tested the following hypotheses (H):

H1: Survivors of sexual violence will have lower economic wellbeing than non-victims, after controlling for demographics, employment, relationship status, and mental health diagnoses.

H2: Sexual violence will have a greater negative effect on economic wellbeing for women of color than for non-Hispanic white survivors.

H3: Sexual violence will have a greater negative effect on economic wellbeing than a life-threatening car accident.

The primary measures of economic wellbeing used in this analysis are household income (a continuous variable) and low-income status (a categorical variable), which is defined as 150% of the federal poverty guideline.

The findings presented in this chapter show that rape survivors have lower income and a higher poverty rate than non-victims. Rape and sexual assault survivors also suffer from mental health diagnoses, including post-traumatic stress disorder (PTSD), depression, anxiety, and substance abuse, more frequently than non-victims. Indeed, regression models reveal that rape appears to impact income in part via these mental health conditions, particularly PTSD. The effects of rape on income also appear to attenuate over time, as the experience of rape within the past 20 years has a stronger and more significant impact on income than does rape overall. The models also reveal that income effects vary by race and ethnicity. In this section, I outline the findings on income differences between survivors and non-victims, propose an interpretation of these findings, and note their limitations.

B. Descriptive Statistics

1. Sample characteristics. As described in the Methods chapter, a sub-sample of the CPES data was used in this analysis. Of the CPES' 20,013 observations, 9,111 met the criteria for this study by being female and having been asked key questions used in the analysis. The sample was racially and ethnically diverse, as Table 12 reveals. As noted in the Methods section, although more detailed ethnic information is available via

the CPES, for the purposes of this study, a five-category race/ethnicity category was utilized. The “other race” category, generated by the CPES administrators, includes Native Americans, Pacific Islanders, and others who did not fall into the 12 racial and ethnic categories they created.

Table 25: Race and Ethnicity of the Sample

5-category race	Freq.	Weighted percent
Asian	1,143	4.67%
Latina	1,843	11.61%
Black	3,635	12.84%
Nonhispanic white	2,378	68.53%
Other race	112	2.35%

Table 26: Sample Characteristics

	Min	Max	Mean	Std dev
Age	18	98	45.71	19.18
Education	4	17	12.98	2.87
Household income	\$0	\$200,000*	\$52,037	48,428

	Freq	Rate
Immigration status:		
U.S. born	6,323	86.8%
Born elsewhere	2,749	13.2%
Poverty	1,983	16.03%
Employed	5,537	63.88%
Relationship status:		
Married/cohabitating	4,384	54.31%
Single	4,722	45.69%

* Income was capped at \$200,000.

Other sample characteristics are summarized in Table 26. Respondents ranged in age from 18 to 98, with a mean age of 45.6. Their years of education ranged from four to 17, with a mean of 13 years. The sample’s mean income was \$51,364. Household income had a skewness of 1.43, which suggests women’s income is highly right-skewed. This indicates most income clusters at the lower income levels, and relatively few participants report high incomes. Indeed, the income distribution in this sample

resembles the distribution for the U.S. women in 2001, which appears to be similarly skewed. Skewness was also calculated by race (Appendix 7, Table A3), and the findings align with what is known about racial income inequality: Skewness is lowest for Asian and white women and highest for Black and Latina women. Given the high skewness values, however, it is important to note that the survey commands in Stata automatically use robust estimators, which means most normality assumptions are effectively bypassed. Also related to income, 16% of the sample had income below the federal poverty guideline. (The construction of the poverty variable is explained in Chapter 3). Racial differences in the poverty rate are discussed in a later section. Additionally, due to the high standard deviation of income, large effects are needed in order to achieve statistical significance. This should be borne in mind when interpreting these findings.

The majority of the sample was employed. Participants who reported currently working for pay, being employed, or being self-employed were included in the “employed” category. Those who reported not currently working for pay and being unemployed were considered unemployed, as were those who reported being retired, homemakers, or students. Comparison models were run which treated those in the latter roles (retired, homemakers, and students) as a third category, but this did not appear to impact the analysis, so the simple, 2-category employment variable was used. Less than half of the sample (45.7%) was single (divorced, widowed, or never married), while the remaining 54.3% were married or cohabitating.

2. Prevalence of sexual violence. In the sample, 14.4% of female respondents reported experiencing rape at some point in their lives. The mean age at first rape was 14.5, with a range of one to 56 years. Participants reported experiencing from one to 200

acts of rape in their lifetimes, with the majority (85%) clustering in the range of one to three rapes. Nearly a fifth of the sample (18.8%) reported experiencing sexually assault other than rape, which in the CPES was defined as in appropriate or unwanted touching. When rape and sexual assault were combined, more than a quarter (26.1%) of the sample reported experiencing some form of sexual violence in their lifetime. Note that the category “Ever raped or sexually assaulted” is not simply the sum of the frequencies for rape and sexual assault because 7.3% of women reported experiencing both rape and sexual assault. These data are summarized in Table 27.

Table 27: Sexual violence in the sample

	Freq	Rate	Mean age of first assault	Mean years since first assault	Mean assaults in lifetime
Rape	1,381	14.44%	14.50	26.10	2.89
Sexual assault (SA)	1,697	18.76%	13.66	27.49	4.72
Rape or SA	2,354	25.95%	-	-	-

- indicates the data could not be calculated from the data.

C. Bivariate Analyses

1. Differences between Survivors and Non-Victims on Demographic

Characteristics. This section reports differences between survivors and non-victims on demographic variables, including age, immigration status, employment status, and education.

Age. First, rape survivors were 6 years younger than non-victims, a significant difference ($p < .0001$). This is in keeping with research on rape prevalence, which suggests women under 24 years of age face the highest risk of sexual violence (Black, et al., 2011). When examined by race, non-victims were older than survivors among Latina (3.5 years), Black (3.0 years), and white (8.9 years) women ($p < .01$). The age difference

was not significant for Asian women, while survivors of “other race,” were older by 16.2 years ($p < .05$). Because age was negatively correlated with income at -0.06 ($p < .0001$) overall, this age difference between survivors and non-victims may impact survivors' income level. This impact may differ by race and ethnicity. In order to account for this difference, the regression models controlled for age. In the linear regressions, mean-centered age and age squared were included, and in the logistic regressions, the standard age variable was included.

Immigration status. Second, U.S.-born participants reported a significantly higher rate of rape than immigrants (15.4% and 8.0%, respectively). The odds ratio of rape for U.S.-born women was 2.1 ($p < .0001$) when no other variables are controlled for. The possible reasons for this difference are discussed in detail below specifically for Latina women, but the same argument is likely to apply across racial and ethnic groups. Notably, U.S.-born participants' mean household income did not differ significantly from that of immigrants for women overall. However, immigration status was related to income for some racial and ethnic groups, specifically Latinas and Black women. Among Latinas, U.S.-born women have higher mean household income by \$10,019 ($p < .01$). Among Black women, the opposite is true; immigrant women's household income is greater than U.S.-born women's by \$10,794 ($p < .01$). Thus, the higher rate of rape among U.S.-born respondents may impact income differently by race and ethnicity. To account for these differences, the regression models included dummy variables for both race and immigration status.

Employment. Third, victimization status was not significantly related to employment for women overall. This was also true for white, Black, Asian, or “other

race” women. Among Latinas, employment and rape victimization were related. The odds ratio of rape for employed Latinas was 1.6, suggesting employed Latinas were 60% more likely to report rape than are their unemployed peers. The potential reasons for this and its implications are discussed in detail below. A dummy variable for employment status was included in all regression models in order to account for these differences.

Education. Victimization status was also not significantly related to years of education for women overall. The same was true for white and Black women. However, rape victimization was related to years of education for Latina, Asian, and “other race” women. Latinas who identified as rape survivors had 0.6 years more education than non-victims ($p < .05$). Similarly, among Asian women, those reporting rape had 0.9 years more education than non-victims ($p < .05$). For women who were categorized as “other race,” this pattern was reversed; non-victims had 2.2 years more education than survivors. Since education is positively correlated with income for women overall (0.37, $p < .0001$) and for each racial and ethnic group, these differences in education between victims and non-victims may impact household income differently depending on participants’ race and ethnicity. The regression models included years of education in order to account for these differences.

2. Prevalence of sexual violence by race/ethnicity. The prevalence of sexual violence (rape, non-rape sexual assault, and any sexual violence) varied by race and ethnicity ($F(1.56, 257.88) = 4.92, p = .01$). As Table 28 reports, Asian American women reported the lowest rates of sexual violence, followed by Latinas and non-Hispanic white women. Black women and those who were classified as “other race” had the highest rates of all types of sexual violence. A comparison of the odds ratios by race/ethnicity

(Table 29) revealed that, indeed, Asian American women were significantly less likely to report experiencing rape than all other racial groups. Table 29 also indicates that Black women reported a significantly higher rate of rape than did Latinas and the “other race” group.

Table 28: Prevalence and frequency of sexual violence among women by race/ethnicity

Race/ethnicity	Rape	Sexual Assault*	Any sexual violence**
Asian N=1,143	5.39% (62)	12.65% (135)	15.09% (164)
Latina (any race) N=1,843	12.94% (258)	15.54% (301)	21.41% (411)
Black N=3,635	16.81% (569)	19.08% (657)	27.82% (952)
Non-Hispanic white N=2,378	14.26% (455)	19.40% (568)	26.50% (775)
Other race N=112	32.42% (37)	26.58% (36)	43.90% (52)
Women overall	14.44% (1,381)	18.76% (1,697)	25.95% (2,354)

* Sexual assault other than rape

** Rape or sexual assault
(Frequency in parentheses)

Table 29: Odds ratio of rape for each pair of racial/ethnic groups

Reference group: Group:	Asian	Latina	Black	White	All other
Asian		0.38***	0.28***	0.34***	0.12***
Latina (any race)	2.61***		0.74**	0.89	0.31*
Black	3.55***	1.36**		1.21	0.42
Non-Hispanic white	2.92***	1.12	0.82		0.35
All other	8.43***	3.23*	2.37	2.88	

* p< .05

*** p< .0001

** p< .01

When interpreting these racial differences in rape prevalence, it is important to consider both variation in sample size and the possibility of underreporting. The frequencies are reported in Table 28 to demonstrate that certain groups’ numbers are so low as to raise questions about the estimates, particularly for rape. However, the

frequencies must be interpreted with caution because these analyses utilize sampling weights to account for oversampling of certain populations and allow for representativeness. Nonetheless, of 9,111 respondents, only 112 were classified as “other race,” making estimates with this group less robust. Similarly, the fact that only 62 Asian American and Asian respondents (of 1,136) reported rape may signal underreporting among this population. However, Asian and Asian American women report consistently low rates of rape in research, and it is an open question as to whether they are underreporting or whether they actually experience a lower rate of rape. Still, the possibility of underreporting is an important consideration when interpreting the findings.

3. Co-occurrence of intimate partner violence and rape. Because this study focuses on the impact of sexual violence that occurs outside the context of intimate partner violence (IPV), or a pattern of abuse, it is important to examine the degree to which rape and sexual assault overlap with IPV in this sample. As noted in Chapter 3, the CPES did not seek information on the perpetrator of rape or sexual assault, nor on each violent incident’s relationship to other acts of violence. Thus these data do not allow for a clear separation of non-IPV sexual violence from IPV, which in the CPES was defined as having “ever been badly beaten up by a spouse or romantic partner” (ICPSR, n.d., PT14, PT42). This is a notably limited definition, which only focuses on one type of physical violence (beating) and specifies its severity (badly). Thus, underreporting of IPV is highly likely, as those who have experienced less severe beatings or other types of violence of any severity were not likely to respond affirmatively to this question.

Still, examining the overlap between the rape variable and this IPV variable is the best method available to estimate the co-occurrence of these two types of violence. As Figure 1 illustrates, 5.7% of the sample reported experiencing both rape and IPV. This means 37.5% of rape survivors have also experienced physical IPV. Rape and IPV were also significantly correlated at 0.29 ($p < .0001$). When non-rape sexual assault was included alongside rape (Figure 2), 12.8% of the sample reported experiencing both sexual violence (rape or non-rape sexual assault) and IPV. This corresponds to 42.5% of sexual violence survivors also experiencing IPV. Sexual violence and IPV were correlated at 0.25 ($p < .0001$). Clearly, many women in this sample have experienced more than one form of gendered violence.

Figure 1: Prevalence of rape and IPV

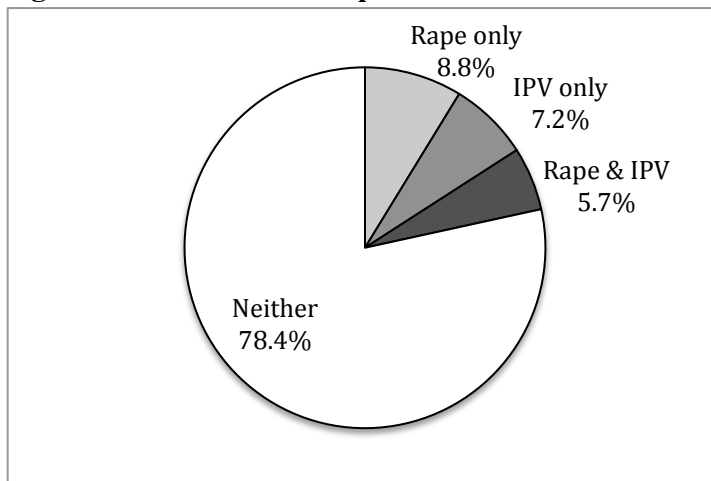
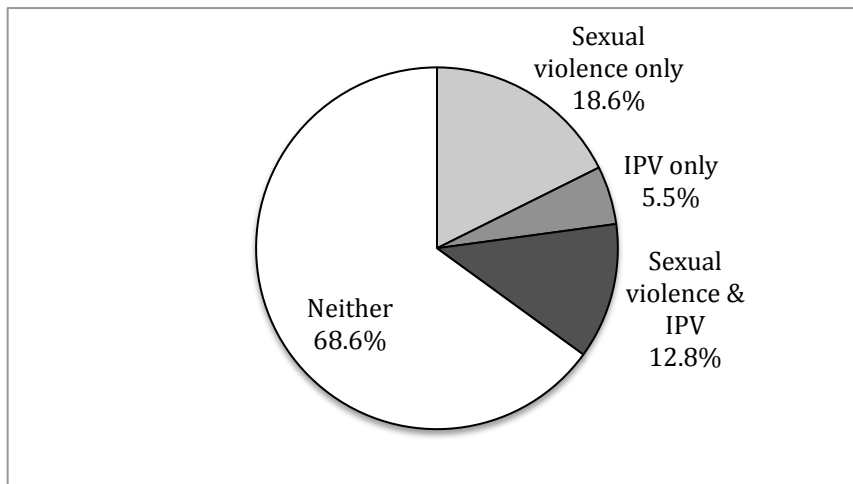


Figure 2: Prevalence of any sexual violence (rape or non-rape sexual assault) and IPV



In an attempt to distinguish the effects these different forms of violence have on income, the regression models controlled for IPV. It is important to recognize, however, that this analysis did not thoroughly disentangle the effects of non-IPV sexual violence from those of IPV, due to the co-occurrence of the two in many women's lives. This reflects reality to an extent, as many women experience both rape and physical violence from partners, either independently or from the same perpetrator. The findings of the qualitative portion of the study can shed more light on the specific effects of non-IPV sexual violence. Additional research is required to assess the specific impact of non-IPV sexual violence on income.

4. Mental health and substance abuse. In keeping with the literature on consequences of sexual violence, rape survivors in this sample suffered from high rates of mental health disorders.⁸ Specifically, nearly a quarter (23.6%) of rape survivors met the

⁸ All diagnoses are based on the Diagnostic and Statistical Manual-IV (DSM-IV), as reported in the CPES. All are 12-month prevalence rates, meaning the participants reported experiencing symptoms that meet the

criteria for a major depressive episode (MDE) within the past 12 months, and nearly a fifth (18.3%) met the criteria for PTSD. Panic attacks also affected nearly a quarter (23%) of rape survivors. As Table 30 summarizes, both rape survivors and survivors of any sexual violence (rape or sexual assault) were significantly more likely to meet the criteria for PTSD, MDE, panic attack, panic disorder, and agoraphobia than non-victims. While survivors' rates of substance abuse were much lower (about 2%), rape survivors were significantly more likely to meet the criteria for alcohol abuse and drug abuse than non-victims. Survivors of any sexual violence had a higher rate of drug abuse than non-victims but were no more likely to experience alcohol abuse.

Table 30: 12-month prevalence of select diagnoses by victimization status

Diagnosis	Rape		Any sexual violence	
	Yes	No	Yes	No
PTSD	18.33%***	2.53%	13.33%***	1.83%
Depression (MDE)	23.62%***	7.67%	20.02%***	6.50%
Panic attack	23.08%***	11.15%	19.68%***	10.5%
Panic disorder	9.13%***	2.74%	6.77%***	2.38%
Agoraphobia ⁹	2.85%***	1.24%	2.56%***	1.09%
Alcohol abuse	1.82%**	0.68%	1.14%	0.74%
Drug abuse	2.05%***	0.42%	1.78%***	0.26%

** p<.01

Significance based on chi-square tests for independence.

*** p<.0001

The mental health and substance abuse diagnoses were often correlated with other diagnoses, both for the sample at large and for rape survivors specifically. As Table 31 suggests, in the overall female sample, all diagnoses were significantly positively correlated with the exception of two pairs: Agoraphobia and alcohol abuse were significantly negatively correlated (-0.01, $p < .0001$), and there was no significant relationship between agoraphobia and drug abuse. Panic attack and panic disorder were

criteria for the diagnosis within the past year.

⁹ Agoraphobia refers to DSM-IV diagnosis of agoraphobia without panic disorder.

highly correlated (0.51), which is to be expected, as the two share diagnostic criteria.

Table 31: Paired correlations between mental health and substance abuse variables for women overall

	PTSD	MDE	Panic attack	Panic disorder	Agoraphobia	Alcohol abuse
Depression (MDE)	0.22***	1				
Panic attack	0.16***	0.28***	1			
Panic disorder	0.17***	0.21***	0.51***	1		
Agoraphobia	0.15***	0.18***	0.21***	0.23***	1	
Alcohol abuse	0.06**	0.04*	0.06**	0.05*	-0.01***	1
Drug abuse	0.06**	0.09***	0.10***	0.07**	0.03	0.16**

* p<.05

*** p<.0001

** p<.01

Table 32: Paired correlations between mental health and substance abuse variables for rape survivors

	PTSD	MDE	Panic attack	Panic disorder	Agoraphobia	Alcohol abuse
Depression (MDE)	0.17***	1				
Panic attack	0.17***	0.31***	1			
Panic disorder	0.19***	0.22***	0.54***	1		
Agoraphobia	0.16***	0.17***	0.18***	0.26***	1	
Alcohol abuse	0.00	0.01	0.06*	0.06	-0.03***	1
Drug abuse	0.06	0.13**	0.10**	0.07	0.05	0.12

* p<.05

*** p<.0001

** p<.01

When these correlations among diagnoses were examined for rape survivors specifically (Table 32) some differences were apparent. Alcohol and drug abuse were not significantly related to PTSD for survivors, which differs from findings by Kilpatrick and colleagues, who report lifetime PTSD is positively associated with lifetime alcohol abuse. The present findings differ because they refer to 12-month diagnoses; when the correlations for lifetime prevalence were tested, Kilpatrick et al.'s findings were replicated (see Appendix 7, Tables A4-A5). Twelve-month alcohol abuse and drug abuse were also significantly correlated with fewer diagnoses for this population. Still, it is

apparent that many of these diagnoses were significantly correlated both for rape survivors and for women overall. These findings are in keeping with research in this area, which has indicated trauma victims frequently experience PTSD comorbidly with other mental health diagnoses (Breslau, Davis, Peterson, & Schultz, 2000; O’Donnell, Creamer, & Pattison, 2004; Perkonigg, et al., 2000).

Although rape was associated with elevated rates of several diagnoses in these data, only PTSD, depression, alcohol abuse, and drug abuse were included in the regression models. These diagnoses were selected because they are widely agreed upon in the literature as consequences of sexual assault, as noted in Chapter 2. Additionally, these disorders are characterized by ongoing symptoms, which may impact the individual’s productivity and potentially their earnings over a period of time.

5. Income differences by victimization. Across several measures of income and income adequacy, rape survivors fared less well than non-victims, while the broader “any sexual violence” category was not significantly related earnings. These findings are summarized in Table 33. First, household income differed by victimization status. Rape survivors had \$5,619 less mean household income than non-victims. Victims of any sexual violence had \$2,090 less in mean household income than non-victims, which is not a significant difference.

Table 33: Mean household income and income-to-needs ratio by victimization status

Income/adequacy measure	Rape			Any sexual violence		
	Yes	No	Difference (no – yes)	Yes	No	Difference (no – yes)
Mean household income	\$47,437**	\$53,056	\$5,610	\$50,705	\$52,795	\$2,090
Mean income-to-needs ratio	3.58**	4.00	0.42	3.86	3.97	0.11
Poverty rate	19.27%*	15.41%	-3.86%	15.98%	15.81%	-0.17
Low-income (150% FPL) rate	29.57%*	25.60%	-3.97%	26.20%	26.18%	-0.02

* p<.05

** p<.01

Second, since the meaning of household income varies by household size, I also examined the income-to-needs ratio for survivors versus non-victims. This ratio, calculated by the CPES administrators, represents household income divided by the 2001 federal poverty threshold for a given family size. Consistent with the findings on income, rape survivors had a significantly lower income-to-needs ratio than non-victims, while the difference disappeared for the broader “all sexual violence” category.

Third, survivors of rape also experienced a higher poverty rate (using the 2001 U.S. Census poverty guidelines) than non-victims, but the broader sexual violence category again did not differentiate survivors from non-victims. Finally, rape survivors had a significantly higher rate of low income (150% of the federal poverty threshold) than did non-victims. Once again, when non-rape sexual assault was included, the difference disappeared. Due to the consistent findings on rape versus the broader sexual violence category, the following multivariate models focused on rape survivors specifically.

Table 34: Differences in mean household income by victimization status and race/ethnicity

	Overall	No rape	Rape	Difference (no – yes)
Asian	\$69,510 (2,480)	\$70,281 (2,595)	\$58,454 (8,812)	\$11,827 (9,341)
Latina	\$39,449 (1,933)	\$38,582 (2,022)	\$45,745 (3,151)	-\$7,163* (3,054)
Black	\$33,164 (992)	\$33,448 (1,079)	\$32,195 (1,664)	\$1,253 (1,589)
Non-Hispanic white	\$56,682 (1,835)	\$57,582 (1,757)	\$52,270 (3,145)	\$5,312* (2,623)
Other race	\$47,146 (9,463)	\$57,050 (10,146)	\$26,838 (2,508)	\$30,213* (10,223)

* p< .05
(Standard errors in parentheses)

Income differences between survivors and non-victims also differed by race and ethnicity, as Table 34 shows. The table shows large but expected racial differences in overall income, with Asian women reporting the highest household income, followed by white women. Latina and Black women had considerably lower income than the other groups. Indeed Black women had less than half the income of Asians. For all groups except Latinas, women reporting rape had lower mean income than non-victims. (Latinas' income differences are discussed in detail below). The "other race" group had the largest difference, at over \$30,000. This group's small sample size and very high standard errors suggest the need for further research on this point. Asian women had the next largest income difference (\$11,827), but it is statistically non-significant. Non-Hispanic white women survivors had significantly less income than non-victims (\$5,312). Black women had the smallest difference between survivors and non-victims. There may be less room for income effects in Black women's income, which is low across all categories. Indeed Black non-victims had lower income than white, Latina, and Asian survivors.

These patterns were echoed in the racial differences in low-income status (150% FPL) shown in Table 35. Once again, Black and Latina respondents experienced low-income status at high rates (43 and 46 percent, respectively). As with income, among white women, rape survivors were much more likely to be low-income than non-victims, and Latinas again had an unexpectedly reversed pattern. Rape did not significantly impact low-income status for Asian or Black women.

Table 35: Differences in low-income rate by victimization status and race/ethnicity

	Overall	No rape	Rape	Difference (no - yes)
Asian	25.23%	25.28%	23.86%	1.42
Latina	46.05%	47.28%	37.55%	9.73*
Black	43.41%	42.73%	46.20%	-3.47
Non-Hispanic white	19.62%	18.68%	24.75%	-6.07*
Other race	32.61%	33.13%	31.93%	1.2

* p< .05

These tables also show that Latina survivors had higher overall income than non-victims and a lower rate of low-income. These findings are most likely due to patterns of disclosure among this population, based on the following culturally specific concerns for this population. First, evidence suggests Latinas are less likely to disclose sexual violence or intimate partner abuse than women from other ethnic groups, particularly to formal service agencies (Ahrens, et al., 2010; Bletzer & Koss, 2004). Ahrens et al. (2010) note that this may be due to, “cultural norms against sharing personal information with strangers, an emphasis on family well-being over personal well-being, and adherence to traditional gender roles and beliefs about marriage” (p. 284). Given the formal nature of the CPES data collection, it is possible Latinas withheld information about their experiences with rape for these reasons. Second, Latina women are known to hold culturally and linguistically specific understandings of rape, including being less likely to identify forced sex as rape (Ahrens, et al., 2010; Lira, Koss, & Russo, 1999; Littleton, Breitkopf, & Berenson, 2007; Low & Organista, 2000). Given the singular, limited definition of rape used by the CPES, this is another reason Latinas may have underreported. Finally, evidence suggests that among Latinos, higher acculturation is associated with a greater likelihood of identifying sexual violence as such (Ahrens, et al., 2010; Littleton, et al., 2007; Ulloa, Jaycox, Marshall, & Collins, 2004).

To examine whether this is in fact affecting the CPES analysis, immigration status can be used as a proxy for acculturation. Indeed, Latinas in the CPES who were born in the U.S. reported rape at nearly twice the rate of those born elsewhere (15.4% compared to 8.0%), and U.S.-born Latinas also had significantly higher household income (\$44,607) than immigrant Latinas (\$34,588) ($p < .01$). Sorenson and Siegel (1992) similarly found that U.S.-born Mexican Americans reported rape at three times the rate of those who were Mexican-born. The CPES data, like Sorenson and Siegel's data, do not allow us to discern whether foreign-born Latinas were underreporting or if they truly experienced rape this lower rate. However, the effects of acculturation cited above suggest underreporting is possible. In addition to the nativity differences, immigrant Latinas who are more acculturated may also be more likely to report sexual violence. To the extent that more acculturated immigrant Latinas have higher income, this would further contribute to the observed income differences. Together, these differences may explain the counterintuitive positive income effect for Latinas, such that more acculturated Latinas' higher earnings and reporting rates create a misleading association.

In addition to immigration status, another correlate of acculturation may be Latinas' independence. Employment and education level may be proxies for independence, as being employed and having more education may be emblematic of greater independence. Latina women who were more independent may have been more likely to report rape on the CPES. First, examining the relationship between employment and rape showed that Latinas who were working reported a significantly higher rate of rape (16.1%) than those who were not employed (10.5%) ($F(1, 112) = 4.69, p = .03$). As Table 36 reports, this was true for immigrant Latinas, among whom the employed

reported a rape prevalence of 13.6%, compared to 7.2% of the unemployed ($F(1, 95)=4.01, p=.05$). Among U.S.-born Latinas, the gap was smaller (18.1% versus 14.6%) and not significant. Interestingly, this pattern also did not hold true for the overall sample, in which there was no significant difference in the prevalence of reported rape between employed (15.5%) and unemployed women (13.6%). This suggests the relationship between employment and rape (or reporting) may be unique to Latinas and particularly strong for immigrants. This lends further support to the acculturation hypothesis presented above.

Table 36: Prevalence of reported rape by ethnicity, nativity, and employment

	Employed	
	Yes	No
Latinas overall	16.05%*	10.49%
Immigrant Latinas	13.60%*	7.18%
U.S.-born Latinas	18.13%	14.56%
Women overall	15.49%	13.56%

* $p < .05$

Second, to examine the relationship between education and rape, the mean years of education were computed by victimization status (Table 37). Among Latinas, survivors had 11.5 years of education, while non-victims had 10.9, a small but significant difference ($p=.02$). Among the overall sample, however, there was no significant difference in years of schooling by victimization status (12.8 and 13.0 years, respectively). There was inadequate data to examine this difference for immigrant versus U.S.-born Latinas due to the sampling design.¹⁰ Together, these findings may suggest that more independent Latinas, specifically those who were employed and had more

¹⁰Among immigrant Latinas, there was no significant relationship between education and rape victimization. Among U.S.-born Latinas, significance could not be determined because there was at least one sampling stratum with a single sampling unit.

education, were more acculturated or more knowledgeable about rape and thus more likely to report rape on the CPES. Since both employment and education are closely related to income level, these findings may simply be features of the same potential reporting bias noted with respect to immigration status above. On the other hand, it is possible that working and going to school increase Latina women’s risk of rape due to exposure to potential perpetrators or the types of schools or jobs they are likely to attend. Because of this and because these data cannot discern reporting bias from actual prevalence, further research is needed to understand the prevalence of rape and its economic effects for Latinas in the U.S. This limitation must be kept in mind as the following analyses are interpreted.

Table 37: Mean years of education by victimization status, ethnicity, and nativity

	Rape	
	Yes	No
Latinas overall	11.47*	10.90
Immigrant Latinas	9.95	10.01
U.S.-born Latinas	12.41°	11.93
Sample overall	12.82	13.01

* p< .05

° Significance cannot be determined due to a stratum with a single sampling unit

D. Multivariate Analyses Using Linear and Logistic Regression Models

The following analyses test Hypotheses 1 and 2 by examining the effect of rape on two measures of income and adequacy: Household income and low-income status (defined less than 150% of FPL). The first measure, household income, allows us to estimate the income effect of rape in dollars. The second measure, low-income status, offers a signal of the number of families experiencing economic hardship as a result of these income effects. The findings are described in three parts. First, effects of rape on household income are explored, for both women overall and by race and ethnicity

(Hypotheses 1 and 2). Next, the effects of rape on low-income status are explored in the same manner (Hypothesis 1 and 2). Finally, the impact of rape on these measures of income and adequacy are compared to a different type of trauma, the life-threatening car accident (Hypothesis 3). These multivariate analyses reveal that rape does appear to impact household income, even when controlling for other factors. However the effects seem to attenuate over time and differ by race. Rape also appears to act on income in part through mental health diagnoses, specifically PTSD.

1. Hypothesis 1: Household income. First, linear regression models were run to examine the effect of rape on household income. These linear regression models lend partial support to Hypothesis 1, showing that rape survivors had lower household income than non-victims by \$3,400, even when controlling for age, education, relationship status, employment status, nativity, and race/ethnicity (Table 38, Model 1). The coefficient of rape was smaller than that in the bivariate analysis (\$5,610), most likely due to the demographic variables that were included. These demographic variables had significant effects on income in expected directions, such as single women having much lower household income than those who were married or cohabitating. Similarly, employment and education had large, positive effects on income, as expected. Race and age also impacted income in ways that are consistent with the extant literature. These demographic effects persisted throughout all models.

Table 38: Linear regression coefficients for the effect of rape and mental health variables on household income

Dependent: HH income	Model 1	Model 2	Model 3	Model 4
R ²	0.293	0.293	0.293	0.293
Constant	6076.25	6414.27	6551.30	6761.24
Rape (ever raped)	-3411.19* (1537.19)	-2996.55° (1771.875)	-2318.45 (1717.25)	-2043.85 (1753.13)
Age (mean-centered)	155.67*	157.98*	155.91*	151.01*
Age ² (mean-centered)	-9.48***	-9.65***	-9.76***	-9.82***
Single	-29076.95***	-28972.10***	-28853.77***	-28730.13***
Employed	14348.98***	14313.59***	14282.47***	14208.09***
Education (years)	4574.49***	4551.42***	4549.04***	4549.66***
U.S.-born	-2736.44	-2608.74	-2572.40	-2555.33
Asian	9156.60*	9183.25*	9080.38*	8997.19*
Latina	-8224.96**	-8160.30**	-8294.78**	-8357.92**
Black	-13999.42***	-13973.51***	-14061.82***	-14173.42***
Other race	-809.37	-650.74	-469.41	-511.56
IPV		-1534.54	-1187.01	-982.66
PTSD			-5156.59°	-4401.85
Depression (MDE)				-2983.87
Alcohol abuse				4588.22
Drug abuse				-4869.23

Standard errors reported for rape (in parentheses)¹¹

* p<.05

° p≤ .09

** p<.01

***p<.0001

When intimate partner violence was added to the model, rape ceased to be significant (p= 0.09), and IPV was also not significant (p= .50) (Table 38, Model 2). The rape coefficient also decreased in absolute value by about 400 in this model. This may suggest that due to the strong correlation between IPV and rape, including IPV in the model absorbed some of the impact of rape on income. Examining the possibility of multicollinearity, the tolerance of rape with all x variables was 0.88 (VIF= 1.14). When IPV was removed, the tolerance of rape was 0.96 (VIF= 1.04). Without IPV, 4% of the variance (1 – 0.96) in rape was caused by the other x variables. When IPV was included, the x variables contributed to 12% of the variance in rape. This suggests IPV explains

¹¹ See Appendix 7, Tables A7-A12 for standard errors for all analyses.

some of the variance in rape, likely due to their overlap and correlation. However, multicollinearity did not appear to be a problem.

The addition of PTSD and the other mental health variables did not significantly change findings. When PTSD was added (Table 38, Model 3), the rape variable decreased and remained non-significant, and PTSD was marginally significant ($p = .06$). Major depressive episode (MDE), alcohol abuse, and drug abuse were added simultaneously in Model 4 (Table 38), and they did not significantly impact the findings.

Recentness of rape. It is possible that rape has its most acute effects on income and economic wellbeing in the years immediately following the assault and that these effects diminish as the years pass. If this is the case, the effects of rape on household income may be obscured in the above analyses. Indeed, the majority of survivors in this sample reported experiencing their first rape between zero and 40 years ago, with a mean of 26 years elapsing since the first assault. The frequency dropped considerably after 40 years, and a very small portion of rape survivors reported up to 80 years passing since their first rape.¹² As more years pass, factors besides rape are likely to impact income level, including age, education, experience, and ability to work, to name a few. Additionally, the economic effects of rape are likely to diminish over time in part because the severity and frequency of post-traumatic symptoms tend to decrease over time as survivors move through the stages of recovery (Herman, 1992; Rothbaum, et al., 1992). When these symptoms are most severe immediately following the assault, they are more likely to interfere with survivors' functioning. Other aspects of post-traumatic experience

¹² An unweighted histogram of this frequency distribution is available in Appendix 7, Figure A1. It is not included in the text because it does not take into account the sampling weights with which the CPES was designed, due to limitations to the survey commands available in Stata 10.

that are likely to disrupt functioning, such as police involvement and legal proceedings, also tend to occur within the first several years following assault. Thus, it is appropriate consider whether rapes that have occurred more recently have a different effect on income than do rapes overall.

In order to explore this possibility, several variables were constructed, including mean years since first assault and dummy variables for rape within the past 15 years, 20 years, and 25 years. The years since first assault variable was constructed by subtracting the age at first assault from the participant’s age. The time-specific dummy variables were created using this “years since first assault” variable for those who reported experiencing rape. The frequencies of these variables are listed in Table 39, along with the frequency of overall rape for comparison. Analogous IPV variables were constructed to control for the recentness of IPV, and these are also listed in Table 39. Years since first rape is an acceptable substitute for years since the most recent rape because, although the mean number of assaults in the sample is 2.9, the majority of survivors experienced only one rape. Among survivors, 61.7% experienced only one rape, 17.3% experienced two, and another 7% experienced three. (See Appendix 7, Table A6 for a frequency table). Thus, measuring the years since the first rape captures the time that has passed since the most recent rape for most participants.

Table 39: Frequency of time-specified rape and IPV variables

Variable	Description	Frequency
Rape15yrs	First rape \leq 15 years ago	370
Rape20yrs	First rape \leq 20 years ago	542
Rape25yrs	First rape \leq 25 years ago	748
Rape	Ever raped	1,381
IPV15yrs	First IPV \leq 15 years ago	568
IPV20yrs	First IPV \leq 20 years ago	718
IPV25yrs	First IPV \leq 25 years ago	869
IPV	Ever experience IPV	1,248

Analyses were run using each of the time-specific variables, but only the findings from the rape20yrs variable are presented here. See Appendix 7, Tables A7 and A8 for findings on the equivalent analyses for rapes that occurred within the past 15 and 25 years, respectively. The three analyses showed fairly consistent patterns, although the 20-year variable had the strongest and most significant effects.

Table 40: Linear regression coefficients for the effect of rape within the past 20 years and mental health variables on household income

Dependent: HH income	Model 1	Model 2	Model 3	Model 4	Model 5
R ²	0.294	0.294	0.294	0.295	0.294
Constant	5822.40	5923.76	6244.46	6491.40	6503.30
Rape20yrs	-6265.17** (2164.48)	-5993.69** (2232.39)	-5351.60* (2288.11)	-5028.71* (2331.70)	-4985.09* (2321.52)
Age (mean-centered)	135.99*	134.47*	134.85°	132.67°	132.01°
Age ² (mean-centered)	-8.61***	-8.65***	-8.95***	-9.14***	-9.09***
Single	-29272.96***	29234.63***	29057.92***	-28894.33***	-28918.55***
Employed	14395.86***	14387.90***	14330.80***	14247.06***	14253.38***
Education (years)	4574.80***	4566.95***	4557.84***	4558.21***	4556.81***
U.S.-born	-2811.67	-2755.80	-2662.30	-2616.02	-2632.04
Asian	9174.94*	9193.70*	9057.66	8971.04*	8969.73*
Latina	-8315.56**	-8292.49**	-8428.45**	-8465.66**	-8480.47**
Black	-14004.14***	13981.68***	14077.76***	-14219.38***	-14184.03***
Other race	-863.33	-810.22	-563.01	-542.10	-588.78
IPV20yrs		-1101.31	-748.70	-475.63	-489.97
PTSD			-5408.32	-4502.86	-4589.68
Depression (MDE)				-3018.21	-3005.06
Alcohol abuse					4805.07
Drug abuse					-4547.07

Standard errors reported for rape (in parentheses)

- * p<.05
- ** p<.01
- *** p<.0001
- ° p=.05
- °° p=.06
- °°° p=.08 - .09

Table 40 lists the linear regression coefficients for this analysis. First, rape within the past 20 years had a sizable, negative impact on household income (-\$6,265) when controlling for the demographic variables (Table 40, Model 1). The impact of rape decreased to -\$5,994 when IPV was included, but IPV was not significant (Model 2). Including PTSD further decreased the absolute value of the rape coefficient (Model 3),

but it remained significant. For this reason five models were constructed, so that the effects of depression could be assessed separately from those of substance abuse. The addition of depression and substance abuse decreased the absolute value of rape20yrs (Models 4 and 5), but rape remained significant and negative throughout. In the final model, rape within the last 20 years decreased income by nearly \$5,000.

Although PTSD and MDE were not significant in any model, it appears these mental health variables may absorb some of the effect of rape. Indeed, the model R^2 changed very little due to the addition of the mental health and substance abuse variables. Additionally, when model 2 was re-run and rape was omitted, the PTSD coefficient was larger (-6097) and significant ($p=.03$). In the full model (model 5), when rape was omitted, PTSD remained marginally significant ($p=.06$). The idea that the mental and behavioral health variables absorb some of the effect of rape is further supported by comparing the tolerance and Variance Inflation Factor (VIF) of rape with and without the mental health and substance abuse variables. The tolerance of rape with all x variables was 0.87 (VIF=1.15). When PTSD, MDE, alcohol, and drug were removed, the tolerance increased to 0.93 (VIF 1.08). This suggests that without the mental and behavioral health variables, 7% of the variance ($1 - 0.93$) in rape was caused by the other x variables. When the mental and behavioral health variables were included, the x variables contributed to 13% of the variance in rape.

In all, it appears rape may act on income in part through mental health disorders. This mediating role of mental health disorders, specifically PTSD, is in keeping with the qualitative findings, in which many survivors reported post-traumatic symptoms disrupting their ability to work, which at times cost them their jobs and often led to lower

wages. These findings are also consistent with trauma theory, which suggests posttraumatic symptoms impair survivors in many dimensions of their lives. Such impairment may lead to decreased income even years later.

Table 41: Linear regression coefficients for the effect of rape, race, and mental health variables on household income

Dependent: Household income	Model 1	Model 2	Model 3	Model 4
R ²	0.294	0.294	0.295	0.295
Constant	6615.61	6940.04	7042.80	7241.90
Rape (ever raped)	-4524.42* (2152.39)	-4166.59^{oo} (2462.60)	-3466.43 (2342.86)	-3195.88 (2387.76)
Age (mean-centered)	155.94*	157.85*	155.92*	151.11*
Age ² (mean-centered)	-9.69***	-9.82***	-9.92***	-9.97***
Single	-29036.81***	-28950.25***	-28840.80***	-28725.62***
Employed	14215.71***	14191.50***	14165.91***	14096.40***
Education (years)	4552.73***	4531.67***	4530.47***	4531.02***
U.S.-born	-2683.10	-2597.88	-2564.00	-2549.80
Asian	9415.69*	9422.03*	9351.94*	9278.55*
Latina	-9835.52**	-9780.38**	-9860.50**	-9917.01**
Black	-14557.42***	-14525.49***	-14563.84***	-14664.91***
Other race	2375.42	2436.88	2485.61	2403.88
Asian*rape	-7594.14	-7646.88	-8098.32	-8240.22
Latina*rape	11218.62**	11113.70**	10810.30**	10769.91**
Black*rape	3216.26	3140.32	2882.11	2872.92
Other race*rape	-12523.59	-12263.68	-11786.53	-11639.97
IPV		-1288.54	-973.26	-780.31
PTSD			-4838.39	-4130.94
Depression (MDE)				-2845.76
Alcohol abuse				4893.79
Drug abuse				-5197.16

Standard errors reported for rape (in parentheses)

- * p< .05
- ** p< .01
- *** p< .0001
- ° p=.05
- °° p= .06
- °°° p= .08 - .09

2. Hypothesis 2: Household income. To test Hypothesis 2, interaction terms were included for rape and race/ethnicity, and racial differences in the income effect of rape became apparent. First, the rape variable, which in these models reflects the impact of rape for white women, had a significant, negative impact on household income, even with the demographic covariates (Table 41, Model 1). In comparison to the above analysis of “ever raped” (Table 38, Model 1), the larger absolute value of the rape

variable here (-4,524 compared to -3,411) suggests white women experienced a greater income effect than women overall. Indeed, the non-significance of the interaction terms for Asian and Black women suggests these populations did not experience a rape-related income effect. This is consistent with the bivariate income differences described above but contrasts with the hypothesized relationship. Rape once again appears to have a positive effect on Latinas' income, which I suggest is due to the issues with acculturation and reporting outlined above.

Once again, when IPV was included (Model 2), rape lost statistical significance ($p = .09$). When PTSD was added, the rape coefficient decreased markedly, and its p value increased to .14 (Model 3). When the additional mental health and substance abuse variables were included, rape remained non-significant, and none of these diagnoses significantly impacted income (Model 4). These findings do not support Hypothesis 2. However, for the reasons detailed in the bivariate analysis section above, further research is needed to better understand how income effects differ by race and ethnicity.

Rape within 20 years. Once again, I repeated these analyses using the variable for rape within the last 20 years to assess the effects of more recent rape on household income. These findings are presented in Table 42. First, rape within the last 20 years appears to have a significant, negative impact on white women's household income (represented by the "rape20yrs" variable) across all models. The effect of rape was markedly larger in this set of models than in either the above analysis of "ever raped" (Table 41) or the analysis of rape within 20 years that does not account for racial effects (Table 40). As noted above, white women in this sample appear to experience a uniquely negative impact of rape. Also notable is that the positive income effect for Latinas is no

longer significant in these models, suggesting the timing of the assault may be related to reporting of rape in this population.

Table 42: Linear regression coefficients for the effect of rape within 20 years, race, and mental health variables on household income

Dependent: HH income	Model 1	Model 2	Model 3	Model 4	Model 5
R ²	0.294	0.294	0.294	0.295	0.295
Constant	5970.93	6061.84	6381.65	6630.81	6632.56
Rape20yrs	-7551.81* (2908.32)	-7284.55* (3022.72)	-6667.30* (3023.62)	-6362.67* (3060.64)	-6263.15* (3073.76)
Age (mean-centered)	135.85*	134.46°	134.78°	132.54°	132.09°
Age ² (mean-centered)	-8.67***	-8.71***	-9.01***	-9.19***	-9.14***
Single	-29270.57***	-29235.15***	-29058.97***	-28897.41***	-28921.88***
Employed	14362.99***	14355.87***	14299.53***	14217.19***	14223.09***
Education (years)	4573.36***	4566.17***	4557.29***	4557.67***	4556.33***
U.S.-born	-2829.09	-2776.85	-2685.23	-2643.71	-2654.27
Asian	9368.80*	9387.69*	9252.79*	9162.31*	9168.23*
Latino	-8750.40**	-8723.70**	-8858.42**	-8904.30**	-8903.34**
Black	-14364.67***	-14340.80***	-14440.51***	-14571.93***	-14535.80***
Other race	-418.21	-370.19	-174.09	-214.99	-162.16
Asian*Rape20yrs	-13235.10	-13253.48	-13431.20	-13416.60	-13356.87
Latina* Rape20yrs	7154.33	7071.04	7041.66	7153.34	6960.12
Black* Rape20yrs	6047.01^{ooo}	5995.44	6062.10^{ooo}	5908.51	5919.86
Other race* Rape20yrs	-3522.36	-3519.04	-3046.07	-2483.64	-3413.09
IPV20yrs		-1016.87	-664.87	-394.46	-411.68
PTSD			-5403.41 ^{oo}	-4507.79	-4596.11
Depression (MDE)				-2992.06	-2976.03
Alcohol abuse					4931.64
Drug abuse					-4475.62

(Standard errors reported for rape in parentheses)

* p< .05

° p=.05

** p< .01

oo p= .06 - .07

***p< .0001

ooo p= .08 - .09

Notably, the rape coefficient decreased by 267 with the inclusion of IPV (Table 42, Model 2), suggesting that part of rape's effect on income was explained by IPV.

Adding PTSD to the model (Model 3) decreased the absolute value of the rape coefficient by an additional 617, and the coefficient decreased slightly with each additional diagnosis that was included (Models 4 and 5). The mental health and substance abuse variables were not significant in any model. These findings are consistent with the interpretation for the effect of rape for women overall: Rape may act on white women's income in part

through PTSD and other mental health concerns.

3. Hypothesis 1: Low-income status. Hypotheses 1 and 2 were also tested with respect to a categorical low-income measure (income less than 150% of the federal poverty threshold) using logistic regression models. These findings, presented in Table 43, were similar to the first set of models for household income. First, Hypothesis 1 was again partially supported. The rape variable had a significant and positive impact on women’s likelihood of being low income (OR=1.22), even when controlling for age, relationship status, employment, education, nativity, and race (Table 43, Model 1). The demographic variables had the expected effect on low-income status, with women of color and single women much more likely to experience low-income status. Also as expected, employment and education reduced the likelihood of being low-income. Nativity did not significantly impact the odds of being low-income.

Table 43: Odds ratios of low-income status by victimization and mental health status

Dependent: Low-income	Model 1	Model 2	Model 3	Model 4
Model F	63.68***	60.47***	54.81***	43.78***
Rape (ever raped)	1.22*	1.17^{oo}	1.15	1.15
Age	0.98***	0.98***	0.98***	0.98***
Single	4.56***	4.53***	4.52***	4.53***
Employed	0.22***	0.22***	0.22***	0.22***
Education (years)	0.77***	0.77***	0.77***	0.77***
U.S.-born	0.74	0.73 ^{ooo}	0.73 ^{ooo}	0.73 ^{ooo}
Asian	1.25	1.25	1.26	1.25
Latino	2.11***	2.10***	2.11***	2.10***
Black	2.48***	2.48***	2.48***	2.48***
Other race	1.85*	1.82*	1.81*	1.81*
IPV		1.16	1.15	1.16
PTSD			1.13	1.14
Depression (MDE)				1.00
Alcohol abuse				0.93
Drug abuse				0.82

Standard errors reported for rape (in parentheses)

- * p< .05
- ** p< .01
- ***p< .0001
- ^o p=.05
- ^{oo} p=.06 - .07
- ^{ooo} p=.08 - .09

As with the income models, when IPV was added (Table 43, Model 2), the rape variable's odds ratio decreased to 1.17, and its significance reduced ($p = .09$). Also similar to the above analyses, when PTSD was added (Table 43, Model 3), the rape variable's odds ratio decreased further to 1.15, and even marginal significance was lost. As with the above models, when the additional mental health and substance abuse variables were included, rape remained non-significant, and none of these diagnoses significantly impacted income (Table 43, Model 4). Likely, the same mechanisms are at work here, with IPV absorbing some of the effects of rape on income, while mental health variables further impact income level.

4. Hypothesis 2: Low-income status. To test Hypothesis 2, interaction terms were added into these models, and racial differences once again became apparent (Table 44). Most notably, white survivors (represented by the rape variable here) were significantly more likely to have low-income status across all models, even when mental health variables were included. However, no such effects existed for Black or Asian American women. These effects are consistent with the bivariate analyses in which white women were the only survivors were significantly more likely to be low-income than non-victims of their own race. The positive income effect also persisted for Latina survivors. Once again, these findings do not support Hypothesis 2. More research is needed to disentangle the impact of rape on income status for women by races and ethnicity.

Rape within 20 years. Both of these analyses on the effect of rape on low-income status were repeated with the variable for rape within the past 20 years. In these cases, however, rape20yrs was not significant in any of the models. These models can be

viewed in Appendix 7, Tables A9-A10. It is unclear why “ever raped” had a strong, significant effect on low-income status when the time-specified variables did not. This may be due in part to the very small number of participants who were both survivors and low-income (230). This is an area for further research.

Table 44: Odds ratios of low-income status by victimization status, race, and mental health status

Dependent: Low-income	Model 1	Model 2	Model 3	Model 4	Model 5
Model F	48.06***	46.74***	43.82***	40.99***	37.86***
Rape (ever raped)	1.42** (0.17)	1.36* (0.17)	1.34* (0.18)	1.34* (0.18)	1.34* (0.18)
Age	0.98***	0.98***	0.98***	0.98***	0.98***
Single	4.58***	4.55***	4.54***	4.54***	4.54***
Employed	0.22***	0.22***	0.22***	0.22***	0.22***
Education (years)	0.77***	0.77***	0.77***	0.77***	0.77***
U.S.-born	0.75	0.74	0.74	0.74	0.74
Asian	1.30	1.30	1.30	1.30	1.30
Latina	2.39***	2.37***	2.38***	2.38***	2.37***
Black	2.58***	2.57***	2.57***	2.57***	2.56***
Other race	2.03*	2.01*	2.01*	2.01*	2.01*
Asian*rape	0.92*	0.93	0.94	0.94	0.94
Latina*rape	0.46**	0.46**	0.47**	0.47**	0.47**
Black*rape	0.82	0.82	0.83	0.83	0.83
Other race*rape	0.68	0.66	0.65	0.65	0.65
IPV		1.15	1.14	1.14	1.15
PTSD			1.12	1.12	1.12
Depression (MDE)				1.00	1.00
Alcohol abuse					0.95
Drug abuse					0.80

Standard errors reported for rape (in parentheses)

- * p < .05
- ** p < .01
- *** p < .0001

While clearly these findings must be interpreted with caution due to potential underreporting and the other constraints described above, I propose two explanations for the racial dimension of the income effect. One, given women of color’s overrepresentation in the low-income category (as shown in Table 45), it is possible that income effects for these women are simply too small to measure with this data set. Non-Hispanic white women, meanwhile, earn higher wages and live in households with higher

income, so their losses could potentially be more sizable in absolute dollars and thus easier to detect. Two, since past research has shown that white women are more likely than women of color to acknowledge sexually violent experiences as “rape,” they may also be more likely to incur costs by taking time off, quitting a job, or utilizing services. These costs may in turn impact their income measurably.

Table 45: Prevalence of low-income status (150% FPL) for women of color and white women

	No rape	Rape
Women of color	40.97%	39.77%
Non-Hispanic white women	18.69%	24.76%

5. Hypothesis 3: Comparison to a car accident. In order to interpret the above findings, it is helpful to ask how the income-effect of rape differs from that of another common traumatic event. Thus, to test Hypothesis 3, these analyses were repeated using a life-threatening car accident in place of rape and examining its effects on household income. A life-threatening car accident was selected for comparison because, like rape, it is an upsetting and frightening experience, which can create costs, such as medical bills and wage disruption. Unlike rape, however, car accidents are not gendered and do not involve interpersonal violence. Thus, this comparison allows us to assess the effects of these and other unique features of rape in comparison to a different traumatic experience. Respondents who identified as rape survivors (N= 1,381) were excluded from these analyses so that rape-related effects were not included in the models. The sample size for these models was 7,609.

In Table 46, the coefficients for car accident in the initial set of models are compared to the coefficients for rape from the equivalent set of models (from Table 38). The detailed tables on the effects of the car accident can be seen in Appendix 7, Table

A17. As Table 46 shows, the car accident variable was not significant at the $p < .05$ level in any model. Although non-significant, the magnitude of the car accident's effect on income was similar to that of rape. It is notable that the PTSD coefficient was markedly smaller for the car accident models (189 compared to -4,402 in Model 4). The car accident coefficient also changed very little when PTSD and the other mental health variables were added in Models 3 and 4. This suggests that the car accident's effects on income most likely do not operate through PTSD in the way that rape does. It is possible that whereas mental health challenges mediate the relationship between sexual violence and income, physical health concerns, such as physical injuries or disabilities, mediate the relationship between car accidents and income. However, this could not be tested due to incomplete data on physical disabilities in the CPES. Future research on the issue can look into this possibility.

Table 46: Coefficients for the effects of car accident vs. rape on household income

Dependent variable	Model 1	Model 2	Model 3	Model 4
Car accident	-2955.68	-2978.26 ^{ooo}	-2966.41 ^{ooo}	-2865.93
PTSD			-675.57	188.83
Rape	-3411.19*	-2996.55 ^o	-2318.45	-2043.85
PTSD			-5156.59 ^o	-4401.85

* $p < .05$ ^{ooo} $p = .08 - .09$
^o $p = .05$

When race interaction terms were included in the second set of models (Table 47), the car accident once again did not significantly impact household income in any model for any racial/ethnic group. In Table 47, these values are compared to the equivalent ones for rape from Table 41. The detailed car accident models are included in Appendix 7, Table A18.

Table 47: Coefficients for the effects of car accident and race vs. rape and race on household income

Dependent variable	Model 1	Model 2	Model 3	Model 4
Car accident	-3058.29	-3062.86	-3051.70	-2939.47
Asian*car accident	5939.69	5833.08	5829.57	5735.30
Latina*car accident	-1947.43	-2012.35	-2029.79	-1997.15
Black*car accident	261.92	173.29	192.27	96.58
Other race*car accident	304.98	543.45	558.96	667.65
PTSD			-695.18	162.65
Rape	-4524.42*	-4166.59^{ooo}	-3466.43	-3195.88
Asian*rape	-7594.14	-7646.88	-8098.32	-8240.22
Latina*rape	11218.62**	11113.70**	10810.30**	10769.91**
Black*rape	3216.26	3140.32	2882.11	2872.92
Other race*rape	-12523.59	-12263.68	-11786.53	-11639.97
PTSD			-4838.39	-4130.94

* p < .05 ° p = .05
 ** p < .01 °° p = .06 - .07
 *** p < .0001 °°° p = .08 - .09

These findings lend modest support to Hypothesis 3. The rape variable, which in this table reflects the impact of rape on white women’s income, was much larger than the equivalent car accident variable across all models. The rape coefficient exceeded the car accident coefficient by a margin that ranged from 256 to 1,466. The rape variable was also significant in Model 1, where the car accident variable was not. Once again, PTSD had a much smaller effect on income in the car accident models, suggesting that any income effects of car accidents do not operate through PTSD or the other mental health variables.

Logistic regression models were also run to examine the impact of a life-threatening car accident on the chance of having low-income status. Car accident did not significantly impact the odds of being low-income in any model, even when race variables were included. For brevity, these models are not included in this chapter.

These analyses suggest that rape is unlike a life-threatening car accident in its effect on household income. This is consistent with Herman's (1992) articulation of trauma theory, which suggests rape is a unique form of trauma in its personal and intimate violation of the body, which impacts survivors' fundamental sense of trust in society. Where car accidents are most often unintentional and impersonal, rape is an intentional, violent act of violation and degradation. Thus, it is understandable that its effects on income would be more severe than those resulting from a car accident. Likewise, it is unsurprising that when rape survivors were included in the models, PTSD had a much larger impact on income than when they were excluded (as in the car accident models above). This is also consistent with trauma theory, which suggests rape and similarly violent experiences create numerous post-traumatic consequences for people due to the nature and extent of these traumatic events.

E. Limitations to This Analysis

As noted in Chapter 3, these data have several limitations, which must be borne in mind when interpreting these findings. One important limitation of the findings is that cross-sectional data make it impossible to examine the effect of rape or sexual assault over time and make causal direction impossible to determine with certainty. Thus, it is important to acknowledge the possibility that lower income women may face a greater risk for sexual violence and may simply remain low earners throughout their lives. The findings reported here may reflect such an increased risk instead of a specific income-effect of rape. While I initially planned to control for economic status in childhood, missing data prevented this. A class-related risk for rape does not preclude the possibility

of rape affecting later earnings, as the two factors could co-occur. These possibilities signal the need for further research into the relationship between rape and income, as well as income adequacy. Longitudinal data would be most helpful in this regard, in order to disentangle risks for violence from effects of such violence.

Additional research is also needed to better understand the income effects for women of different racial and ethnic groups. First, further research is needed to examine the economic effects of rape for Latinas and Asian Americans, as the CPES may underestimate rape prevalence for both of these groups. Additionally, acculturation and immigration appear to have affected the reporting of rape among Latinas in the CPES, creating the unexpected, positive income effects for this population, which are discussed in detail above. This signals an opportunity for future research to disentangle the reporting versus prevalence conundrum for the Latina population in particular. Additionally, more detailed data would allow for a better understanding of the income effects of rape for African American women, which may be smaller and thus more difficult to detect.

Another limitation to this study lies in its inability to thoroughly separate the economic effects of non-IPV sexual violence from the effects of physical IPV. As noted in the literature review, a body of research has documented both economic effects of IPV, as well as economic risk factors for this form of violence. Yet the economic impact of non-IPV sexual violence has received minimal attention. This analysis begins to shed light on the issue by focusing on rape specifically and controlling for IPV. Yet, there are many limitations to this effort. First, the definition of rape used in the CPES leaves open the possibility that some of the rapes were committed within the context of abusive

relationships. This definition is also restrictive and likely to have missed the most common types of rape— those involving coercion as well as alcohol- and drug-facilitated assaults. Second, the CPES’ very narrow question on IPV is likely to have missed a great deal of intimate partner abuse, as noted above. Third, the large degree of overlap between the two forms of violence suggests that additional research is needed to determine the specific income effects of non-IPV sexual violence.

F. Discussion and Conclusion

Despite the study’s limitations, these findings suggest that rape survivors overall have lower household income than non-victims, and that these differences persist even when controlling for a variety of demographic factors. These income effects appear to attenuate over time, as rape within the past 20 years had a larger, more significant effect on household income than did the variable “ever raped.” In fact, women who had been raped within the past 20 years experienced significantly lower income than non-victims, even when controlling for demographic factors, IPV, mental health, and substance abuse. These findings lend partial support to Hypothesis 1 for household income. Additionally, these findings suggest that rape may act on income through PTSD, which appears to “absorb” some of the effects of rape in the models above. These findings are consistent with trauma theory, which highlights posttraumatic symptoms as an important pathway by which sexual violence and other trauma impact survivors’ lives. By considering economic wellbeing, this research expands trauma theory into a critically important but often neglected area of survivors’ lives.

Rape was also associated with increased odds of having low-income status (income less than 150% of FPL) for women overall, but the strength of this association weakened when IPV was added to the model. The recentness of the rape did not impact survivors' odds of having low-income status. In several models, the inclusion of IPV weakened the effect of rape on income, suggesting their effects on income overlap. As noted above, this signals a need for further research to separate out the effects of these overlapping forms of gendered violence.

Additionally, these findings suggest that the income effects of rape vary with race and ethnicity, although not in the way predicted by Hypothesis 2. Rape had the most significant, negative income effects for non-Hispanic white women. White women who had been raped in the last 20 years experienced significantly lower income, even when all covariates were included in the models. The recentness of rape was less important to predicting low-income status, however. For the logistic regression models of low-income status, white women who had experienced rape at any time in their lives experienced significantly greater chances of being low-income. Such effects were not found for women of color for either income or low-income status.

One important dimension of these racial differences lies in the deep and persistent inequality of income. Black and Latina women's across-the-board low income and high poverty rates suggest that the kinds of added expenses and economic shocks found in the qualitative data would create an extra burden for these populations. More research is needed to fully understand how income effects vary by race, ethnicity, and class. By considering the racial dimension of the economic effects of trauma, these findings can

contribute to trauma theory's nuanced understanding of the complex and varying consequences of sexual violence for survivors.

Finally, these analyses lend modest support to Hypothesis 3 by showing that the effect of rape on income was larger than that of a different form of trauma, the life-threatening car accident. Rape also contributed significantly to income, while the car accident was not significant in any models. Further, rape's effect on income appears to be more closely associated with PTSD and other mental health concerns, whereas the car accident's effect on income appears unrelated to these mental health concerns. This finding may shed light on the pathway through which rape acts on income and other aspects of economic wellbeing. Further research will be needed to assess this link and its mechanisms.

This chapter and Chapter 4 have considered the economic impacts of sexual violence, including financial costs, related economic consequences, and effects on income. The following chapter considers strategies survivors use to recover from these economic difficulties that arise following sexual violence. Private strategies, such as access to personal savings, are considered along with use of public policies and services.

CHAPTER 6. QUALITATIVE FINDINGS: STRATEGIES, POLICIES, AND SERVICES FOR WELLBEING AND RECOVERY

A. Overview

Chapters 4 and 5 presented evidence on a range of financial costs, economic consequences, and income effects that can arise from sexual violence and which can vary by race, ethnicity, and immigration status. In response to these consequences, survivors of sexual violence draw on a range of resources to meet their needs and regain economic stability during recovery. This chapter addresses Research Questions (RQ) 3 and 4, which seek to understand the effect of assets, services, and policies on survivors' recovery and post-assault wellbeing:

RQ3: To what extent does access to financial and social assets affect survivors' recovery and wellbeing?

RQ4: What policies and services contribute to survivors' economic recovery?

In this chapter, to contextualize the role of assets and policies, I first briefly outline survivors' other private strategies for paying the additional expenses that result from the sexual violence. For those who are able to pay, these strategies include drawing on health insurance, borrowing, and "robbing from Peter to pay Paul." The second part of the chapter focuses on the role of assets in survivors' recovery. Easily liquidated assets, such as savings and stocks, along with familial financial assistance, appear to be valuable tools for survivors. These assets cushion economic shocks and increase survivors' sense

of control and stability. Homeownership, however, appears to have mixed effects on economic wellbeing. The chapter’s third section provides an overview of services and policies that help survivors recover economically. The chapter closes with a reflection on the additional barriers to recovery faced by particular vulnerable populations, including those with low incomes, immigrants, and survivors of color.

B. Private Payment Strategies

Respondents described numerous methods survivors utilize to pay for the increased financial burden triggered by both post-assault expenses and consequences. These include using health insurance, borrowing, using savings, receiving assistance from family or friends, and drawing on public or nonprofit assistance. Many also spoke of survivors juggling their financial obligations by “robbing Peter to pay Paul” or simply being unable to pay their bills. Respondents also reported survivors accruing debt, becoming delinquent, or filing bankruptcy in the wake of assault. The strategies most frequently endorsed by participants are summarized in Table 48.

Table 48: Number of respondents endorsing payment strategies

Strategy type	Payment strategy	Providers (N=18)	Survivors (N=9)	Total (N=27)
Private	Health insurance	13	8	21
	Patching/shifting resources	6	2	8
	Borrowing	7	1	8
	Employment benefits	4	3	7
	Work/wages	5	2	7
	Don’t or can’t pay	5	1	6
Assets	Assistance from family/friends	15	8	24
	Assets or savings	13	4	9
Policies & Services	Nonprofit or charitable org.	10	4	14
	Public assistance	10	1	11

This section briefly outlines the major non-asset private strategies participants described for meeting these obligations: Health insurance, patching together resources, and borrowing. The purpose of this section is twofold: One, these private payment strategies shed light on how the costs and consequences described above create ripple effects that continue to impact survivors' lives in many areas. Two, learning how survivors privately pay for or cope with expenses provides context for understanding the roles of assets, public policies, and charitable services in addressing the economic aftermath of this violence. After considering these non-asset private strategies, the second section details findings on survivors' use of assets, including familial financial assistance, to meet financial obligations. In this chapter's final section, findings on the use of public policies, such as victim compensation, and charitable funds are described.

1. Health insurance. The majority of respondents spoke about health insurance as a valuable resource for meeting health-related expenses that emerge from the assault. Insurance coverage facilitates access to care that some survivors could not otherwise receive and covers costs that would be crippling, as Juana's story indicates. Juana experienced severe and long-lasting episodes of dissociation following the rape and sexual assault she experienced in college. Here, she explains the particular value of health insurance in facilitating access to care she could not otherwise have afforded.

I had to go to a lot of neurological testing at the order of the psychiatrist to make sure that I wasn't having neurological issues. And that was literally thousands of dollars. I was insured for that, but for example, one of the tests that they made me do was over \$10,000. They wanted to make sure the dissociation wasn't epileptic in nature. (Juana, survivor, age 28)

Juana had zero income as a college student at the time of the assault and had no earnings for two years after. At the time of the interview, three years post-assault, she reported a household income between \$15,000 and \$30,000. Health insurance allowed her to access

the tests she described, as well as medication and counseling that would have been difficult to afford without such coverage. Indeed, Sally, the one survivor who did not report utilizing health insurance during recovery, reported that she did not get medical care for a few years because she lacked coverage. Sally lost her health insurance when she quit her job because she was unable to work following the assault. Several participants similarly noted that losing one's job in the wake of assault also led to the loss of health insurance.

While the majority of respondents emphasized the value of health insurance in giving survivors access to post-assault resources, several expressed concerns around the use of health insurance for this purpose. Specifically, providers reported that issues often come up around privacy and that limitations on what is covered create barriers for survivors. For example, an administrator explained how privacy concerns lead some survivors to forgo insurance use:

There is always that scramble and panic after someone has had the visit to the hospital and then they are realizing, "Oh it's going to go on in insurance that I don't want it to go on, and how do I prevent that from happening?" Or, "I know I need this follow-up care. How do I get that follow-up care without having this put on my insurance?" So even though I think from the outside, people think, "Well if you have insurance then at least that's covered," a lot of times it's not covered and it's still pretty scary. And a lot of times, I think clients may decide to forego services, because they're worried about how they'll pay for it. So I think that's just the other thing, because their privacy prevents them from utilizing their insurance. (Provider 107, administrator)

As this provider explains, these privacy concerns can create barriers to receiving care or result in out-of-pocket expenses for survivors who do not utilize existing insurance.

Participants explained that survivors are often concerned that their family members or partners with whom they share insurance will find out about the sexual assault if they utilize their insurance. This privacy concern is often linked to the stigma associated with sexual assault victimization. An implication for policy is that decreasing stigma, as well

as increasing privacy protections, could increase survivors' access to care and reduce their costs as well.

2. Patching together resources: “Robbing Peter to pay Paul”. Several participants spoke of survivors shifting money from one part of their budget to another, delaying payments, patching together whatever resources they can, and forgoing some expenses in order to cover others. For example, this case manager explained how her clients forego certain comforts in order to make ends meet:

They can't pay for certain medications, or they have to forego some heat in their house so they can pay for their rent. It can affect their social lives, I guess, 'cause they have to forego visiting a family member or going to a movie or something that can help them stabilize, just to take care of- pay for their meals, to pay for a utility bill that's past due. (Provider 105, advocate)

Some participants also noted that those who cannot afford additional expenses simply go without services. For instance, this lawyer explained the choices her low-income clients face:

The indigent clients just go without. I mean, if they don't have money, that 30 bucks comes out of food budget. It comes out of the clothing budget. It comes out of diaper budget. I mean, they just do without, 'cause they're on a fixed income, and there's nowhere else for it to go. (Provider 103, lawyer)

Many survivors spoke about simplifying their lives and cutting their expenses dramatically in the period following the assault, in order to stay afloat. Survivors mentioned making sacrifices, such as not owning a car, refraining from entertainment activities, and “robbing Peter to pay Paul” to stay afloat.

3. Borrowing. Another strategy respondents described for meeting post-assault needs was borrowing money. Providers spoke of borrowing as part of survivors' repertoire of scraping together existing resources, including borrowing from family members, taking out additional student loans, and accessing bank loans. One survivor spoke of borrowing money from her parents in the form of an interest-free loan, which,

along with her savings, allowed her to take a year off work to recover from rape.

Related to increased borrowing, many respondents reported that the assault had negative effects on survivors' credit, including debt, delinquency, and bankruptcy. For instance, several providers mentioned their clients were simply unable to pay for their post-assault expenses. The available resources fell short, and concerns about basic survival eclipsed those about credit scores. For example, this lawyer described a case in which her client was unable to pay the ambulance bill that she incurred due to the assault:

I've had one client who had been assaulted and then became homeless, and she was denied the victim compensation. So we tried to negotiate with the [ambulance] company to see if we could do a payment plan, but she couldn't even do the payment plan. I mean \$50 is just too much. She was sleeping in her friend's houses. She had a son, et cetera. So she couldn't do the payment plan, so we kind of just didn't do anything. You know, people in that situation aren't worried about credit. So yes, it goes to collections, but that's not the priority. (Provider 102, lawyer)

A survivor, Lil' Miss, similarly described filing bankruptcy several years post-assault because she could not meet her financial obligations and wanted a fresh start. These examples demonstrate how the costs associated with sexual violence exert their own effects on survivors' lives, such as increased debt, stress, and negative effects on credit.

C. The Role of Assets in Recovery

Given the numerous costs and various methods survivors use to address post-assault expenses, it is important to assess what role assets play in recovery for those who have access to them. Asset theory suggests assets can be leveraged to buffer economic shocks and that asset ownership is associated with increased wellbeing on several dimensions, including positive outlook and increased self-efficacy (Page-Adams, Scanlon, Beverly, & McDonald, 2001; Sherraden, 1991; Shobe & Page-Adams, 2001). In keeping with asset theory, both survivors and providers indicated that access to

financial assets, such as savings and easily liquidated holdings, helps survivors maintain economic stability and increases their options for recovery-supportive activities and services. The majority of providers reported asset ownership having some positive impact on survivors' post-assault wellbeing, describing savings as "something to fall back on," something to "bridge the gap," and "a stop gap." Participants explained that access to assets, such as savings, can increase survivors' sense of control over their lives, and one lawyer said, "having access to savings, I think, *changes everything*" (provider 100, lawyer).

These assets play three primary roles in survivors' recovery. First, they cushion the economic shocks following sexual violence, such as unpaid time off, job loss, and unanticipated expenses. Secondly, easily liquidated financial assets increase survivors' flexibility. Third, access to liquid assets increases survivors' sense of control and security. Financial assistance from family and friends appears to function in a similar way to owned assets, offering both a financial cushion and a sense of support.

Homeownership, meanwhile, appears to have more mixed effects on survivors' economic wellbeing, as it can contribute to stability, as well as increase costs and add obstacles for those wishing to move. This section includes an overview of the findings on the effects of financial assets, familial financial assistance, and homeownership.

1. Savings, stocks, and other easily liquidated assets. The majority of respondents (15 of 27) described ways in which access to easily liquidated assets can benefit survivors. Responses were categorized into two major themes: 1) These assets increase survivors' flexibility and their options to access services, and 2) these assets cushion economic shocks related to the assault. In addition to these benefits, respondents

also spoke about easily liquidated assets helping survivors to feel more secure and confident that “you’re going to be okay.” About half of survivors (four) reported having access to assets (savings, stocks, bonds, or homeownership) immediately following the assault. The amount ranged from “a little” to \$50,000. Although limited in number, there was strong agreement among the survivors that assets positively impacted their recovery: Two who had savings described them as cushioning the economic shock of job loss. One reported that assets allowed her the option to go back to school, which she could not otherwise have done. Another survivor spoke of knowing her inherited savings were there, which implied they provided a sense of security.

Cushioning economic shocks. In keeping with asset theory, access to easily liquidated assets, such as savings, can cover immediate expenses and cushion economic shocks. For instance, Lil’ Miss, a 51-year-old survivor, explained that her savings made a huge difference in cushioning the economic shock of losing her job. After she was raped, she was fired as a result of post-traumatic performance issues. She was able to live off her \$3,000 to \$4,000 in savings for 18 months until she could secure a new job. Similarly, a lawyer described the cushioning effects of savings this way, noting that assets allow survivors to focus on their emotional wellbeing during the crisis that follows assault:

Huge! (Laughs) ‘Cause then they know that they can fall back on something. It’s like anybody. You know, if you get unemployed and if you have some savings, at least you’re not going to be destitute right away. It’s just like that with any client. I mean, especially if they need time off work, they can fall back on savings. Or if they get fired, if they get laid off [or] something, or if they quit, they have some sort of savings that they can fall back on for a little while. If they don’t have it, then they can’t necessarily focus on their emotional wellbeing. That they have to think about how are they going to survive and support themselves and their kids? How are they going to support the kids? So assets is very important [*sic*]. (Provider 102, lawyer)

Being able to pay for expenses when they are incurred also means accumulating

less debt. For instance, another lawyer reiterated the cushioning effects of assets, specifically explaining how savings facilitate access to treatment and services for which survivors often must pay up front and await reimbursement:

If they have access to savings, it makes it *much* easier for them. Because a lot of these costs, too, you pay it up front, and then you're reimbursed. So, I think the long-term effects are lessened, because they can pay it. They have the money, it's in reserve, they can pay it, and then they'll get refunded or reimbursed. It goes back into the savings, so over the course of a year, let's just say, they're back at base level. At least for those kind of tangible expenses. (Provider 110, lawyer)

An example of a critical expense which generally must be paid in advance and reimbursed is prophylactic medication for sexually transmitted infections, including HIV. This provider's statement implicitly compares asset owners to non-owners, who would need to incur debt in order to pay the up-front costs for these services. This highlights an important feature of assets for survivors, the ability to cover unexpected costs resulting from the assault. These findings are consistent with asset theory, which suggests assets can be leveraged to cover unanticipated expenses, which are another type of economic shock. This application extends asset theory to consider assets' potential to help survivors of sexual assault, an important and common cause of multiple economic shocks, which is not generally recognized as such.

Increased flexibility. In addition to buffering economic shocks, assets give survivors more options or “wiggle room,” as one lawyer described it, to access the services they need without worrying about lost wages or money for co-pays. Access to assets gives survivors the flexibility to take time off work, to focus on their emotional wellbeing, even to change jobs or go back to school. For example, one counselor described the options that were available to her client because she had savings:

I have seen somebody in my private practice who was able to move [to a new home] because she did have assets. It was a no-brainer. It was going to happen, and it happened really quickly, and she didn't have to think twice about it. And it was a huge relief. So knowing you can afford co-payments for mental health care. Knowing you could throw away every, you know, the sheet, the

comforter, and the pillows and go out and drop a few hundred dollars for new bedding or even a new mattress. Knowing you could take two weeks off and do nothing or go away, if you want. (Provider 106, counselor)

This counselor described an array of benefits and comforts her client was able to access due to her savings. These stand in sharp contrast to the challenges faced by poor and asset-poor survivors, some of which were described in Chapter 4. For instance, this survivor was able to move residences and to do so quickly, while many providers described their clients waiting months on the priority list for subsidized housing.

Another provider, an administrator, similarly drew a sharp contrast between the flexibility conferred by assets and the stark choices faced by some asset-poor survivors:

I think it makes all the difference if they have it [assets] or if they don't have it. If they have it, then they are still going to be dealing with all of those same issues, but they have that cushion there, so if they need to leave their job and take a few months, then maybe they can do that and get that back up on their feet enough so that they can start a new job and feel comfortable doing that. If they don't have that cushion, then they need to force themselves to go to work when they're not feeling capable of doing that. Or if they do lose their job or have to quit their job, then they're definitely in danger of becoming homeless and incurring a lot of debt because they don't have anywhere to turn and any way to protect themselves and give themselves the time that they need to get back on their feet. So I do think, yeah, it makes a huge difference if they have those assets or not. (Provider 107, administrator)

Survivors' stories echoed these sentiments about how assets increase flexibility and options for recovery. For Lisa, access to assets meant she could quit the job where her perpetrator worked, go back to school, and change professions entirely. She explained:

Well, I guess thankfully, it [savings] gave me an opportunity to go back to school... That's in my 30s, you know, so at that point, [I was] just feeling as though, "This: It's now or never. I mean, if I want a career, then I've got to go back to school." And if I didn't have the savings that I had and have the ability to – then [I] pawned a few things, but that didn't amount to near – I mean really, I ended up being able to live off of the savings I had and live off of it for probably two and a half or three years. (Lisa, survivor, age 48)

For Lisa, these savings played a life-altering role in her recovery by opening up options for her to finish her college education and access a professional career. Other survivors in the sample used their assets to take time off from work, pay for counseling co-pays,

and access healing services such as yoga or massage. In keeping with asset theory, these findings suggest assets convey increased flexibility and open options that can be important for survivors in the recovery process.

Increased confidence and sense of security. In keeping with asset theory, asset ownership also appeared to convey a number of benefits to survivors' sense of wellbeing. Participants reported that access to assets helps survivors feel in control of their lives, increases feelings of safety, and dispels panic about what would happen if they lost their employment. For instance, a counselor described this benefit, saying asset ownership "affects their [survivors'] sense of safety and wellbeing. Okay, so, if you have savings, then there's this sense like, 'You're going to be okay,' or you have some control over the fact that you're going to be okay'" (Provider 112, counselor). Importantly, this counselor identified the value not only of the knowledge that a survivor will "be okay" but also her sense of *control* over that outcome. This is in keeping with asset theory, which suggests asset holding increases the owners' sense of wellbeing and control over their lives (Shobe & Page-Adams, 2001). Similarly, another counselor described the comfort one of her clients took in knowing she was not completely reliant on the income from her job because she had savings:

It wouldn't be the end of the world that she lost her job. She doesn't have the *stress* about the fact that she might be too depressed to go to work one day. It's not going to add— there's this extra layer of stress that a lot of my clients get, that they start to panic around "what if." So, one of the things we work on [in counseling] is being in the present. They start to panic around, "What if I can't go to work? What if I can't do the work, what if I lose my job? What if, what if, what if?" She doesn't have the panic about the "what if." (Provider 111, counselor)

This counselor suggested that much of the benefit of asset ownership may also lie in the *absence* of worry about economic concerns, compared to non-owners. For this reason, service providers are a useful source of information, as they may be better able to

detect such effects through comparison among clients. For survivors, it may be more difficult to detect such effects firsthand. Indeed, a survivor's description of the effect of her inherited savings bears this out. Juana, a 28-year-old survivor, was first assaulted five years ago and also suffered a second assault at age 25. She first mentioned her inherited savings in the context of her current medical expenses (at least \$800), which she incurred because she did not have insurance for the first two months of her recent psychiatric treatment for post-traumatic symptoms. When I asked how she manages these medical expenses, Juana explained, "I was lucky enough that I was left some money by my grandfather, so I have a little bit of a cushion that I can use. But another part is I make sacrifices." She later explained that she used this inheritance to support herself through college, to pay for all expenses not covered by her scholarship. In this way, these assets were facilitating Juana's access to education even before the sexual violence took place. Later in the interview, I asked Juana if these financial savings played any role in her experience following the assault. She responded:

Not really, because they [inherited savings] weren't something that I really consciously thought about, unless I was in kind of dire straights for money. I mean I knew it was there. I knew that's what I would use to pay my rent each month, but I didn't think of it as something I could use as any sort of luxury. (Juana, survivor, age 28)

From her response, it appears Juana did not readily recognize any additional security her savings conveyed post-assault. Yet, by noting that she "knew the savings were there" and that they allowed her to pay her expenses, she implied her inheritance alleviated a potential source of stress. When viewed within the context of providers' reports and asset theory, Juana's story is consistent with the contention that asset ownership is associated with an increased sense of security. However, this example also demonstrates

the difficulty of detecting or measuring this type of effect among survivors and suggests the need for further research in this area.

Overall, these findings correspond with the general contention within asset theory that assets buffer economic shocks, as well as the more particular idea that asset ownership is associated with increased subjective wellbeing. Specifically, asset theory suggests that assets are associated with increased future orientation, which Shobe and Page-Adams (2001) define as, “one’s ability to think about and plan for the future” by providing “individuals with the opportunity to shape future goals and to make concrete plans for personal, social, and economic growth” (p. 111). This study’s findings on both increased flexibility and increased sense of security both relate to this conception of future orientation. Shobe and Page-Adams (2001) explain that while economic stability allows middle and upper class people to plan for the future, low-income people expend their energy making ends meet on a “day-to-day basis.” Assets, then, “provide people with otherwise unattainable opportunities to hope, plan, and dream about the future” (p. 119). This enhanced orientation toward the future, the authors explain, makes it possible for individuals to improve their social and economic wellbeing. This class distinction serves as a useful analogy for survivors of sexual violence; survivors who lack access to assets must similarly cope with the aftermath of assault on a day-to-day basis. This means greater vulnerability to the kinds of economic ripple effects described in Chapter 4. Those who own assets, meanwhile, have the opportunities to plan for the future, to be flexible in their response to unexpected occurrences, and to relax in the knowledge of those plans and options.

2. Financial assistance from family or friends. Social capital is a type of asset, which encompasses supportive relationships and access to social networks. Social capital can impact survivors' economic wellbeing when family members, friends, and others provide financial or in-kind assistance (e.g., providing housing, transportation or childcare). A large majority of respondents (15 of 18 providers and 8 of 9 survivors) described the value of this type of assistance, such as family or friends offering a place to stay or providing money for rent. For instance, a lawyer explained the manifold benefits of social capital for her clients, including emotional support, help with problem solving, and a safe place to live:

Any time a survivor feels like they have someone who is supporting them, that's another person who can help them brainstorm, another person who can sort of tap into their network of trying to figure out financially what to do, or it may be even more tangible. Maybe it's someone they can stay with or someone who can help them this month, or whatever it is, like very tangible things. A lot of survivors will move in with someone who believes them to kind of help. I just think it's hard for them to maintain that long-term. (Provider 100, lawyer)

Beyond the material benefits of such support, several providers talked about how assistance from family and friends is important because it communicates others' belief in and support for the survivor at this crucial moment in her life. For example, one provider spelled out the multifaceted value of familial financial assistance for survivors:

It provides them with money, but I also think there is this way of people giving back to them, like somebody took stuff away and there is this real – it can be, but it's symbolic—seeing those people are there for you when you're at your lowest point. So, I think it's money, and it's really helpful. And I think it's also, it probably is [as] good as any intervention. It's just like, "Okay, people care enough to provide me with support." (Provider 109, counselor/administrator)

As this provider emphasizes, economic support can represent much more than money. Survivors benefit from both the direct financial effects of such support, as well as its symbolic value. This aligns with the idea in asset theory that assets convey benefits beyond their financial value by boosting wellbeing across several dimensions of life.

The idea that financial and in-kind assistance are a way of demonstrating the support of the survivor's social network is also consistent with the social dimension of recovery emphasized in trauma theory. Trauma theory suggests that the reactions survivors receive from their communities are an important determinant of their post-traumatic response and recovery. Although my focus on financial and in-kind assistance differs from the social support emphasized by trauma theorists Herman (1992) and Bloom (2000b, 2003), economic assistance can contribute to the key steps in recovery. Herman suggests the three stages of recovery are the establishment of safety, remembrance and mourning, and reconnection with ordinary life. In the first stage, Herman suggests one key way friends and family can contribute to survivors' recovery is by offering "assurance of safety and protection" (p. 61). When a loved one provides a safe place to stay or assistance paying for basic expenses, this can enhance the survivor's sense of safety. In the second stage, kin can assist by believing the survivor and sharing her mourning. While economic assistance is not an explicit part of this, it can convey that the survivor is believed and trusted, as noted above. Finally, financial and in-kind assistance from family and friends can help a survivor to reconnect with ordinary life by enabling her to continue living in her community, such as by assisting with housing or utility expenses.

Barriers to familial financial assistance. While familial financial assistance can be very valuable to survivors who receive it, respondents reported numerous barriers to receiving such support, including relatives who are unable or unwilling to help and those who did not believe the survivor. Clearly the ability to offer financial assistance hinges on the family's income level and asset ownership, and poorer families simply have less to

offer in this area. For example, a counselor explained the dual obstacles faced by survivors from poor families, saying simply, “if you come from poverty, you’re not going to be able to turn to your family for money... And people who have families with less income are probably much more reticent to ask for any help” (Provider 106, counselor). Beyond low income levels, survivors may feel inclined to spare their families from the pain of their post-assault recovery for a variety of reasons, such as not wanting to burden them or add stress. For example, Sally, a survivor who lost her job following her rape at age 23, explained that she did not want to burden her recently divorced mother by asking for financial help:

My father died when I was a child, and my mother had gone through a divorce a couple of years before the assault, and so I didn't really want to ask her [for financial assistance], and plus I just— It was really important for me to just feel like I was on my own. (Sally, survivor, age 50)

In addition to not wanting to burden her mother with a request for help, Sally also emphasized the individualist desire to feel she was making it on her own. Instead of asking for financial assistance, she worked in temporary jobs, earning a subsistence living for three years until she was ready to go back to school.

Another common barrier to familial assistance is when the survivor’s family or social network does not believe or support them. For instance, a lawyer described how this has affected her clients:

So many of my clients do not have that option [familial financial assistance], either because they’re ostracized by their family, the family knows the assailant and they believe him or her, or they just don’t want to tell. Sometimes, like a 15-year-old just doesn’t want to tell, for a million different reasons. (Provider 100, lawyer)

Several survivors in the study reported that their families and friends responded in this way, either not believing them or blaming them for the violence. For these survivors, this response shut the door on a potential source of financial and emotional support.

A related barrier reported by participants is that stigma associated with sexual violence keeps people from seeking or receiving assistance. A lawyer explained:

It would be one thing if they had crashed their car and needed help buying a new car. But of course when you layer on that it's a sexual assault, there's all this stigma and shame and blame, and nobody wants to talk about it, which makes perfect sense. So that many survivors will feel like they can't reach out to their normal support system because of the issue. And maybe they were engaging in what their family would perceive as a poor decision or have bad judgment, which of course has nothing to do with the fact that they were raped, but the family might be less likely to support them. (Provider 100, lawyer)

Given the widespread and deeply entrenched nature of this stigma, it may serve as a significant barrier for many survivors.

The value of this type of financial assistance and its unequal distribution are consistent with and extend asset theory's conception of the intra-familial transmission of wealth. Shapiro's (2004) concept of transformative assets provides a helpful model for understanding the role familial financial assistance can play in absorbing the economic shocks set off by sexual violence. Shapiro defines transformative assets as inherited wealth that lifts a family beyond their own earnings level. For instance, he describes a family who is able live a comfortable lifestyle with middle class amenities despite very low wages, due to familial assistance and inheritance. While survivors in the aftermath of violence are not necessarily striving for a lifestyle beyond their earnings, familial financial assistance opens many options for survivors that would not be possible otherwise. Like asset ownership, family support can cushion the economic shocks that arise from assault, such as lost wages, medical expenses, or job loss. Also like ownership, knowledge that one's family will provide support if needed facilitates increased flexibility and feelings of security. Meanwhile, survivors for whom such support is not an option are left to the same type of day-to-day coping that asset-poor survivors face.

Additionally, just as Shapiro notes that white families are more likely to benefit from transformative assets than Black families, inequalities similarly emerge in terms of familial assistance for survivors. As noted above, such familial assistance is determined in part by families' income and asset levels. As Shapiro (2004) and other researchers have documented, income levels and asset ownership are highly unequal by race (L. A. Campbell & Kaufman, 2006; Lui, 2004; Oliver & Shapiro, 1995), suggesting white families are better situated to provide financial assistance to survivors. Although this study was unable to assess the degree to which racial differences exist in familial financial assistance for survivors due to the small sample size, existing data suggests the ability to provide such help would differ by race. Further research is needed to address this question.

3. Homeownership. The third type of asset considered in this study is homeownership. Homeownership appears to have mixed effects on survivors' economic wellbeing; respondents suggested that homeownership can contribute to stability for some, but it can also increase costs and add obstacles for those wishing to move. Ten providers gave information about the effects of homeownership on survivors' economic wellbeing, and one reported that none of her clients has owned a home. Only one survivor owned a home at the time of her assault, and she was able to leverage it to improve her circumstances, as described below. Some respondents reported that homeowners experience a greater sense of stability, are likely to have more resources, and can benefit from the option of leveraging the property to cover other expenses. Others spoke about the additional burden homeownership brings, particularly around mortgage costs and difficulty moving. Several providers articulated the ways in which

homeownership is a double-edged sword for survivors, depending on their circumstances. The positive, negative, and mixed effects of homeownership are presented here.

Positive effects of homeownership. On the positive side, some participants reported that homeowners are more financially secure overall, and they can leverage their equity to ensure their financial stability. For example, Lisa, a survivor, spoke about the role that homeownership played in her economic stability following assault. She sold the house she lived with her then-husband (also a perpetrator) and then rented for many years, until she was able to buy a home with her present husband. She used the money from that home sale, along with some savings, to support herself when she quit her job (where the perpetrator also worked) and went back to college. In this case, Lisa was able to leverage her home to put distance between herself and her perpetrator, change careers, and further her education. As the only survivor who owned a home at time of her assault, Lisa was the only survivor who could speak to the effects of homeownership on recovery.

Negative effects of homeownership. On the other hand, several provider participants reported that homeownership creates barriers for survivors in the wake of assault. They reported that homeownership is expensive and makes moving more difficult. For survivors who have been assaulted in their homes, the home may now feel tainted, so moving is a desirable option. However, moving can be an onerous and slow process for homeowners. For instance, one provider notes, “I think it would be much harder for a [home-owning] client to move, ‘cause that’s their home. Even if they did want to move, it’s not like you can break a lease. You have to sell your house” (Provider 100, lawyer). This lawyer referred to the lengthy and complex process of selling a home, compared to moving to a new rental. Plus there is a chance that the house would not sell,

and the survivor would find herself stuck there.

Another potentially negative impact of homeownership reported by providers was the overwhelming desire to keep a home that had become unaffordable. Providers described survivors and their families going to great lengths to keep their homes, at times to their detriment. For instance, a lawyer explained,

The house becomes a dramatic, you know, it becomes like this “die by the sword” type of a moment for them. Even to the point of their own safety being jeopardized, I think. So the two cases where we’ve had—where I personally have had homeownership, it’s been traumatic. (Provider 103, lawyer)

Other providers similarly talked about clients losing their homes to foreclosure, which one survivor respondent also experienced decades after her assault.

Homeownership as a double-edged sword. In keeping with the mixed findings reported above, several providers suggested homeownership can be a double-edged sword. It may contribute stability for a time, but it comes with burdensome costs and makes moving difficult. Mortgage costs can be onerous, particularly for those who lack savings. One lawyer explained it this way:

If they own their home, it can be good or bad. If they own their home, we don’t have to worry about working with landlords to get locks changed or anything like that. I guess they incur that expense, but at least we’re not negotiating. But often if they own their own home, too, they can’t move as easily. That’s their home, so if they don’t want to continue living there, they have to sell that home that -- I mean, yeah, now we’re opening a big bag of worms. (Provider 110, lawyer)

Another provider, an administrator, described several ways in which homeownership can benefit survivors, but she noted that many of the same challenges faced by renters, such as difficulty affording monthly payments when income is disrupted, affect homeowners as well:

If the person owns their place, but they still have a huge mortgage, I think that they fall in the same trap of “How do I pay this mortgage?” I mean, they may be able to hold on to where they’re living longer and not have to deal with, you know, “What do I tell my landlord or don’t tell my landlord?” It’s more about personally how they are going to figure it out. So yeah I think it does

help a little bit, but in the end if they don't have a lot of savings to help them out, it might not. (Provider 107, administrator)

In such a case, having a mortgage on a home is not enough. As this provider notes, savings or other liquid assets are needed to cover housing costs in the case of serious income disruption.

These exploratory findings on homeownership add complexity to current discussions of homeownership within the asset field. Adherents of asset theory report that homeownership is associated with a wide range of benefits, including increased self-esteem, perceived control, and life satisfaction (Rohe & Stegman, 1994); decreased intimate partner violence (Brownridge, 2005; Page-Adams, 1995); and a range of health and relationship effects (Page-Adams, et al., 2001). Yet in the context of sexual violence, homeownership appears to be a mixed blessing. Ownership can increase stability and offer flexibility in terms of making repairs, as noted above. However, in the case of sexual violence, like any economic shock, additional income or assets are required to maintain mortgage payments when income is disrupted or unexpected costs are incurred. Thus, the same concerns about housing affordability that arise for renters can also affect owners, but with higher stakes. Additionally, since my findings and other scholars have documented that many survivors wish to move following assault (Elklit & Shevlin, 2009; National Sexual Violence Resource Center, 2011; Seidman & Vickers, 2004), the added time and complexity of selling or renting out a home must be considered. Any impact of homeownership is likely to vary based on whether the home is owned outright, access to other assets, desire to move, and several other variables. Further research is needed to understand what role homeownership plays in post-assault economic wellbeing.

4. Financial assistance services can mimic assets. Importantly, the bridging and cushioning role of assets closely resembles the way certain financial assistance services help survivors. Services such as housing stabilization funds can function like assets for those who do not have access to savings or familial financial assistance. Such funds, often along with other in-kind services, act as a bridge for survivors, allowing them to weather economic shocks and move on to recovery. For example, one administrator explained the funds that are available to survivors through nonprofit organizations:

There's a lot of programs that, you know, they have maybe a specific housing program, where if someone needs to move because they're unsafe, they'll give them their first month's rent. Or they'll help someone furnish their apartment, or give them food, whatever that might be. So I think all those services are really crucial to survivors getting back on their feet, just knowing that they're out there and where to go. (Provider 107, administrator)

This administrator spoke of financial assistance with numerous kinds of expenses, which she reports can be found through a range of nonprofit agencies in the region. A specific source of financial assistance that many respondents mentioned was a rape crisis center's housing stabilization fund. This fund offers a one-time payment to cover housing expenses for survivors who are struggling financially post-assault. Here, an advocate explains how that fund works:

The other thing that I can think of, and I know this is a new thing that we have at [the rape crisis center], and we're lucky to have that, is the financial resources that we do have, the housing stabilization fund. And [I want] to encourage its continuity because it's been very helpful for many clients that we work with. For clients that can prove that, "Yes, I can maintain my unit, and I just need this fund," it's harder, but there is a significant number of clients still who have been eligible for that fund and who have found it helpful and have called back [and said,] "I feel so much safer now. At least I'm not in close proximity with my landlord right now," 'cause sometimes, like I say, the landlords are the perpetrators, "so I just feel so safe and stable right now." (Provider 105, advocate)

As this advocate notes, while this fund offers an invaluable service, there are limitations to the housing stabilization fund and similar programs. For instance, these housing stabilization funds are available only to those who can demonstrate their ability to support themselves in the future. Specifically, they need to prove they can maintain

the rent payments by demonstrating a reliable income source. Without such a requirement, the fund might serve as only a temporary stopgap for survivors who would ultimately end up homeless any way. The advocate described the fund's limitation, saying,

If someone for instance has been referred to you, and they're hoping you're going to help them move up [onto] their feet, and then when you assess, because of the limitations of the resources I have to tap into, I'm limited with what I can do for them. And all I can say is, "Have you tried—" And most times, they've already applied for all the low-income benefits that are out there, by the time they come to me, which can be typical for most of the cases like that. So the only that thing I can do in that position, after doing all these assessments, is tell them there's not much I can do. (Provider 105, advocate)

She went on to explain that clients who they cannot help sometimes end up homeless or "staying in some unsafe situations because they just can't financially keep up with the fees." In this way, even this asset alternative may exclude survivors in the direst positions.

These funds are also limited in what they can cover, due to limited funding, as this administrator describes:

I think about how there are so many things we can't provide. We don't even ask clients about because we don't have the funds to give that kind of help. Like if someone needs a new mattress because she can't sleep in her bed any more, we don't have funds for that. Sometimes [staff members] will go out of their way to try to find some funds for that, and I'll get involved, and usually we'll eventually find something. But it takes too much time. And I think I could just write a check and get that woman a mattress so she can sleep in her own bed again. You know? But there are so many things we don't ask about because the possible needs are infinite, and there's no way we can meet all of them. (Provider 108, administrator)

This administrator acknowledges the vast needs of survivors, while explaining that the agency is forced to limit and define which needs they can address. Similarly, another limitation of these funds is that they cover only housing expenses that are directly related to the sexual assault. Yet housing needs can occur even without this direct connection, as this lawyer explained:

Maybe you were assaulted at work, and that's no longer a safe place to go. You can't make rent, can't make your mortgage payment 'cause you can't go to work. I mean, housing becomes a big

issue, and then were do you turn? Because to be honest with you [the rape crisis center], or rape crisis funds, wouldn't pay for that type of a move, because you weren't assaulted in the home. It may not be *directly* attributed to the actual assault. (Provider 103, lawyer)

A final, important limitation is that most rape crisis centers in the U.S. do not have this type of fund and are thus unable to provide this valuable financial assistance to survivors.

While these types of services have the potential to stand in for assets among asset-poor survivors, limitations on funding mean these funds are not widely available and do not cover all survivors' expenses. This is an area for potential policy intervention, as state and federal dollars can be channeled into economic stabilization funds for survivors throughout the country. Since state and federal funds already support rape crisis services, the implementation of such a policy could flow through existing providers and could be implemented fairly easily with adequate funding.

D. Services and Policies

As the discussion of financial support services suggests, survivors draw on a range of services and public policies, in addition to the range of private strategies addressed above, during recovery. This section notes the most effective policies and services for survivors' economic needs, based on respondents' assessments. In the following chapter, I identify gaps in the existing policy and service structures and propose recommendations to address these gaps.

1. Effective services. Providers described a range of services they defined as crucial to survivors' economic and overall recovery, including counseling, legal assistance, financial assistance, case management, medical care, advocacy, and shelter. Survivors similarly named counseling, medical care, and a creative outlet as services valuable to their recovery. These services are summarized in Table 49. As the table

shows, survivors endorsed fewer services than providers, and indeed, many reported counseling was the only service they used post-assault. This minimal use of services seems to reflect the survivors' limited knowledge about services that were available to them, as well as hesitation to disclose and seek services due to stigma. Two survivors who were assaulted in the 1980s ago also explained that fewer services were available at that time, as the needs of survivors were not yet widely understood. Respondents named numerous institutions that offer these services, including rape crisis centers, a law center, schools, community health centers, hospitals, and domestic violence shelters.

Table 49: Number of participants endorsing services as effective

Service	Providers (N=18)	Survivors (N=9)	Total (N=27)
Counseling/therapy	14	7	21
Legal assistance	11	0	11
Financial assistance	9	0	9
Advocacy	9	0	9
Medical care	6	2	8
Case management	8	0	8
Shelter	6	0	6
Creative outlet (yoga, dance)	2	2	4

Across service types, respondents highlighted features that are important to making services successful, such as ensuring they are free, confidential, accessible, nonjudgmental, and empowering. When considering the effectiveness of services, it is also important to note that survivors' economic recovery cannot easily be separated from recovery in other aspects of their lives, as mental and physical health clearly affect survivors' economic participation and wellbeing. A counselor expressed this idea clearly, saying:

I think it's really hard to separate the economic costs from the psychological costs. So is it because of the economics that people feel like they'll never be the same person again? Is it because of the psychological? If you lose your job and your career is tanking out, yes, it's the economic, but

often, they sort of interact... The more consequences—housing, job, academics, economics—that there are, the harder it's going to be on somebody. (Provider 106, counselor)

In keeping with this idea, several providers highlighted the value of a network of several of these services working together to meet the range of survivors' needs. A lawyer phrased it this way: "I think everybody needs to work together like as a hand to hold this person up, but one person can't do it all" (Provider 102, lawyer). Providers suggested that survivors need assistance from a variety of specialized professionals due to their range of specific needs around legal advocacy, financial support, and mental health. This lawyer also noted that individual, specialized providers are not equipped to address the whole range of needs and thus must rely on referrals to other providers.

In this spirit, it is important to note that the following individual services were often discussed as part of a greater network of overlapping services and resources. This section briefly describes the value of counseling, legal assistance, and case management for survivors' economic and overall recovery. These three were among the most valuable services reported in this study, in addition to the financial assistance examined above.

Counseling. There was wide agreement that counseling and therapy are important ingredients for survivors' recovery. This service can take the guise of one-on-one counseling, intensive therapy, group counseling, and hotline support. In keeping with trauma theory, participants who discussed specific benefits of counseling suggested it helps survivors manage post-traumatic symptoms and makes the recovery process more manageable. For example, a lawyer explained, "If the victim can get mental help from a crisis center or from a therapist or whatever, then a lot of the curve balls are more manageable. It doesn't kind of throw them entirely off of task" (provider 101, lawyer). While mental health care is rarely considered in an economic light, these data suggest

counseling has the potential to improve survivors' economic wellbeing. For instance, a lawyer reported that access to appropriate mental health care can mitigate long-term costs by preventing or minimizing long-term, negative mental health effects:

[Counseling] might be [a] cost upfront, but in terms of mitigating potential long term breakdowns, for things to get worse or to help the client at that moment, work on healing, and whatnot. I think that [counseling] can be a cost-reduction in the long term, [rather] than just kind of seeing what happens and waiting until they get so depressed that they can no longer go to work, that they can no longer function in society, or whatever it is. (Provider 110, lawyer)

One survivor, Jane, did not see counseling this way. Instead, she said, “No, it didn’t [address my economic needs]. It just kind of drained my economic resources.” Jane’s comment may reflect that the long-term economic effects of mental health care are hard to detect because *prevented* outcomes are difficult to recognize and impossible to prove. It is also likely that the quality and duration of mental health care determine its effectiveness at addressing post-traumatic symptoms, and individual variability is likely. Additional research is needed to fully understand the economic effects of mental health care for sexual assault survivors.

Legal assistance. In contrast to counseling, legal assistance is less widely recognized as a post-assault service, but in this study, it emerged as a critical resource for survivors. Provider respondents suggested legal advocates can play several important roles in recovery, including negotiating and advocating on survivors’ behalf, helping them navigate legal or institutional review systems, and making steps toward changing the “big picture” of sexual violence. One lawyer explained the wide applications of legal services for victims, saying, “we represent survivors really in any part of their life that has been impacted - housing, immigration, employment, school, work, finances, privacy, safety, all that stuff” (provider 100, lawyer). Another lawyer described the particular role legal service providers can play in notifying survivors of their rights:

A lot of people feel disenfranchised by the criminal justice system, but if they just had someone in our capacity who could take them through things-- I think so much about post-assault trauma is uncertainty, and, "What's going to happen next?" and, "What could happen to me if I tell," and, "What--" you know. To be able to have someone along to say, "You can't get in trouble for that, you can't get in trouble for that. With your housing, I think that we could help you break the lease, deh, deh, deh." You know there's so much of the legal component that I think really stabilizes someone's life because they don't have those uncertainties. (Provider 101, lawyer)

The survivor respondents in this sample had not utilized legal services. This may be due to the sample's largely middle class background, whereas many of the legal service providers described serving primarily low-income clients. Additionally, however, this lack of uptake may reflect the numerous barriers to accessing legal services, including lack of knowledge of one's rights and unwillingness to disclose or seek accommodation from employers or schools. It also must be acknowledged that a sizable segment of this sample consisted of lawyers, which suggests the possibility of bias. However, counselors and other providers frequently volunteered the value of free legal advocacy, leading to wide agreement among the provider sample. These initial findings suggest that legal assistance can be an important service for survivors, and further research on its effects is warranted.

Case management. The value of financial assistance services was noted above, yet these services are often specialized (targeting only specific expenses or populations) and spread among many agencies. Hence, case management, the service of identifying survivors' economic needs and linking survivors to applicable resources, can provide an essential bridge to recovery. Here, an advocate from a rape crisis center describes the extensive case management work she does:

[I] find financial resources to help them get furniture, financial resources to help them fix their unit so they can feel safer and secure, financial resources to move, so if they are relocating to a new unit that they feel safe and stable in but need help with renting a truck, we do help with that. If they need help, for instance the new unit they need a security deposit...then we have to look out for resources for that. If it's medical expenses related to the [evidence collection] kit, if the survivor has gone to the hospital, then we have to get them- talk to them about victim

compensation and help them through the process of applying and connect them with victim compensation, if they want us to and if they didn't get that help from the hospital. So that's some of the financial resources we do help with. Sometimes we work with clients who are going to school, college, high school, any school level at that stage, so if they need help with getting an education grant to pay for books that they'll need for a semester or to pay for a laptop that they will need for doing their coursework, we do work with specific organizations to help them get that. (Provider 105, advocate)

As this extensive list indicates, this advocate sees a range of financial needs, in keeping with those described in Chapter 4, and utilizes an extensive network of agencies and resources to help her clients meet their needs. It is rare for rape crisis centers in the region under study (and in the U.S. overall) to have dedicated case management services, but the limited existing data suggests these services can play a significant, positive role in survivors' recovery.

Barriers to services. Respondents spoke of barriers affecting access to a range of services, including mental health care, legal assistance, and financial assistance. Major barriers include prohibitive costs, inaccessibility, inadequate supply of services, and lack of funding. Several providers also reported that many shelters and other services primarily or exclusively serve survivors of intimate partner violence (IPV), leaving victims of non-IPV sexual assault with few options. For example, an administrator explained how IPV shelters' rules and structures can be at odds with the needs of non-IPV survivors:

Sometimes the shelters may say, "Well, you can't stay in the community that you live in now, you can't go your job anymore, you can't bring your car," which is understandable safety-wise [for IPV survivors], but that may not be something that is needed for a sexual assault survivor. It may just be that they literally just need a place to stay for a few weeks. So I think that is the biggest thing, that we just don't have the right emergency housing for survivors. (Provider 107, administrator)

For this reason, numerous provider respondents reported that there is a need for shelters that address the emergency housing needs of non-IPV sexual assault survivors. Providers also reported that marginalized populations, including low-income survivors, people of

color, and immigrants, face barriers to services. These will be addressed in the Differential Impact section at the end of this chapter.

2. Effective public policies. Provider participants spoke about many policies that are helpful to survivors’ economic recovery, particularly victim compensation. Providers also described an array of public assistance programs that many of their clients rely on post-assault, including, cash assistance, food stamps, Medicaid, public housing, and Social Security Disability Insurance. Survivors provided fairly minimal information about effective policies, as many did not report drawing upon public policies for assistance, as Table 50 indicates. This may be due to the fact that most participants came from middle class backgrounds and had other sources of support. Among providers, it is not surprising that lawyers had a strong grasp of the policies available to victims and tended speak more readily about policies than did counselors and other providers. This section highlights the impact of victim compensation on survivors’ economic wellbeing and then provides examples of several other public policies that were identified as economically helpful to survivors.

Table 50: Participants endorsing policies as effective to survivors’ economic recovery

Policy	Providers (N=18)	Survivors (N=9)	Total (N=27)
Victim compensation	15	1	16
Social Security (SSI, SSDI)	9	1	10
General public assistance (TANF, state transitional assistance, WIC)	7	1	8
Subsidized health care (state health insurance, free clinics)	7	1	8
Workplace protections (emergency leave, time off, Worker’s Compensation, Unemployment Insurance)	4	3	7
Food stamps (SNAP)	5	1	6
Public housing	5	1	6

Victim compensation. Victim compensation (VC) is unusual among public policies because it recognizes the economic costs associated with sexual violence, including medical expenses and lost wages. An administrator defined VC in this way:

There is victim compensation in [this state], and all the states have form of it. So if someone has either gotten the evidence collection kit done or filed a police report, they're eligible for certain things to be paid back to them or reimbursed to them if they can show a direct connection between the assault and the expenses. So for all of our clients that have either gotten a kit done or reported, we would encourage them to apply for that. It's up to 25,000 [dollars], so it's not going to cover everything, and it's very specific about what it does cover, but at least it helpful, and that's something. (Provider 107, administrator)

Administered by the Office of the Attorney General, VC is available to victims of violent crimes and families of homicide victims. As the provider above noted, to be eligible, survivors must have either reported the crime to the police (generally within five days) or have received a forensic sexual assault exam for evidence collection. Adult survivors also must apply for VC within three years of the crime, while minors generally have until age 21 to apply. VC covers the following sexual assault-related costs¹³: Medical and dental expenses, counseling expenses, lost wages, homemaker expenses, replacement bedding/clothing, crime scene cleanup, forensic sexual assault exam, and security measures. VC does not cover such expenses as property losses, compensation for pain and suffering, moving costs, and housing.

All provider respondents and one survivor reported that VC is a helpful source of funds with which to meet the increased financial demands following assault. An administrator described the ways in which VC is helpful to her agency's clients:

I do think victim compensation is very helpful, and it's definitely crucial for a lot of clients and helps them, not so much with their immediate, emergency financial needs, but for that long term. If they're done with therapy here [free counseling through her agency], they know they can go into counseling and that the out-of-pocket costs will be covered. Or they know that they can- maybe they are going to have to put [money] up front for their HIV meds, but that that will eventually be

¹³ Covered expenses that are specific to homicide victims are excluded from this list.

reimbursed for them, so they feel comfortable doing that. So I do think that is crucial. (Provider 107, administrator)

Another administrator affirmed these sentiments, saying VC, “has probably some of the biggest economic impact for a survivor that is possible” among policies (provider 115, administrator). Sally, a survivor, reported that the value of VC lay in both its direct financial assistance and in its formal acknowledgment of the economic impact she experienced. She explained, “I would say that it was helpful. It was helpful that there was this one pool of money, and that there was some acknowledgment by the state that there was an economic impact to rape. So that was good.”

Victim compensation is of central importance to this research. One of few policies that directly addresses the economic needs of survivors, VC offers an important source of financial support for some survivors. This policy also has several limitations, which are discussed in the following chapter, along with related policy recommendations for improvement.

Social welfare policies. As noted above, respondents reported that survivors draw on a range of public programs to meet their economic needs. These include cash assistance, the Women, Infants and Children Program (WIC), Social Security Disability Insurance (SSDI), Supplemental Security Insurance (SSI), Supplemental Nutrition Assistance Program (SNAP), and subsidized housing policies. A lawyer whose organization primarily serves low-income survivors noted the importance of public assistance for her clients, as well as the stigma associated with accessing these programs:

I do think that most of our clients, if they weren't already on public benefits, they're going to get some kind of public assistance afterwards, which it's obviously a good thing, to have that available. But they have to get over the stigma that they might have around that, which is difficult. (Provider 100, lawyer)

Another lawyer from a different organization explains how she has seen low-income clients seek a variety of public resources in order to meet their needs following assault:

For the low income, it's usually make or break, because every month is just cutting it anyway. So, this is usually the step in which if they're not already, they start to get food stamps. They seek out more public assistance, maybe that's welfare, maybe that's going to more clothes banks, food shelters or food banks, something like that. Yeah, and if they don't find the social services, it can be really tough, because they're just living month to month anyway. (Provider 110, lawyer)

One survivor, Lil' Miss, echoed this lawyer's description of patching together resources to survive. Lil' Miss utilized a number of public supports to stabilize herself during her recovery process. After being raped, she lost her job as a police cadet and spent 18 months unemployed, going through bouts of homelessness. She began working as a security guard and was injured on the job. The injury, along with her PTSD and depression, made it difficult for her to work, and she applied for disability insurance. She explained:

I got the general relief, got Social Security. Social Security, being on Disability, allowed me to get low-income housing in the handicapped disability buildings. That foundation allowed me to go back to school. So, all of this time, so basically from '92 until now, I've been on Disability, and that's *below* the poverty line and I've been living on that. (Lil' Miss, survivor, age 51)

Lil' Miss also explained that SNAP was a crucial resource. She said food stamps “enabled me to eat, because there wasn't enough money in the check to pay the bills.”

These data suggest social welfare policies can play an important role in contributing to survivors' economic wellbeing following assault. However, as with victim compensation, there are numerous barriers to accessing these policies and gaps that reduce their effectiveness for sexual assault survivors. These barriers, gaps, and related policy recommendations are detailed in the following chapter.

3. Effective institutional policies. At the institutional level, respondents suggested that having access to time off from work, especially paid time off, was helpful for recovery. For instance, a small number of respondents described survivors drawing on sick time, temporary disability, or other leave policies during recovery. For example, survivor Carmen explained the value of her flexible work schedule:

The flexible scheduling at my work helped me. But besides that, [policies did] not really [impact me]. Yeah, the fact that they didn't have to ask questions was really nice. It was a small department, so my boss I knew very well, so that way he could – He authorized it without having to have an explanation on it, which was nice. (Carmen, survivor, age 22)

Although few respondents reported existing policies that effectively protect victims, when such policies are in place, they appear to be helpful. This is important to note because it signals an opportunity for both institutional and public policies to intervene on behalf of survivors. The weaknesses of institutional policies, as well as related policy recommendations, are addressed in the next chapter.

E. Differential Impact on Marginalized Populations

Across the areas of inquiry in this chapter, it became apparent that certain populations face greater obstacles to economic recovery following sexual violence. In keeping with my intersectional approach to trauma theory, immigrants, low-income survivors, and survivors of color appear to face barriers to accessing the types of private and public strategies and services that assist with recovery. In terms of payment strategies, lower-income survivors have fewer options than their higher earning peers, including less access to paid time off, familial financial assistance, and health insurance. Additionally, the literature suggests that women of color, particularly Latina, African American, and Native American women, have low levels of asset ownership, suggesting

they are less likely to gain from the benefits associated with assets, which were explored in this chapter. Immigrants, low-income survivors, and some survivors of color also face barriers to accessing services and making full use of public policies. In this section, the additional barriers faced by these populations are considered, and the economic implications of such barriers are explored.

1. Overlapping oppressions. No ascriptive identity exists in a vacuum; instead, gender, race, class, and immigration status intersect and overlap in complex ways. While few respondents overtly made note of this intersectionality, it became apparent in many of their stories, as the following example suggests:

Respondent: Yes, I don't think there's any question that if you don't fit what we think of in terms of a "good victim," like a young, white college girl, who presents herself very compelling and is crying and- you know what I mean? As the survivor, I mean, if you're like a 40-year-old African American, low-income prostitute...

Interviewer: Nobody wants to help you?

Respondent: That's right, and maybe nobody thinks you can be raped, in itself. Every time I do a training, I always talk about that the farther out you are in terms of a marginalized community from that perfect victim, whoever that is, and you know that person is totally discriminated against too, but it just gets worse the further out you are.
(Provider 100, lawyer)

As this example indicates, a survivor's race, gender, class, profession, and self-presentation all affect her perceived credibility and others' willingness to help her.

Numerous other examples of this intersecting and overlapping of race, class, gender, and other categories have been cited throughout this document, and the intersectional nature of such concerns should be borne in mind in the following discussion as well.

2. Low-income survivors. Providers reported that low-income survivors face an array of particular barriers, most notably going without services due to costs. Many services carry a cost, including medical care, intensive therapy, and civil legal

representation, and respondents reported that those who cannot afford to pay the co-pays and fees often go without these services. For instance, Lil' Miss, a survivor, explained that she went without healthcare and counseling because she lacked health insurance and could not afford these services. She said, "everywhere I went for help, I couldn't get it. I didn't have insurance. I got fired. There's no job now. There's no insurance. [I was told,] 'If you don't have insurance, we can't help you.'" A lawyer echoed Lil' Miss' experience, explaining that while lower income survivors may incur a lower absolute cost, they simply cannot afford to spend money on services. She said:

Because of their situation, they can't spend the money. So they're not getting counseling, they're not doing things that would add, that might seem like voluntary or more like nonessential, we'll say, because all they're doing is covering the essentials. (Provider 110, lawyer)

Affordability issues were especially pronounced in the legal system, where even having a constable serve a restraining order costs the survivor \$50. Respondents noted that high fees mean some people simply do not have access to civil legal remedies. For example, a lawyer explained the prohibitive costs associated with initiating a civil court case, which includes a fact-finding stage called "discovery":

Private attorneys either want a fee up front, and most often, even if they don't do that, if it's a retainer agreement, they want the client to cover the expenses of litigation. So discovery usually costs a lot of money, and they want the client to cover all the fees. And our client cannot cover the fees. I mean, I would say 100% of the time they cannot cover the fees. So then we are left with figuring out, "You have a great case, but who's going to take it, who will cover the fees for you?" It's a very rare lawyer that'll do that. (Provider 102, lawyer)

Such affordability issues suggest lower income survivors do not have equal access to post-assault legal services, underscoring a significant concern about equity and justice.

In addition to affordability, providers reported that access to services often hinges on economic factors, such as ability to take time off from work. A counselor explained her low-income clients' difficulty attending group counseling due to work:

Other ones that are just kind of starting out [in their jobs], it becomes they can't come to group, because they're trying to keep this job, and they don't want to say that, "Well, every Tuesday night I need to go to group." So, they come more sporadically, because they also need that money to be able to pay for all of those other things, and pay for housing and all of that. (Provider 116, counselor)

This example illustrates that even free services can be difficult for low-income survivors to access due hours of operation. This suggests that beyond affordability, services ideally can be offered at flexible times and locations in order to facilitate access by less privileged survivors. The same counselor commented on this idea, noting that service providers struggle with their own funding constraints, which limit the services they can provide:

Especially for parents, they want to be able to protect their kids and prevent this stuff from happening to them, and then they have all of these other things that are going on. "How do I get them to the rape crisis center?" which is only open from nine to five because we don't have funding to really open any later than that, *barely* open from nine to five. And going to the doctor and making those appointments and taking all of that time, I think that affects a lot. (Provider 116, counselor)

This example signals an opportunity for policy intervention. State and federal dollars can be directed toward rape crisis service providers with the goal of expanding their reach and increasing accessibility for low-income communities.

3. Immigrant survivors. Respondents identified many challenges faced by immigrant survivors, including lack of awareness of their rights, cultural and linguistic barriers, and limited access to services. It is also important to note that while immigrants overall face a number of particular challenges, undocumented immigrants face additional, unique barriers, particularly around accessing services. Those without legal status are also barred from accessing certain public supports, which will be discussed in greater detail in Chapter 7. The barriers explored below include some that are general to immigrants, as well as those that more seriously or specifically affect undocumented immigrants.

First, providers reported that their immigrant clients often do not realize they have rights in the U.S. and avoid seeking services out of fear of being deported. A bilingual counselor explained how these concerns affect her clients:

I would say, too, that a lot of the women I work with, because I'm bilingual, are undocumented Latina survivors, and so it's even harder because...a lot of the women are concerned if they sign a paper to get benefits or things like that, that it's connected to like immigration issues, and that it'll be found out. So a lot of the times, a lot of the Latina women won't access services, because they think that it will expose their undocumented status, which can inhibit them from getting sort of victim's comp or things like that. (Provider 111, counselor)

Another provider, a lawyer, explained that her clients are “afraid to go to the police in [this state] because they think that they're going to get turned in to immigration” (Provider 102, lawyer). This concern clearly affects undocumented immigrants, but respondents noted that even those with legal status are often unaware of their rights and thus share the same concerns.

A second challenge faced by immigrant survivors is that they often face cultural and linguistic barriers to disclosing or to receiving appropriate assistance. As noted in Chapter 5, understandings of sexual violence differ from culture to culture, as does willingness to disclose. A counselor explained how these cultural differences can affect survivors' access to services:

I help a lot of immigrants. You know, there's different things around sexual assault that make it more difficult, more uncomfortable to disclose to people around them. And in every kind of culture, there's something that stops people from disclosing. Obviously, it has a big impact on the support you're going to get. (Provider 104, counselor)

As this counselor notes, discomfort naming or acknowledging sexual violence can lead many immigrants (and other survivors) to go without services. Another provider, a bilingual counselor, praised the work of the rape crisis center but also noted that immigrants may be less willing to seek services there due to its limited number of people of color and bilingual counselors on staff:

I cannot tell you the difference that a rape crisis center makes in the lives of survivors. We're free. We're confidential. You literally come in, you do an intake, and within a week, you have a counselor. No insurance, no ID, no doc, *nothing*. Like barriers *down*. Granted, I think there's more barriers for immigrant communities, because we don't have like a lot of people of color, we don't have a lot of Spanish speakers. (Provider 111, counselor)

This quote demonstrates the value of the rape crisis center's free and confidential services. Yet, it also points to a need to increase racial and linguistic diversity among the staff. One way to address these types of barriers would be to make resources, such as information about immigrant victims' rights, victim compensation, and free services, available in various community spaces, such as churches or health centers. This would allow immigrant survivors and others to access crucial information without relying on a rape crisis service provider as a first point of contact.

In terms of linguistic barriers, an advocate gave this compelling example of how language can create difficulties for immigrant survivors:

[The police] couldn't find an interpreter for her [a Spanish-speaking immigrant survivor]. They were like, "Oh, this person speaks Portuguese. It's kind of similar to Spanish. So they can interpret." ... They couldn't allow legally for her coworkers, who were also witnesses to the assault, they couldn't allow them to interpret for her at the hospital. So they had to use a hospital interpreter who spoke a different language. So she [the survivor] was already so furious, so angry, so she was basically screaming. And of course, angry that she knew this person didn't speak her language, and she knew they weren't communicating clearly everything. So in a nutshell, the police took the initial report, which, for some reason, most of the information was not correct. (Provider 105, advocate)

This advocate went on to explain that when the police followed up with the survivor by visiting her home, she was frustrated and concerned that they did not believe her, so she showed them the bruises on her chest from the assault. The police recorded this as indecent exposure. Due to this charge, the police refused to certify that she was victimized, which blocked her access to a U Visa.¹⁴ This survivor lost her job because she filed against the supervisor who assaulted her, and then she became homeless for a

¹⁴ A U Visa is a type of visa available to immigrant victims of crime who cooperate with the police in the crime investigation. It provides temporary legal status and work eligibility for up to four years.

period until this advocate was able to help her access victim compensation and public housing. This is a powerful example of how linguistic inaccessibility and cultural insensitivity can harm immigrant survivors.

Providers also described many more subtle ways in which language barriers prevent survivors from accessing services. For example, a bilingual counselor explained that the forms sent home with survivors after the sexual assault evidence collection kit (which she refers to as “the rape kit”) are available exclusively in English:

I'm pretty sure that the rape kit, all the forms that you have to look at and sign, the forms they send you home with, that are like, "Go here for your prophylaxis, call here for victim's comp." –You can now even get reimbursed for your clothing and stuff like that, which is awesome, because before you couldn't.—They're in English, so that's a language barrier. (Provider 111, counselor)

I contacted the state office that administers these forms and confirmed that in fact the official forms accompanying the state's evidence collection kit are printed in English only. The form includes a list of tests (e.g., for sexually transmitted infections (STI), pregnancy) and treatments administered (e.g., antibiotics, emergency contraception, tetanus shot, STI prophylaxis), as well as instructions for follow up medical care (e.g., emergency contraception, pregnancy and STI screening, HIV testing) and rape crisis counseling. The form also includes instructions for accessing victim compensation. It is troubling that the state makes this critical information available in only one language.

In addition to this form, survivors receive a Patient Information Packet as well, which the state office informed me contains information in English and Spanish. Upon reviewing the packet, the vast majority of the materials are written in English, with only two items printed in Spanish as well (a list of domestic violence shelters and a pamphlet about forensic issues). Despite these Spanish language materials, the counselor quoted above expressed deep concerns that non-English speakers were not receiving accessible

information following the forensic exam. Indeed, the paperwork in this packet supports her concern. This counselor went on to explain that, “all the [medical] advocates are white, English speakers,” which means their ability to transmit information about follow-up care to non-English speakers is limited, and they must rely on hospital translators. Given the example cited above, translators cannot always be relied upon for competent or even linguistically appropriate services for rape survivors.

A third challenge faced by immigrants is that their options for services are limited due to their immigration status, particularly those who are undocumented. For example, an advocate explained that she is limited in which services she can offer undocumented immigrants:

So not just the ones that are public benefits or pay benefits, but even if they can't prove they can go back to work, then how can I help them with even the very minimal financial resources? So it does impact them in a lot of ways for a lot of the financial assistance or resources that are out there. And that's very, very common for Hispanic, most of the Hispanic cases that I see.
(Provider 105, advocate)

In this example, the advocate refers to her agency's housing stabilization fund, which requires applicants to prove they can maintain payments on the home in order to receive assistance. Since undocumented immigrants are limited in the employment they can pursue, it is difficult for them to prove they have a reliable source of income. Once again, this demonstrates how undocumented immigrants can face barriers to accessing even free services. The U Visa is one option for obtaining work status, but because it requires police involvement, many immigrant survivors are hesitant to pursue it. Because employment is central to economic wellbeing for most people and legal status is required for lawful employment, major immigration reform may be needed to fully address these structural barriers. Since such reform is not likely to be forthcoming, it is important to recognize the unique and serious barriers immigrant survivors of violence face. This,

coupled with their hesitation to involve police, makes this population particularly vulnerable to sexual violence and exploitation, as well as negative economic consequences of assault.

4. Survivors of color. In the primary region of study, very few rape crisis services are physically located in neighborhoods of color, which also tend to be low-income. As a bilingual counselor explained, the physical location of service providers plays an important role in who accesses their services:

You have to understand where we are. We're in [a small city], okay? So, [our city] is mostly upper middle [class], white people. Right? And so we're missing a lot of the people in [two large communities of color] and those kinds of places, number one, because they have their health centers and stuff there as well. But they're not going to come here. This place is far. You know, it's not that accessible. So, just because of our location we're also missing a lot of people, that are maybe even in more dire straits than the ones we're even seeing. (Provider 112, counselor)

Additionally, the service providers in this study and their organizational leadership were largely not ethnically diverse, which may be a barrier for survivors of color in a variety of ways, including the lack of culturally and linguistically appropriate services or difficulty simply feeling understood. A bilingual Latina counselor noted that this as a weakness of the existing service system, as her quotation in the immigration discussion above suggests.

Finally, as noted above, research in the asset field has documented massive gaps in asset ownership by both gender and race, with Black, Latina, and Native American women on the bottom of the distribution. Although my findings do not speak directly to this point, existing data suggest survivors of color are less likely to have access to the assets that can play such an important role in recovery.

F. Conclusion

This chapter has presented findings on a range of resources survivors draw upon to cope with economic consequences and work toward recovery. As noted above, survivors make use of a range of private strategies, assets, familial financial assistance, services, and public policies in order to cope with the financial and economic aftermath of sexual violence. Private strategies include use of health insurance, patching together resources, and borrowing funds. In keeping with asset theory, financial assets, particularly savings and familial financial assistance, serve as a crucial bridge to economic and overall recovery for those with access by covering unexpected expenses, standing in for lost wages, and increasing flexibility. While asset theory has not been applied to sexual violence until now, these findings are consistent with a central contention of the theory, that assets can buffer economic shocks. The contribution of this study lies in recognizing that sexual violence, a very common occurrence among U.S. women, can create a wide range of economic shocks for survivors, including medical and legal expenses, job loss, and inability to work. Unlike other publicly acknowledged economic shocks, like serious illness or a death in the family, sexual violence is stigmatized and underreported, so the cause of survivors' shocks tends to be invisible to the public and policymakers.

By noting that these economic consequences exist and that asset ownership can help with recovery, these findings identify a need as well as a potential solution. The need I identify is that survivors of sexual violence have particular economic needs and require economic resources to facilitate recovery. Existing wealth inequalities mean less privileged survivors may face negative economic effects of sexual violence

disproportionately, which suggests policy intervention may be appropriate to create equitable outcomes. The solution I identify lies not only in privately owned assets but also in policies and services that can offer the benefits of asset ownership, such as the housing stabilization fund described above. These findings also illustrate that survivors without access to financial assets rely on social welfare policies, such as cash assistance, SNAP, and public housing, for economic survival. These policies provide valuable support to survivors, but there are many ways in which they can be improved to increase their effectiveness for sexual assault survivors. The following chapter discusses the limitations to existing policies, as well as recommendations for policy solutions.

CHAPTER 7: POLICY RECOMMENDATIONS AND DISCUSSION

A. Overview

The findings presented in Chapters 4-6 suggest that sexual violence creates a heavy economic burden for many survivors, in the form of increased costs and decreased earning ability. This burden appears to weigh especially heavily on those who are already economically marginalized. This study casts a small light onto a potentially massive and highly complex problem. Clearly, more research is needed to fully understand the economic dimension of this crime and to begin to reframe the way survivors, service providers, policymakers, and communities approach recovery. Additionally, this study affirms the existence many promising policies and immensely helpful services. In this chapter, I first identify considerable gaps in the effectiveness of existing policies for survivors and then present recommendations for federal and state policy. In the second half of the chapter, I discuss the study's contribution to theory and outline this study's implications for future research.

B. Barriers and Gaps in Public and Institutional Policies

Chapter 6 identified numerous policies that economically support survivors who lack other resources. While many of these policies are critical to survivors' needs, it is important to consider the barriers and gaps that impact both access to these policies and their effectiveness at addressing the specific needs of this population. Respondents reported a wide range of barriers to and gaps in existing policies that address survivors'

economic needs. Across the board, survivors face barriers to accessing supportive policies, including lengthy waiting lists for public housing, lack of knowledge about victim compensation, and inadequate or unaffordable mental health care. Many public supports also suffer from stigma, inadequate benefit levels, and lack of access for undocumented and recent immigrants. General barriers and gaps are summarized in Table 51. In this section, I first highlight key limitations to existing policies, with particular attention to victim compensation and public housing because respondents reported the most concerns with these policies. Second, the limitations of institutional policies are also addressed briefly. Third, I offer policy recommendations based on the gaps identified here and derived from the study’s overall findings.

Table 51: Barriers and gaps in existing public and institutional policies

Policy	Barriers	Gaps
Victim compensation	Must report to police or hospital Lack of awareness Forms in English only	Lengthy processing period Limited in what it covers
Cash assistance (TANF, state aid)	Stigma Most non-citizens excluded	Low benefit levels
Food stamps (SNAP)	Stigma 5-year waiting period for immigrants Undocumented immigrants excluded	Low benefit level
Public housing	Long waiting lists Difficult for non-IPV sexual assault survivors to attain priority status Few landlords accept vouchers Limited access for undocumented immigrants	Inadequate supply of subsidized and affordable housing
Social Security (SSI, SSDI)	Limited access for noncitizens	Low benefit levels
Subsidized health care (Medicaid, free clinics)	Limited services covered Limited access for undocumented immigrants	Mental health care often not covered
Institutional policies	Require disclosure Fear of jeopardizing employment	Few protections for hourly workers No protections for informal economy workers

1. Barriers and limitations to victim compensation. As discussed in the previous chapter, victim compensation (VC) offers an important source of financial support for some survivors and is one of few policies that directly addresses the economic needs of survivors. Thus, it is especially important to highlight its limitations in order to identify areas for improvement. The first limitation of VC is around access. The program's reach is small due to low reporting rates and the policy's contingency on either reporting or seeking medical care. For instance, provider explained the minimal reach of this program, saying, "Victim's compensation is doing what they can, but with a 16% reporting rate, I mean, you're capturing 16% of the victims, which is almost useless, to some extent" (Provider 103, lawyer). This policy also suffers from a different stigma than means-tested benefits: the stigma associated with reporting or acknowledging oneself as a victim of sexual violence. Even eligible and willing survivors miss out because they are not aware of the program. For example, Jane, a 46-year-old survivor who was raped by a stranger, did not file for VC because she was unaware of it, despite reporting to the police and receiving a forensic exam. She did not live in the region of this study at the time of the rape, which occurred 24 years ago. Still, several providers affirmed that lack of awareness about the program is a barrier. Additionally, the District Attorney's office can deny access to VC if they deem the victim incredible or have reason to believe she was not victimized.

Secondly, documentation and advocacy are often required for survivors to have all of their eligible expenses covered. For example, a counselor explained that in her experience the application process can be confusing and stressful for survivors:

The bills come to them. It's not just taken care of. So, you do have to apply for victim's comp, and it's this very long sort of complicated process, and it's highly stressful. So, normally if you have a good case manager, you can get that [hospital bills] covered, which most of my clients

have, but if you don't, then the bills for getting a rape kit, and all expenses at the hospital can be like a \$1000. So, it's incredible. (Provider 111, counselor)

This counselor went on to explain that survivors who do not know they have a right to VC may believe they are responsible for paying the bill themselves. This can create stress and lead to increased debt for some survivors.

Third, the lengthy processing period for victim compensation claims creates expenses for survivors in the short term and poses a barrier to services for some. VC is a fund of last resort and is not designed to cover expenses up front but instead reimburses survivors for expenses after their claims have been approved. The normal processing period is up to six months. While reimbursement works well for those who can afford the initial expenses, it can be burdensome for low-income survivors. For example, an advocate explained that inability to pay prevents some clients from accessing prophylactic medication for sexually transmitted infections (STI), because they are unable to pay up front. By the time VC is approved, the medications are no longer effective.

If someone has that kind of emergency case where they need prophylaxis medications immediately, they would take the application in, fax in the application in on a Tuesday morning. It would take up to two weeks for them [the VC office] to review the application. I don't know what the review process is like, but that's the timeline the lady [at the VC office] give us, and then, the prophylaxis medications are usually needed within 5 days [to be effective]. (Provider 105, advocate)

The advocate specified this two-week turnaround is the expedited timeline for emergency cases. Yet it is apparent from the case of STI prophylaxis that two weeks can be too long to meet some survivors' time-sensitive needs.

Similarly, a counselor described the processing period creating the same type of barrier for her clients who need psychiatric medications:

The victim's comp can pay for stuff like psychotropic medication, but it takes a few months in order for this process to happen. So, you're kind of waiting for it to happen. And a lot of times they want you to purchase it first, and then you'll get reimbursed through it. So, it's a complicated

kind of thing, and psychotropic meds are really, *really* expensive, for the most part. But even not, can you afford to pay—if you’re going to take generic Prozac, which might be like 50 bucks for 30 pills, that’s still [a lot], if you don’t have an income. And some of the women I work with are just struggling, and they can’t keep a full time job, nine to five, and so it’s just this catch-22 where you can’t work enough to pay for the meds...but you can’t get work if you don’t have the meds. (Provider 111, counselor)

Although VC is not designed to cover immediate expenses, it is the only option for some survivors. Its structure precludes access to medical care and other services for those who cannot afford to pay the initial costs. This structure means victims of lower means derive less benefit from this policy than do those who can afford out-of-pocket expenses. This is an unintended, inequitable consequence structured into the policy, which can be addressed through reform.

Finally, VC is limited in the types of expenses it covers. Current policy excludes moving expenses, housing, and bills for medical conditions that are not directly or obviously related to the violence. For example, Lee, a survivor, reported that she was denied VC, even though she was forced to quit a high-paying job and move to a different state, losing a great deal of income and incurring significant debt on her former apartment:

I did apply for the victim’s compensation, but nothing ever came of it, because they determined that I didn’t really lose anything. It was new. It was a new bill at the time, and I think they were looking more towards more severe reactions, like hospitals that were billing kind of things. I don’t think they were looking towards the ongoing, you know, “I suffered this emotional thing.” I think at that time they were still trying to think of terms of physical. So, I never collected anything from that. I mean, really, as far as finances, it just got washed away, “Oh, you lost your job,” that kind of attitude. (Lee, survivor, age 54)

As the data presented in Chapter 4 suggests, Lee’s experience is not uncommon. While VC has expanded the categories of covered expenses in recent years, there is still room for improvement, particularly around housing and moving costs.

Overall, this valuable policy can be improved in several ways to expand access overall and specifically to increase its effectiveness for low-income survivors.

Recommendations to address some of these limitations are addressed later in the chapter.

2. Barriers and limitations to public housing. With respect to public housing, many providers described long waiting lists for new housing, transfers, and priority status. As an advocate explained, attaining priority status does not eliminate the a long wait for subsidized housing: “If you’re a survivor of sexual assault, is there some priority consideration that can be there to help you move up the wait list so you don’t have to wait five years, you can wait one year” (Provider 105, advocate). Another provider, an administrator, similarly reported that the wait for Section 8 housing “can be three to six months at least” for those fortunate enough to receive priority status (Provider 107, administrator). This administrator also noted the difficulty of finding housing where Section 8 and other vouchers are accepted. Undocumented immigrants face additional barriers in this area, as they are limited to state housing only, which means the supply is smaller and the waiting lists are even longer.

Priority status for public housing is also harder for non-IPV sexual assault survivors to attain, compared to domestic violence victims. An administrator explained what she has seen in this regard:

There are a lot of resources out there for housing, but I don’t think people understand that it’s mostly for domestic violence survivors. So it’s hard for domestic violence survivors to find a new place or get the priority, but it’s doubly hard for sexual assault survivors. A lot of the housing authorities don’t specify that someone that’s been sexually assaulted can get on the priority [list]. So there’s a lot of negotiating, advocating that needs to go on before they’re accepted. A lot of financial resources that are out there are really for domestic violence, intimate partner survivors and not for sexual assault survivors, so I think that’s just one more barrier that is there for sexual assault survivors that makes it harder and takes longer for them to get out of an unsafe situation. (Provider 107, administrator)

The reason it is more difficult for non-IPV survivors to access housing priority is that different assumptions are made about safety and ongoing threat when the perpetrator does not live in the same home. Yet, many respondents explained that non-IPV rape survivors

have real safety concerns when the perpetrator knows where they live or lives nearby. For instance, many providers spoke about landlords or maintenance people perpetrating the violence, which creates obvious safety concerns. Not only are landlords and maintenance people in close proximity, but they also often have access to the survivors' apartments. Survivors in this situation face similar risk to that faced by victims of intimate partner violence.

Even among those assaulted by strangers, participants noted it is common for survivors to wish to move because they were either attacked in their home or the perpetrator knows where they live. For instance, Lil' Miss, who was raped by a stranger in her own home, reported that the perpetrator came back at least twice – once she found him looking in her window, and once he broke into her neighbor's house and raped her. Once again, these circumstances speak of clear ongoing danger similar to IPV. Similarly, Lee's assailant, a stranger, took her identification card before letting her go, so he knew her address. Two other survivors in the sample were raped by strangers in their own homes as well. With the exception of Lil' Miss, all of these survivors moved out of their homes shortly after the assault due to safety concerns. Lil' Miss explained that she felt paralyzed, simply too frightened to move, but began sleeping with a gun. These data suggest that survivors of sexual violence often have compelling reasons to wish to relocate and that the current long waiting lists and difficulty achieving priority status create real barriers to the safety of survivors who rely on subsidized housing.

3. Institutional policies: Barriers and problematic practices. At the institutional level, respondents also reported a range of gaps in existing policies. First, many employers do not offer time off, particularly paid leave. As noted in Chapter 4, this

is a particular concern for workers in low-wage and hourly jobs, where taking time off can lead to losing one's job. Even for those who technically have access to paid leave, survivors may feel forced to disclose in order to receive accommodation. As discussed in Chapter 4, many survivors choose not to notify their employers due to stigma, concerns about privacy, and lack of awareness of their rights.

Second, respondents reported that most universities offer no financial aid protections for survivors, so they often lose the tuition they have paid, even if the sexual assault causes them to take the semester off. For some survivors, this leads to a sizeable increase in debt, as well as potential financial hardship. Indeed, one semester's tuition, room, and board add up to \$8,600 for public schools¹⁵ and \$19,300 for private, nonprofit universities on average (The College Board, 2011). A provider who works as a victim advocate at a university explained that this is a common problem among her students:

That's a huge financial impact. I think that is probably the most prominent one, where they wind up losing at least one or two classes, they just can't complete their course load, they get too overwhelmed by everything, and they wind up falling behind in school. And they end up paying more for their education if they do finish it. (Provider 113, advocate)

She explained, "Once it's after a certain period, you're not going to get anything back."

Later in the interview, I asked her whether the university administration ever considers reimbursing survivors for some or all of their tuition and other fees. In response, she laughed and explained, "No. It is not a discussion that happens, no. *No.*"

Third, many respondents spoke about employers and universities aligning themselves with perpetrators or otherwise failing to protect or accommodate the needs of survivors. This was frequently described at schools, particularly college campuses. For

¹⁵ This is the average amount for undergraduates attending four-year, public schools and paying in-state tuition. The average total expenses for out-of-state students in public institutions is \$14,800 (The College Board, 2011).

example, a lawyer explained the enormous barriers many student survivors face:

In all of our cases, it's like, okay, you're against the assailant, but you're also fighting against *everyone else*, who has all of the wrong information about rape, who believes all the myths, who is more comfortable...it is so much more comfortable for people to believe in the stereotypes about rape because if they're able to say, "Oh, my daughter would never dress like that, she would never act like that, she will not be raped," it's just so much better. Or, "Oh no my son would never do that," or that kind of thing. So in the school environment, it is near impossible, I think, for the victim to be successful going forward unless they have very significant advocacy and therapy, lawyer, you know. (Provider 100, lawyer)

Similarly, other participants reported that schools often fail to take any action against the perpetrator or refuse to accommodate the victim's needs. Examples of this were provided in Chapter 4. Respondents also reported that this type of behavior happens with employers. For instance, the same lawyer explained that victims who seek consequences for the perpetrator often face resistance from their employers.

The more she or he [the victim] wants something to happen to the assailant, the more we're getting into some pushback from the employer, because they're worried they're going to get sued by the assailant, which they might. And, right, historically, when an employer or a school looks at a sexual assault, they're only-- Up until I think we [the Law Center] came around, the only liability scare was from the defendant. There was no one saying, "Hey." There was no one for the victim to say, "We're not trying to have the victim's rights be more, but you *do* have obligations to the victim under Title IX, you know, under the [state] statute that covers employer discrimination based on gender." (Provider 100, lawyer)

This provider also highlights that employers and schools have certain obligations to protect their students and employees, which is an important opportunity for policy intervention, as will be discussed in the Recommendations section.

A fourth idea that emerged from the data was that institutional and other policies already exist but are simply not made available to sexual assault survivors. For example, an administrator explained:

The policies are out there. I think they're not being utilized correctly. I think a lot of people don't understand them, and a lot of people don't understand sexual assault, so they don't understand how to take this policy and apply it to a sexual assault situation when it's in front of them. So I think those are the main reasons why there are still gaps. It's just that the resources that are out there aren't being used for sexual assault survivors. I don't think providers always think about it and realize that, you know, maybe they can push it or be creative around framing this in a way so that their client can get what they need. But I also think that institutions and agencies aren't always understanding why a sexual assault survivor might need to access certain policy they have, or why that would be an appropriate policy for them to use when they're thinking about, "How do

we solve the situation for someone?” So I think a huge part of it is around education. (Provider 107, administrator)

This perspective suggests providers and decision makers need education about both the needs of sexual violence victims and how to use existing policies to meet survivors’ needs. This suggests the need for a comprehensive analysis of existing policies and further research on the creative ways in which service providers apply policies in order to create guidelines to facilitate increased utilization.

While not comprehensive, this section has described a wide range of gaps in and barriers to existing public and institutional policies for sexual assault survivors. The following policy recommendations build upon this study’s other findings to address these limitations.

C. Policy Recommendations

This study’s findings, as well as the shortcomings of existing policies, suggest the need for both policy reform and new policies to address the economic needs of sexual assault survivors. In this section, I first outline strategies to expand and improve existing policies’ reach and effectiveness. Second, I offer recommendations for new policies and programs to address the economic needs of survivors.

1. Reform and improve existing policies. As noted in the previous section, numerous policies that offer vital supports for survivors also suffer from limitations and can be improved. Here, I present recommendations to improve the following policies: Victim compensation, safety net policies, public housing, and Title IX. Table 52 summarizes the recommended policy reforms.

Table 52: Recommendations to reform and improve existing policies

Policies	Recommendations
Victim Compensation (VC)	<ul style="list-style-type: none">a. Adjust eligibility requirements beyond police or hospital reportingb. Remove linguistic and administrative barriersc. Raise awareness of VCd. Create an emergency fund to cover urgent costse. Expand covered expense
Safety Net Policies (TANF, SNAP, Medicaid)	<ul style="list-style-type: none">a. Create simplified, expedited application process for survivorsb. Train public benefits staff to provide trauma-informed carec. Expand the TANF Family Violence Option to include non-IPV SVd. Remove immigration status requirements from federal programse. Create a public campaign to destigmatize safety net policies
Subsidized Housing	<ul style="list-style-type: none">a. Improve access to priority status for non-IPV SV survivorsb. Increase the supply of subsidized and affordable housingc. Expand VAWA housing protections to cover non-IPV survivors
Title IX	<ul style="list-style-type: none">a. Improve enforcement of Title IX protectionsb. Encourage colleges to refund survivors' tuition and fees
Employment Protections	<ul style="list-style-type: none">a. Create comprehensive employment protections for non-IPV sexual assault survivorsb. Educate employers about sexual violence

Victim compensation. The following recommendations would improve the efficacy of the victim compensation program for sexual assault survivors. The following recommendations center on improving VC by broadening eligibility requirements, removing linguistic barriers, raising awareness of the program, and creating a fund for urgent, emergency expenses. I also recommend expanding the range of expenses covered to include housing and moving costs.

a. Adjust eligibility requirements to make VC more accessible. First, a very small proportion of survivors are eligible for VC because in the state under study, VC requires survivors to either report to the police or receive forensic sexual assault exam at a hospital. Since proportionally few survivors either seek formal medical care within the 120-hour window for evidence collection or report to the police, VC's current reach is limited. It is important to note that the ability to access VC through medical providers is a relatively recent policy in the state, which at least provides an alternative to filing a

police report. Many states still require a police report in order to apply for VC. Still, further reform is needed to increase the reach of this program. States should explore the possibility of alternative methods of certifying victimization status, such as through community agencies where survivors may disclose and seek services. Medical and mental health care providers can be specially trained to collect information and verify the survivors' claims without the use of the forensic exam. Since such a change would evoke concerns about fraud, an alternative, less direct approach would be to educate staff at all community agencies, including clinics, social service providers, churches, and shelters, about VC so that they can refer recent victims to the hospital or police. Another way to expand eligibility is to allow college and university staff who are currently required to report frequency of sexual violence under the Clery Act¹⁶ to certify survivors' claims. Since these university staff members are already entrusted with the duty of tracking and reporting instances of sexual violence to the federal government, they are a logical place to begin expanding access to VC.

b. Remove linguistic and administrative barriers. The second major area for improving VC's effectiveness is increasing accessibility by removing linguistic and administrative barriers. First, it is necessary to produce official VC materials in languages other than English in order to ensure that non-English speakers have access. Second, to address the concern that hospital bills are sent to survivors, who may needlessly bear the expense because they do not know about VC, all bills related to the

¹⁶ The Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (20 U.S.C. § 1092(f)) is a federal law passed in 1990 that requires universities and colleges to disclose statistics about certain crimes on and near campus, including rape and other sexual offenses (Security on Campus, 2011).

evidence collection kit should be sent directly to VC. When that is not possible, information about VC should be included with the hospital bill so that no survivor mistakenly believes she is responsible to cover the expense. Again, this information should be provided in several common languages.

c. Raise awareness of VC. To raise awareness of the policy among survivors, potential victims, and the community, an awareness campaign is needed. Such a campaign should aim to educate young people, medical and social service providers, educators, parents, and other community leaders about VC. Such a campaign can offer multilingual trainings and materials about VC to health centers, schools, social service agencies, and other community organizations.

c. Create an emergency fund to cover urgent expenses. As noted in the findings, VC is a fund of last resort with a lengthy processing period, which means survivors must often pay for expenses up front and await reimbursement. This creates barriers to accessing critical services, such as STI prophylaxis, for lower income survivors. To address this timing problem, states should create a special program within VC to provide coverage for immediate, emergency expenses that require up-front payment. Such a program can be offered preferentially to those who report they will face hardship in paying for such up-front costs.

d. Expand covered expenses. A fourth way to improve VC is to expand the range of expenses covered to include those related to moving and housing. Some states currently offer coverage for moving expenses, which this study has shown are common for survivors. In the state under study here as well as most states, however, these expenses are still not eligible for VC reimbursement. While such an expansion would be

costly, it is also essential to ensuring the safety of survivors. In order to contain the costs, eligibility criteria can be set to cover only those victims who were attacked in or near their homes or who believe they face an ongoing threat if they remain in their homes. For immediate safety needs, VC should also expand to cover the costs of short-term, temporary housing in a hotel for several days following the attack.

Safety net policies. Safety net policies, such as cash assistance, SSI, SSDI, Medicaid, and food stamps, provide essential economic support to survivors in the aftermath of violence, but such policies suffer from a variety of limitations in both effectiveness and access, as noted above. To address these limitations, the following policy changes are recommended:

a. Create a simplified, expedited application process for TANF, SNAP, and Medicaid for survivors. Applying for public benefits in person, a stigmatizing process for many people, can be especially difficult and re-traumatizing for survivors who are experiencing post-traumatic symptoms. A simplified, expedited application process created for survivors and other vulnerable populations should be created to facilitate access to safety net policies such as TANF, SNAP, and Medicaid. A single, centralized form that can be submitted either online or by mail would best minimize barriers and prevent the victim from having a stigmatizing experience. Many states have made applications for SNAP, TANF, and Medicaid available online. These existing processes can serve as helpful models to create a user-friendly application process for survivors. To make sure victims are aware of the programs available to them, information about these policies and application instructions should also be included along with victim compensation information to all survivors visiting the hospital or police department.

Similarly, information about the program should be made available at community agencies where survivors may seek services.

b. Train staff at public benefits offices to provide trauma-informed care. The findings presented in Chapter 6 suggest many survivors seek public benefits in the aftermath of violence. Other research has also found a very high rate of sexual and domestic violence among women seeking public assistance (Bassuk et al., 1996; Browne & Bassuk, 1997). Thus, it is recommended that caseworkers and other staff members at public benefits offices and publicly funded service agencies should be trained in the provision of trauma-informed care (TIC). Hopper, Bassuk, and Olivet (2010) define TIC in this way:

Trauma-Informed Care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment. (p. 82)

In practice, this would mean training those who work directly with public benefits recipients in TIC, particularly those who are in a position to make decisions about clients' benefit access and to refer them to various services. Specifically, such service providers should be trained in the prevalence of various forms of trauma, the common consequences of trauma, the safety needs of survivors, and the various resources that are available to trauma survivors. They should also learn how to present options to clients in a way that is empowering and allows them to make decisions about the types of services and accommodations they need. Such a policy change would benefit survivors of sexual

violence, as well as those who have endured other types of trauma, including intimate partner violence and child abuse.

c. Expand the TANF Family Violence Option to include victims of non-IPV sexual violence. The Family Violence Option (FVO) in the Temporary Assistance for Needy Families (TANF) program allows states to waive certain requirements for victims of family violence in order prevent undue burden and deter future violence. Requirements that can be waived include time limits, residency requirements, child support cooperation agreements, and family cap provisions. Non-IPV sexual violence survivors who fear for their safety in the workplace or are unable to work due to trauma would benefit from this waiver. The federal definition of a victim of family violence does not exclude non-IPV victims¹⁷, but only 18 of the 48 states that have adopted an FVO policy utilize a definition that includes non-IPV victims (Legal Momentum, 2004). The state studied in this analysis only provides FVO waivers for IPV victims. In the short term, those 18 states that currently offer coverage to non-IPV survivors should make an effort to notify applicants, existing clients, and rape crisis service providers of the breadth of their policy and how to access it. In the longer term, federal guidelines should specify that victims of non-IPV sexual violence are eligible for FVO waivers. The name of the provision should also be changed in order to communicate to caseworkers and to TANF recipients that this option is open to survivors of non-IPV sexual violence.

d. Provide access to key federal programs for noncitizen victims, including undocumented immigrants. The Violence Against Women Act of 2000 (VAWA) (P.L.

¹⁷ According to Legal Momentum (2004), federal law defines a victim of family violence as “one who has been ‘battered or subject to extreme cruelty,’” and the perpetrator is not specified.

106-386, Division B) provides a process by which noncitizen victims can access to certain federal public benefits, including TANF, Medicaid, and SCHIP. This process is available to “undocumented and documented immigrants who are battered by their U.S. citizen or lawful permanent resident spouses or parents” (Olavarria, Baran, Orloff, & Huang, 2009, p. 2). The existing law has a number of drawbacks for the purposes of this analysis. First, it does not apply to victims of non-IPV sexual violence. Second, it does not provide access to the Supplemental Nutrition Assistance Program (SNAP), non-emergency Medicaid, or Supplemental Security Insurance (SSI). To address these limitations, the VAWA petition process should be expanded to include immigrant survivors of non-IPV sexual violence and should provide access to SNAP, Medicaid, and SSI. Additionally, service providers and government officials must be educated about the modifications in order to maximize the reach of the reforms. These changes can be put into place in a future reauthorization of VAWA.

e. Create a public awareness campaign to destigmatize safety net policies. Sexual assault survivors who seek public assistance face a dual stigma of both their victimization status and the use of public benefits. A public awareness campaign and administrative efforts to destigmatize safety net policies would help survivors access the programs and would benefit the millions of others who rely on means-tested public policies to address their basic needs.

Subsidized housing. Survivors also face numerous barriers to accessing subsidized housing. The following recommendations address the limitations detailed above:

a. Improve access to priority status for non-IPV sexual assault survivors. This study's findings suggest that non-IPV survivors often fear for their safety, with good reason, and need to change residences. However, as noted above, it is often difficult for these survivors to attain priority status for subsidized housing. To address this problem, state and federal governments should educate the people who determine priority status about the safety needs of non-IPV sexual assault survivors and encourage them to apply priority status to these cases where appropriate. This can be offered as part of a training on providing trauma-informed care, and specific guidelines about priority status should be included. Additionally, it may be necessary to amend administrative guidelines at housing agencies in order to officially sanction access to priority status for this population.

b. Increase the supply of subsidized housing and affordable housing. Improving access to priority lists is important, but it does not solve the problem of waiting lists that are thousands of families long and often require years of waiting. To address this problem, it is necessary to increase the supply of subsidized housing by building more units and funding more rental vouchers. Clearly, this is a costly proposal, but with millions of people in the U.S. unable to afford decent housing, this is an important role for government. Additionally, to house the families who are waiting for assistance, the supply of private, affordable housing must also be increased. This can be achieved by expanding tax incentives for builders and increasing the proportion of newly built units that must be affordable.

c. Expand the housing protections granted under the Violence Against Women Act to cover survivors of non-IPV sexual violence. The VAWA reauthorization of 2005 (42

U.S.C. §§ 1437d, 1437f) created a number of housing protections for survivors of domestic violence, dating violence, or stalking who live in federal public housing, project-based Section 8, and private residences through Section 8 vouchers. These include protection against eviction due to victim status, the obligation to honor protective orders, ability to bifurcate leases, portability, and confidentiality (Legal Momentum, 2010b). These protections do not apply to victims of non-IPV sexual violence, and it is recommended that the federal law be revised to include sexual assault survivors. The reauthorization of VAWA currently under consideration in Congress (S. 1925, H.R. 4271) would extend the law's housing protections to victims of sexual assault in all public housing programs and provide an option for expedited transfers within public housing. It is also of note that these protections apply only to federal housing, and only a handful of states have laws in place that provide similar protections in state housing (Legal Momentum, 2010b). A proposed bill in the state of this study would similarly create housing protections for victims in state housing and extend protections to victims of non-IPV sexual assault.

Title IX. As noted above, these data suggest that many institutions, particularly universities, fail to adequately protect victims of sexual violence and at times align themselves with the accused perpetrators. Title IX of the Education Amendments of 1972 (20 U.S.C. §§ 1681 *et seq.*) and its implementing regulations (34 C.F.R. Part 106) “prohibit discrimination on the basis of sex in education programs or activities operated by recipients of Federal financial assistance. Sexual harassment of students, which includes acts of sexual violence, is a form of sex discrimination prohibited by Title IX” (Ali, 2011, p. 1). This law applies to school districts, colleges, and universities. The

following reforms are recommended to improve the implementation and effectiveness of Title IX to protect the economic interests of survivors.

a. Improve enforcement of Title IX protections. Despite the protections codified under Title IX, enforcement has been minimal, as this study's findings on educational consequences reflect. Thus, stronger enforcement of Title IX is needed on all campuses to improve institutions' treatment of victims and increase their accountability. Efforts to improve enforcement are already under way. Concern about recent, publicized reports of universities' poor handling of sexual assault cases led the Office of Civil Rights (OCR) to release a Dear Colleague Letter in 2011 (Ali, 2011), which clarifies institutions' obligations around sexual harassment and violence. This letter states that under Title IX, funded institutions must offer prompt and equitable resolution of sex discrimination complaints (including sexual violence) by investigating all reported cases and taking immediate steps to protect the complainant. Many respondents in this study expressed a need for such protection, explaining that schools often place the burden of avoiding the perpetrator on the victim, for instance by asking her to change classes or residences. The OCR states that, in fact, "a school should minimize the burden on the complainant, and thus should not, as a matter of course, remove complainants from classes or housing while allowing alleged perpetrators to remain" (Ali, 2011, pp. 15-16).

Additionally, the OCR prohibits schools from discouraging victims to file a police report. Schools are also required to use the preponderance of evidence standard, (i.e., "it is more likely than not that sexual harassment or violence occurred"), which is considered a less burdensome standard for victims to achieve (Ali, 2011, p. 11). The Dear Colleague Letter states that federal funding may be withdrawn from institutions that do not

voluntarily comply with these requirements. The standards set forth by the Dear Colleague letter would address many of the educational consequences of sexual violence reported in Chapter 4.

b. Apply Title IX protections to encourage universities to refund survivors' tuition and fees. As reported in Chapter 6, survivors who are students often lose their tuition if they need to withdraw from classes for a semester or more. To ameliorate this problem, private elementary and secondary schools, colleges, and universities should create policies that offer tuition reimbursement for survivors of sexual violence and other similar crises. Such a change may be possible under Title IX. In the Dear Colleague Letter, the OCR suggests that an appropriate remedy for survivors may include “arranging for the complainant to re-take a course or withdraw from a class without penalty” (Ali, 2011, p. 17). I suggest this protection could be applied to compel schools to revise their financial policies in this way, as loss of this tuition may constitute a penalty.

Employment protections. Existing policies afford minimal employment protections for survivors, particularly those who do not report to formal authorities, and are often unavailable to low-wage and hourly employees. Federal policies currently available to survivors of sexual assault include job-protected leave under the Family Medical Leave Act, accommodation for disabilities under the Americans with Disabilities Act, and unemployment insurance in some cases. Additionally, when the assault occurs in the victim's workplace or at the hands of a coworker, she can draw on sexual harassment laws for protections (Legal Momentum, 2007; Seidman & Vickers, 2004; R. Smith, McHugh, & Runge, 2002). This patchwork of protections does not cover the

needs of many sexual assault survivors, many of whom are unaware of their rights or are not covered by these policies. Plus, few policies explicitly acknowledge the coverage of non-IPV sexual assault survivors. At the state level, nine states plus the District of Columbia have laws in place to protect the employment rights of these survivors, including such rights as time off for recovery and protection against termination related to the victimization. Thirty-three states have crime victim job protection laws, which prohibit employers from punishing employees who take time off to attend court under some circumstances, such as responding to a subpoena (Legal Momentum, 2010a). Additionally, unemployment insurance is unavailable to sexual assault survivors who lose their jobs for reasons related to victimization in all but nine states (Legal Momentum, 2011). Thus, the following recommendations are presented to address these weaknesses in existing employment policies for survivors.

a. Create comprehensive employment protections for non-IPV sexual assault survivors. Federal guidelines should be created to encourage states to create consistent employment protections for survivors of sexual violence and similar trauma. Employers to whom survivors disclose incidents of sexual assault and related trauma should be required to maintain strict confidentiality, as public acknowledgement may be a barrier that prevents many survivors from disclosing. Such policies should protect employees from job loss in relation to sexual violence or its aftermath, allow paid time off, and protect their privacy. This should include creating federal guidelines that encourage states to allow sexual assault survivors and survivors of similar trauma to access unemployment insurance. Most states have such laws for IPV survivors already (Legal Momentum, 2011), and these can serve as a valuable model in expanding coverage for

non-IPV sexual assault survivors. Guidelines can be based on existing state policies.

b. Educate employers about sexual violence. An education effort is needed to notify employers and human resources staff of the particular needs of sexual assault survivors and notify them of best practices around accommodating these needs. The National Resource Center on Workplace Responses (NCWR), created under Title VII of the 2005 VAWA reauthorization, can serve as a helpful resource in this effort. NCWR provides “information and assistance to employers and labor organizations to aid in their efforts to develop and implement responses” to domestic and sexual violence (H.R. 3402, Section 41501). Additionally, aspects of trauma-informed care can be adapted to inform best practices for employers.

This section has provided several recommendations for amending and strengthening existing public policies in order to better address the economic and overall needs of sexual assault survivors. While not comprehensive, these recommendations would substantially improve survivors’ economic outcomes by providing important resources and protections. As understanding of this problem grows, additional reforms will most likely be needed as well.

2. Create new policies and programs. In addition to the proposed reforms, new policies and programs are also needed to address the economic consequences of sexual violence for survivors. The following recommendations in the areas of services, asset building, and prevention are derived from the findings on economic costs and consequences. These recommendations are summarized in Table 53.

Table 53: Recommendations for new policies and services

Type	Recommendations
Services	<ol style="list-style-type: none">a. Create case management programs and economic stabilization funds at rape crisis service providers nationwideb. Create more rape crisis services in low-income areas and communities of colorc. Create more culturally sensitive servicesd. Make financial advising training available to service providerse. Increase the availability of free mental health caref. Make emergency shelter available to non-IPV survivorsg. Offer free legal services to survivors of sexual violence
Asset-building Programs	<ol style="list-style-type: none">a. Create tailored IDA programsb. Create targeted financial literacy education coursesc. Create small business development programs for survivors of sexual assault
Education & Prevention	<ol style="list-style-type: none">a. Create a public education campaign to raise awareness about SV, its consequences, available services, and survivors' options

Services. Chapter 6 highlighted the value of many existing services for survivors' recovery. The following recommendations aim to build on and expand the network of services for survivors to address their limitations and improve their effectiveness.

a. Create case management programs and economic stabilization funds at rape crisis service providers nationwide. State and federal funding should be made available to create case management and economic stabilization funds for survivors of sexual violence at rape crisis centers and similar agencies across the country. If funding permits, the proposed economic stabilization funds should provide assistance with a broader range of expenses than the housing stabilization fund described in Chapter 6, including utility bills and assistance with food and other necessities.

b. Increase the supply of rape crisis services in low-income areas and communities of color. Federal financial incentives should be put into place to encourage states to locate rape crisis centers and related services in low-income neighborhoods and

communities of color. Similar incentives can be used to increase the diversity and linguistic capabilities of their staff.

c. Create more culturally sensitive services. To address some of the cultural differences in understandings of sexual violence and its impact, an effort should be made to collect best practices on addressing the specific needs of survivors from diverse racial, ethnic, cultural, national, and socioeconomic backgrounds and offer training and resources to rape crisis centers and related service providers on how to increase their reach and cultural sensitivity. VAWA (1994, 2000, 2005), created grant funding for several programs to assess the needs of marginalized populations and design programs to serve them (Office on Violence Against Women, 2010). These programs are an excellent start and a helpful source of information, but many of these programs ceased to exist when the funding ended (e.g., Harris & Bergeron-Naper, 1999). Thus, an evaluation is needed to collect the lessons and best practices of these and other programs, and permanent funding is needed to establish and maintain such programs. A strategy should also be developed to disseminate the learnings and best practices widely. Additionally, ongoing support and evaluation are needed to ensure that providers adopt the best practices and to provide technical assistance where needed.

d. Make financial advising training available to service providers. When referrals to lawyers and case managers are not possible (e.g., when these services do not exist nearby), counselors may be in a position to offer guidance on time-sensitive financial matters. Thus, a training protocol should be developed for rape crisis counselors, therapists, and other service providers, including information on the economic effects of sexual violence and the specific economic resources and strategies

available. This training should be provided to interested rape crisis and related service providers to enhance their ability to help survivors with urgent financial concerns.

e. Increase the availability of free mental health care. Respondents in this study frequently mentioned expense as a barrier preventing survivors' access to mental health care. Thus, it is necessary to increase the availability of free mental health care, including intensive therapy and psychiatric treatment. This can be done through Medicaid or through free clinics. Such services are sorely needed by survivors of sexual violence, but many other low-income people would benefit from the added services if eligibility allowed. As the findings in this study suggest, providing appropriate mental health services has the potential to help survivors resume their work and schooling more quickly following the assault. Thus, funds spent to increase access to mental health care may lead to savings in other types of support, such as SSDI.

f. Make emergency shelter available to non-IPV survivors. Many provider respondents described the importance of shelter for non-IPV sexual assault survivors. As noted in Chapter 6, however, the needs of this population often differ from those of IPV victims, and existing domestic violence shelters often cannot meet the needs of sexual assault survivors. Thus, efforts must be made to address the shelter needs of non-IPV sexual assault survivors. This can be done by creating dedicated shelters for sexual assault survivors or making hotel vouchers available. To determine the best model, funding should be made available for research and demonstration projects.

g. Offer free legal services to survivors of sexual violence. In order to secure access to the policies, services, and accommodations to which they are entitled, legal services should be made available to survivors of sexual violence free of charge. Such

services can be funded via existing federal and state programs that support rape crisis services, and funds can be allocated specifically for legal aid. This program can be created at the federal level in a future reauthorization of VAWA. In the interim, grants for this purpose can be created and administered by the Office on Violence Against Women. Such an initial grant structure would allow service providers and researchers to create and evaluate pilot programs in order to identify best practices. In line with the recommendation above, these services should be trauma-informed and culturally and linguistically appropriate for survivors from diverse backgrounds.

Asset building programs. This study's findings suggest assets can play an important role in recovery for sexual assault survivors. Thus, the following recommendations are designed to increase survivors' access to assets. At present, several tailored asset-building programs exist for survivors of intimate partner violence, which can provide a helpful model when designing programs to meet the particular needs of non-IPV sexual assault survivors.

a. Create tailored IDA programs. Individual Development Accounts (IDAs) are matched savings accounts for low-income people, whose matched funds are only available for asset-building purposes, such as homeownership, post-secondary education, or self-employment. IDA programs often include a financial education and peer support portion, which can be designed to address common concerns of sexual assault survivors. Tailored IDA programs have been developed for survivors of IPV, and these can provide a helpful model to create customized IDAs for sexual assault survivors. Beyond asset building, the goals of these IDAs would be to help survivors recover from past violence and potentially to open options that enable women to avoid future violence. Survivors

can benefit from both the matching funds and the social support provided by the IDA structure.

b. Create targeted financial literacy education courses. Tailored financial literacy education (FLE) courses should be designed for sexual assault survivors. In addition to standard FLE materials, these courses should include information about the various economic policies available to survivors of violence and how to most effectively utilize these services. Beyond creating targeted programs for known victims, *all* FLE programs should acknowledge the possibility that participants may have experienced this type of violence in their lives and provide appropriate resources. Again the trauma-informed service model can be of use in helping instructors build this dimension into their curricula.

c. Create small business development programs for survivors of sexual assault. While other asset-building policies offer women opportunities to change their situations gradually, providing start-up funding and support for small businesses can assist with financial stability more immediately. Thus, small business development opportunities should be created for survivors and other marginalized women. These programs should include culturally sensitive training, support, and seed money. Jaggar and Renzy (2008) of the Women's Initiative report that business ownership is particularly effective in facilitating asset ownership among "women of color who receive culturally-competent training and resources to start and grow their own businesses" (p. 2).

Education and prevention. Finally, the only way to definitively address the problem of sexual violence is to prevent it. For this reason, the following is recommended: Create a public education campaign to raise awareness about sexual

violence and its consequences, available services, and options for survivors. This campaign should include several dimensions and diverse approaches that speak to various demographics, including men and women of various ages, potential perpetrators, potential victims, and survivors. A variety of approaches will be needed in order to build understanding of the problem, prevent future violence, and raise awareness of victims' rights. Such a campaign should actively target low-income communities of color by utilizing inclusive images and multilingual materials and by locating ads in public venues such as buses and supermarkets. Additionally, trusted community agencies, such as churches, shelters, and local services providers, should be included and educated about existing services.

To be effective, a campaign of this kind must work in concert with other efforts to increase accountability and penalties for committing sexual violence. Such efforts would include endeavors to increase reporting, decrease the stigma associated with victimization, create more victim-friendly rape laws and judicial processes, and reduce racial, gender, and class bias in the legal system, among many others. As this list suggests, sexual violence persists because it is tolerated or facilitated by norms and laws at many intersecting levels of society. While a full exploration of the needed reforms is beyond the scope of this dissertation, it is important to recognize that the “rape culture” discussed in Chapter 2 is deeply ingrained in society, and thus prevention efforts must necessarily be complex and wide-ranging.

The policy reforms and recommendations put forth in this document represent a strategy to address only one important dimension of sexual violence—its economic aftermath. However, such efforts should be part of a larger, comprehensive effort to both

address the holistic needs of survivors and prevent future violence. In this way, this research builds upon the long history of past researchers who have documented the prevalence and impact of sexual violence in order to design better policies and interventions. This research also lays a foundation for future work to better understand the economic dimensions of sexual violence and address the economic needs of survivors. This work and its policy implications fit into the current and future movement to help survivors recover from trauma and to make the world safer for everyone.

D. Research Implications

In addition to its implications for policy, this study also points to a need for future research. This study has examined a dimension of sexual violence that is seldom discussed and has uncovered a wealth of information on the economic impacts of sexual violence. Still, this study is limited in many ways, and further research is needed to fully grasp the impact and extent of this problem. This section provides an overview of the additional research that is needed.

1. Quantitative data and analysis. As noted in Chapter 5, the interpretation of the quantitative findings is limited due to constraints of the data set. To accurately quantify and fully grasp the extent of the economic consequences of sexual assault, a longitudinal data set is needed, which collects information on various economic indicators, as well as sexual violence and other trauma. Data should be collected on the economic impact of sexual violence and other crimes by adding variables to ongoing longitudinal and cross-sectional surveys on crime, violence, or economic wellbeing. It is important for these surveys to include multiple questions about sexual violence and to

word their questions in a way that is likely to elicit honest responses from survivors. As Russell (1982) demonstrated, asking several questions and varying the wording (e.g., asking whether the participant has had an unwanted sexual experience because she felt forced or threatened, rather than asking if she has ever been raped) is important to eliciting accurate responses to questions about sexual violence. Questions should also be asked about the perpetrator and patterns of violence to differentiate non-IPV sexual violence from IPV.

Additionally, new studies of gendered violence should include variables on economic wellbeing before and after the assault. Variables on asset ownership should also be included in these data sets so that the role of assets in recovery may be better understood. Better data sources will also allow us to examine the degree to which lower income people face a higher risk for sexual violence in order to disentangle risk factors and determine causal direction.

2. Qualitative data and analysis. Additional qualitative data is needed to better understand this problem, particularly its impact on marginalized populations and those who were not well represented in this study. To improve our understanding of the economic impact of sexual violence for various populations, I recommend the following: First, this study included a fairly small sample of survivors, who were entirely female, only moderately diverse, and primarily from one region of the country. Future studies should increase the number and diversity of survivors in the sample in order to study the impact of sexual violence for male survivors and examine the impact of race and class on survivors' experiences. Second, future qualitative research should delve into the role of assets in recovery to better understand their potential in this capacity. As noted in this

study, homeownership may have mixed effects for survivors, and future research should examine the mechanisms of these effects. Such research should be conducted with diverse samples, in order to assess whether and how asset effects differ by race, ethnicity, class, gender, nativity, and other characteristics.

Third, future research should draw on the expertise of rape crisis service providers as this study has done. Many service providers I interviewed have seen the devastating economic effects of sexual violence repeatedly. Service providers suggested that people in their field have known about this dimension of sexual violence for years but have been waiting for research to catch up to their current state of knowledge and document this issue officially. Even those who had never considered the economic implications of this violence were able to provide rich and detailed information when asked. Thus, this population has potential to provide important data on the economic effects of sexual violence and to offer expertise on policy development and implementation.

These research implications, while not exhaustive, identify several areas in which further research is needed to build upon current knowledge and expand our understanding of the economic ramifications of sexual assault. As more research is conducted in this area, many further avenues for exploration are likely to be identified as well.

E. Theoretical Contribution

Drawing upon both trauma theory and asset theory, this study adds to existing knowledge on both the effects of sexual violence and the potential benefits of assets. By bringing together these theories and applying them in novel ways, this research also contributes to both theoretical perspectives.

1. Trauma theory. Trauma theory has not historically considered the economic implications of post-traumatic effects. This study's findings suggest these post-traumatic symptoms do indeed impact survivors' economic wellbeing. Additionally, these findings suggest that the economic effects further impact survivors emotionally and have implications for their mental health, so that economic consequences and mental health challenges may be mutually reinforcing. This section explores these applications of trauma theory and closes with open questions to be considered.

Post-traumatic symptoms have economic effects. These findings suggest that the documented mental health consequences of sexual violence have economic implications for survivors. Trauma theory states that traumatic events impact survivors physically, psychologically, and socially, and it predicts an array of outcomes, most prominently Post-Traumatic Stress Disorder (PTSD). Both the qualitative and quantitative findings presented here support the contention that survivors do indeed face significant effects across all dimensions of their lives, and, significantly, that these effects create economic costs, including medical bills, lost wages, and the inability to work. For instance, in the quantitative analysis, PTSD and other mental health conditions appear to explain some of the effects of rape on income, suggesting these post-traumatic effects carry a significant financial penalty for rape survivors. This examination of the economic outcomes of both the traumatic event itself and the resultant mental health challenges adds an important dimension to trauma theory. It offers an initial quantifiable outcome of trauma and its effects, although more research is needed to flesh this out. These findings also highlight the importance of effective, affordable, and timely treatment for survivors of sexual violence and similar trauma in order to prevent a downward economic spiral.

Economic challenges impact mental health. A second contribution to trauma theory is the finding that economic consequences that arise due to trauma may in turn further impact mental health. For instance, economic effects, such as the inability to work, difficulty meeting one's financial obligations, and fear of homelessness, can fuel survivors' mental health challenges. In these data, these concerns were associated with suicidality, as described in Chapter 4. While more research is needed to understand this relationship, it appears that negative economic effects and mental health effects can reinforce each other in a cyclical manner. Mental health concerns often disrupt work, and economic effects can then contribute to mental health symptoms by creating stress, insecurity, and distress. This suggests economically vulnerable survivors may require both mental health care and economic support in order to prevent this cycle and attain stability.

Open questions for further exploration. This study suggests that the post-traumatic effects described in trauma theory have economic implications for survivors and their families. First, additional research is needed to determine the mechanisms of the effects reported here; how do PTSD and other mental health concerns impact work behavior, earnings, and life trajectory? Secondly, while this study overlaid trauma theory with an intersectional lens, questions remain as to how traumatic processes and their economic effects may differ by race, ethnicity, nativity, and class. Due to the historical legacy of racialized sexual violence, racial and cultural differences are expected. Indeed, as noted in Chapters 2 and 5, there are differing culturally-specific understandings of sexual and other gendered violence, and responses to such violence vary as well (Bletzter & Koss, 2004, 2006; Donovan & Williams, 2002; Lira, et al., 1999; Ulloa, et al., 2004).

McKenzie-Mohr, Coates, and McLeod (2012) also suggest that trauma theory places undue focus on the individual survivor at the expense of the societal contributors to the problem, such as racism, classism, sexism, and heterosexism. Additional research in this field can further explore the intersectional and structural nature of trauma and how these relate to economic wellbeing and recovery.

2. Asset framework. This study has applied the asset framework to non-IPV sexual violence, a problem that is not often recognized as a source of economic concern. While the sample size is small and further research is certainly needed, these findings suggest that assets can play a crucial role in these survivors' recovery, although homeownership seems to have mixed effects. Additionally, it appears that certain charitable services and potentially public policies can stand in for assets for the asset-poor. This section explores these applications of asset theory and concludes with open questions to be considered.

Assets benefit survivors. First, this study is a novel application of the asset framework, which follows in the footsteps of researchers who have considered the role of asset ownership for survivors of intimate partner violence (Christy-McMullin, 2002, 2003, 2004, 2005, 2006; Christy-McMullin & Shobe, 2007; Shobe & Dienemann, 2007). However, past research on the economic impact of non-IPV sexual violence is minimal, and thus the particular ways in which assets can affect non-IPV victims have not been considered. This study contributes to the understanding of non-IPV sexual assault survivors' specific needs and suggests that assets can play an important role in their recovery. In keeping with the asset framework, these findings suggest that easily liquidated assets benefit survivors of sexual violence by buffering economic shocks,

increasing flexibility, and boosting their sense of security. Asset theory recognizes the value of being able to pay for unexpected expenses, and in this study asset ownership in fact facilitated survivors' access to post-assault services and treatments, like counseling and medication. The asset framework also attends to the value of social capital, particularly familial financial support, which was of central importance to survivors' economic wellbeing in this study. Financial and in-kind support from family and friends appear to function in much the same way as owned assets.

Homeownership has mixed effects. Homeownership, on the other hand, appears to have mixed effects for survivors. Although many studies within the asset tradition predict primarily positive outcomes associated with homeownership (Page-Adams, et al., 2001; Rohe & Stegman, 1994; Scanlon & Adams, 2005; Sherraden, 1991; Sherraden, Scanlon, Adams, Beverly, & Schreiner, 2005), the recent foreclosure crisis suggests homeownership is not unconditionally positive and can in fact contribute to instability in some circumstances. The findings in this study can be understood in the context of this more nuanced view of homeownership, which has emerged partially in response to the foreclosure crisis. This newer approach considers such factors as loan terms and the risks of ownership for families who do not own other assets and whose income becomes unstable (Oliver & Shapiro, 2008; Shlay, 2006). In this study, homeownership provided stability for some survivors but created costs and barriers for others, including those who wished to move to a new home. Homeowners are not immune from the financial stresses that renters face, such as the struggle to pay for one's housing, and owners have less flexibility to adapt quickly. As one respondent noted, homeownership alone is not

sufficient for many; instead, access to additional assets is needed to pay the mortgage and other commitments.

Social services can emulate asset effects. Another important dimension of this application of asset theory is the recognition that public and charitable services, particularly financial assistance, can stand in for assets among asset-poor survivors. Assets can serve as a bridge to help survivors weather the harshest economic effects of sexual violence until they are able to work and be productive again. In just this way, financial assistance services can provide similar bridging and cushioning benefits. The housing stabilization fund described in Chapter 6 provides an excellent example of this, as it helps survivors to meet their financial obligations on an emergency basis, in order to maintain their housing. As noted in Chapter 6, such programs often mean the difference between safety and homelessness for survivors. However, there are important differences between social services and privately accessed assets. One, access to the services is not guaranteed, and two, these funds cover only specific types of expenses. In fact, the housing stabilization fund covers only housing expenses that are directly attributed to the assault, and applicants must prove their ability to maintain the rent in the future. Thus, social services are unlikely to offer the sense of control or flexibility offered by owned assets. Still, these services can be viewed as valuable community assets, and further research is needed to understand their impact.

Open questions for further exploration. This study offers exploratory findings that suggest asset ownership can be an important resource for survivors in the wake of sexual violence. This research points to several open questions on this potential impact. First, can asset ownership be a protective factor that helps women to avoid sexual

violence in the first place? Expanding this application of asset theory to consider prevention, I would expect that women who own assets are able to leverage them to enhance their safety, by living in safer neighborhoods, purchasing safer modes of transportation, and working in lower-risk occupations. Thus, asset ownership may not only assist with recovery but may also aid in prevention. This would suggest that women of color and poor women, who have lower rates of asset ownership, would face a higher risk for sexual victimization.

Second, a more detailed look at social capital is needed. This is a place where the asset framework and trauma theory can come together, as the latter emphasizes the critical role of loved ones and communities in determining the survivors' recovery course. This study focused on the specific function of financial and in-kind assistance for survivors of sexual violence. However, the question remains as to whether and how other types of social capital affect survivors' wellbeing and recovery. For instance, social capital may affect survivors' experience by providing or denying support and understanding, as well as facilitating or discouraging access to social services, police, and public benefits. The quality and closeness of these social connections, as well as the norms within the community, are likely to affect their impact on survivors.

Another question related to social capital is whether community-based supports affect survivors' outcomes. The presence of rape crisis services, such as a rape crisis center, may be understood as both a community asset and a public statement about the unacceptability of sexual violence. In trauma theory, Herman (1992) emphasizes that the community's recognition of the atrocity and its public affirmation of the survivor are important for recovery. To the extent that rape crisis services represent a public

recognition and condemnation of sexual violence, the mere presence of such resources may be expected to positively impact survivors' wellbeing. Similarly, future research can assess whether survivors who access these services differ from those who seek services through other types of agencies (e.g., community health centers, private counseling services, hospitals). While these and other questions remain to be explored, it appears the asset framework can contribute meaningfully to our understanding of post-assault recovery.

F. Conclusion

Ultimately, these findings suggest that sexual violence does indeed create a heavy economic burden for survivors. This dissertation has presented evidence of a range of economic costs and consequences of rape based on both qualitative interviews and quantitative analysis of nationally representative data. These findings show that sexual violence can lead to direct financial costs, such as medical bills, and mental and behavioral health issues, which have their own economic implications. These economic impacts, while important in themselves, also affect survivors' lives in distinct ways. Many respondents described sexual violence as starting "a downward spiral" or "derailing them," as they explained the ripple effects of sexual violence in their lives. In this study, rape frequently triggered changes in educational attainment, occupation, earnings, and key relationships, which negatively affected survivors' short- and long-term economic stability. These financial concerns further impacted survivors' wellbeing in other areas of life, including by negatively impacting their mental health.

These findings also suggest that access to financial assets and familial assistance can benefit survivors in several ways. Financial assets and familial financial assistance can serve as a crucial bridge to economic and overall recovery for those with access, by covering unexpected expenses, standing in for lost wages, and increasing flexibility. Those without access to financial assets often rely on charitable services and social welfare policies for economic survival. Services that appear to be central to survivors' recovery include counseling, case management, legal assistance, and housing stabilization funds. Social welfare policies that help survivors economically included cash assistance, food stamps, and public housing. Yet these findings suggest that social welfare policies do not adequately assess or address the needs of non-IPV sexual assault survivors. Additionally, women of color, immigrants, and low-income survivors appear to be disproportionately affected by the economic consequences of sexual violence due to their overrepresentation in low-wage jobs, lower rates of asset ownership, and barriers to accessing appropriate services.

These findings suggest survivors' multidimensional, ongoing needs contrast sharply with the assumptions implicit in existing policies and services for victims. Reforms, including the policy recommendations provided, are needed to meet the needs of this population. Also urgently needed are efforts to raise awareness of the problem of sexual violence and its consequences, with the dual goals of preventing future violence and de-stigmatizing victimization. This would allow survivors to disclose and seek services without fear of stigma and reprisal from their communities. Increased disclosure would hopefully fuel further efforts to recognize and combat sexual violence, making communities safer for everyone.

REFERENCES

- Acierno, R., Resnick, H., Flood, A., & Holmes, M. (2003). An acute post-rape intervention to prevent substance use and abuse. *Addictive Behaviors, 28*, 1701-1715. doi: 10.1016/j.addbeh.2003.08.043
- Ahrens, C. E., Rios-Mandel, L. C., Isas, L., & del Carmen Lopez, M. (2010). Talking about interpersonal violence: Cultural influences on Latinas' identification and disclosure of sexual assault and intimate partner violence. *Psychological Trauma: Theory, Research, Practice, and Policy, 2*(4), 284-295. doi: 10.1037/a0018605
- Alegria, M., Jackson, J. S., Kessler, R. C., & Takeuchi, D. (2008). Collaborative Psychiatric Epidemiology Surveys (CPES), 2001-2003. [Computer file]. ICPSR20240-v5. Ann Arbor, MI: Institute for Social Research Survey Research Center. Inter-university Consortium for Political and Social Research,. 2008-06-19 doi: 10.3886/20240
- Ali, R. (2011). *Dear colleague letter on Title IX enforcement*. Washington, D.C.: U.S. Department of Education. Retrieved from www2.ed.gov/about/offices/list/ocr/letters/colleague-201104.pdf.
- Bachman, R., Zaykowski, H., Kallmyer, R., Poteyeva, M., & Lanier, C. (2008). *Violence against American Indian and Alaska Native Women and the Criminal Justice Response: What Is Known*. (223691). Washington, D.C.: United States Department of Justice. Retrieved from: www.ncjrs.gov/pdffiles1/nij/grants/223691.pdf.
- Bassuk, E. L., Weinreb, L. F., Buckner, J. C., Browne, A., Salomon, A., & Bassuk, S. S. (1996). The characteristics and needs of sheltered homeless and low-income housed mothers. *Journal of the American Medical Association, 276*(8), 640-646.
- Benson, M. L., & Fox, G. L. (2002). *Economic distress, community context and intimate partner violence: An application and extension of social disorganization theory, final report*. (NCJ 193434). Washington, D.C.: U.S. Department of Justice, National Institute of Justice. Retrieved 5/18/09 from: www.ncjrs.gov/pdffiles1/nij/grants/193434.pdf.
- Benson, M. L., & Fox, G. L. (2004). *When Violence Hits Home: How Economics and Neighborhood Play a Role*. (NCJ 205004). Washington, D.C.: U.S. Department of Justice. Retrieved 5/15/09 from: www.ncjrs.gov/pdffiles1/nij/205004.pdf.
- Benson, M. L., Fox, G. L., DeMaris, A., & Van Wyk, J. (2003). Neighborhood disadvantage, individual economic distress and violence against women in intimate relationships. *Journal of Quantitative Criminology, 19*(3), 207-235.
- Bills, L. J. (2003). Using Trauma Theory and S.A.G.E. in outpatient psychiatric practice. *Psychiatric Quarterly, 74*(2), 191-203.
- Black, M. C., Basile, K. C., Breiding, M. J., Smith, S. G., Walters, M. L., Merrick, M. T., Chen, J., & Stevens, M. R. (2011). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Retrieved from: www.cdc.gov/ViolencePrevention/pdf/NISVS_Report2010-a.pdf.
- Bletzer, K. V., & Koss, M. P. (2004). Narrative constructions of sexual violence as told by female rape survivors in three populations of the southwestern United States:

- Scripts of coercion, scripts of consent. *Medical Anthropology*, 23(2), 113-156. doi: 10.1080/01459740490448911
- Bletzer, K. V., & Koss, M. P. (2006). After-rape among three populations in the southwest. *Violence Against Women*, 12(1), 5-29. doi: 10.1177/1077801205277352
- Bloom, S. L. (2000a). Essay on trauma theory. In *Final Action Plan: A Coordinated Community Response to Family Violence* Harrisburg, PA: Attorney General Mike Fisher's Family Violence Task Force. Retrieved from <http://sanctuaryweb.com/publications.php>.
- Bloom, S. L. (2000b). Sexual violence: The victim. *New Directions for Mental Health Services*, 86(Summer), 63-71.
- Bloom, S. L. (2003). Understanding the impact of sexual assault: The nature of traumatic experience. In A. Giardino, E. Datner & J. Asher (Eds.), *Sexual Assault Victimization across the Lifespan*. (pp. 405-432). Maryland Heights, MO: GW Medical Publishing. Retrieved from <http://sanctuaryweb.com/publications.php>.
- Breslau, N., Davis, G. C., Peterson, E. L., & Schultz, L. R. (2000). A second look at comorbidity in victims of trauma: The posttraumatic stress disorder–major depression connection. *Biological Psychiatry*, 48(9), 902-909.
- Breslau, N., Kessler, R. C., Chilcoat, H. D., Schultz, L. R., Davis, G. C., & Andreski, P. (1998). Trauma and posttraumatic stress disorder in the community: The 1996 Detroit area survey of trauma. *Archives of General Psychiatry*, 55, 626-632.
- Breslau, N., Wilcox, H. C., Storr, C. L., Lucia, V. C., & Anthony, J. (2004). Trauma exposure and posttraumatic stress disorder: A study of youths in urban America. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 81(4), 530-544.
- Browne, A., & Bassuk, S. S. (1997). Intimate violence in the lives of homeless and poor housed women: Prevalence and patterns in an ethnically diverse sample. *American Journal of Orthopsychiatry*, 67(2), 261-278.
- Brownmiller, S. (1975). *Against Our Will: Men, Women and Rape* New York, NY: Bantam Books.
- Brownridge, D. A. (2005). Violence against women in renter versus owner-occupied housing: Is homeownership a panacea? *Women's Health & Urban Life: An International and Interdisciplinary Journal*, 4(1), 45-62.
- Buchwald, E., Fletcher, P. R., & Roth, M. (1993). Preamble and Introduction. In E. Buchwald, P. R. Fletcher & M. Roth (Eds.), *Transforming a Rape Culture* (Revised Ed. ed., pp. XI-XVIII). Minneapolis: Milkweed Editions.
- Burnam, M. A., Stein, J. A., Golding, J. M., Siegel, J. M., Sorenson, S. B., Forsythe, A. B., & Telles, C. A. (1988). Sexual assault and mental disorders in a community population. *Journal of Consulting and Clinical Psychology*, 56(6), 843-850. doi: 10.1037/0022-006x.56.6.843
- Byrne, C. A., Resnick, H. S., Kilpatrick, D. G., Best, C. L., & Saunders, B. E. (1999). The socioeconomic impact of interpersonal violence on women. *Journal of Consulting and Clinical Psychology*, 67(3), 362-366.
- Campbell, L. A., & Kaufman, R. L. (2006). Racial differences in household wealth: Beyond Black and White. *Research in Social Stratification and Mobility*, 24(2), 131-152. doi: 10.1016/j.rssm.2005.06.001

- Campbell, R., Sefl, T., Wasco, S. M., & Ahrens, C. E. (2004). Doing community research without a community: Creating safe space for rape survivors. *American Journal of Community Psychology*, 33(3/4), 253-261.
- Campbell, R., Wasco, S. M., Ahrens, C. E., Sefl, T., & Barnes, H. E. (2001). Preventing the "second rape": Rape survivors' experiences with community service providers. *Journal of Interpersonal Violence*, 16(12), 1239.
- Card, C. (1996). Rape as a weapon of war. *Hypatia*, 11(4), 5-18.
- Carney, K. M. (2001). Rape: The paradigmatic hate crime. *St. John's Law Review*, 75, 315-355.
- Centers for Disease Control and Prevention. (2007). Understanding Sexual Violence: Fact Sheet. from www.cdc.gov/ViolencePrevention/pub/SV_factsheet.html
- Chang, M. L. (2006). Women and wealth. In J. G. Nembhard & N. Chiteji (Eds.), *Wealth Accumulation & Communities of Color in the United States: Current Issues* (pp. 112-130). Ann Arbor, MI: University of Michigan Press.
- Chang, M. L., & Lui, M. (2010). *Lifting as We Climb: Women of Color, Wealth, and America's Future*. Oakland, CA: Insight Center for Community Economic Development. Retrieved 5/10/10 from: www.insightcced.org/index.php?page=policy.
- Charmaz, K. (2006). *Constructing Grounded Theory: A Practical Guide through Qualitative Analysis*. Thousand Oaks, CA: Sage Publications.
- Check, J. V., & Malamuth, N. M. (1983). Sex role stereotyping and reactions to depictions of stranger versus acquaintance rape. *Journal of Personality and Social Psychology*, 45(2), 344-356.
- Chrisler, J. C., & Ferguson, S. (2006). Violence against women as a public health issue. *Annals of the New York Academy of Sciences*, 1087(1), 235-249.
- Christy-McMullin, K. (2002). Designing policies that address the relationship between woman abuse and economic resources. *Journal of Sociology and Social Welfare*, XXIX(3), 109-124.
- Christy-McMullin, K. (2003). Asset-building policies and safety for women. *The Social Policy Journal*, 2(4), 19-37.
- Christy-McMullin, K. (2004). *Examining safety for women: The relationship between economic resources, race and ethnicity, and woman abuse*. Paper presented at the Proceedings of the Sixteenth National Symposium on Doctoral Research in Social Work, Columbus, OH.
- Christy-McMullin, K. (2005). Economic resources and woman abuse: Differences and similarities among African American, Hispanic, and white women. *Journal of Ethnic & Cultural Diversity in Social Work*, 14(3/4), 103-123.
- Christy-McMullin, K. (2006). An evidenced-based approach to a theoretical understanding of the relationship between economic resources, race/ethnicity, and woman abuse. *Journal of Evidence-Based Social Work*, 3(2), 1-30.
- Christy-McMullin, K., & Shobe, M. A. (2007). The role of economic resources and human capital with woman abuse. *Journal of Policy Practice*, 6(1), 3-26.
- Conoscenti, L. M., & McNally, R. J. (2006). Health complaints in acknowledged and unacknowledged rape victims. *Journal of Anxiety Disorders*, 20(3), 372-379.
- Crenshaw, K. (1990). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, 43, 1241-1299.

- Cunradi, C. B., Caetano, R., Clark, C., & Schafer, J. (2000). Neighborhood poverty as a predictor of intimate partner violence among white, black, and Hispanic couples in the United States A multilevel analysis. *Annals of Epidemiology*, *10*(5), 297-308.
- Davidson, J. R., Hughes, D. C., George, L. K., & Blazer, D. G. (1996). The association of sexual assault and attempted suicide within the community. *Archives of General Psychiatry*, *53*(6), 550-555.
- Deer, S. (2004). Toward an Indigenous Jurisprudence of Rape. *Kansas Journal of Law & Public Policy*, *14*, 121.
- Donovan, R., & Williams, M. (2002). Living at the Intersection: The Effects of Racism and Sexism on Black Rape Survivors. *Women & Therapy*, *25*(3/4), 95.
- Edin, K., & Lein, L. (1997). Work, welfare, and single mothers' economic survival strategies. *American Sociological Review*, *62*(2), 253-266.
- Elklit, A., & Shevlin, M. (2009). Sexual victimization as a risk factor for residential mobility: A case-control study using the Danish registry system. *Public Health*, *123*(7), 502-505. doi: 10.1016/j.puhe.2009.06.005
- Elliott, D. M., Mok, D. S., & Briere, J. (2004). Adult sexual assault: Prevalence, symptomatology, and sex differences in the general population. *Journal of Traumatic Stress*, *17*(3), 203-211.
- Finn, P. (1995). *Preventing Alcohol-Related Problems on Campus: Acquaintance Rape: A Guide for Program Coordinators*. Newton, MA: The Higher Education Center for Alcohol and Other Drug Prevention Education Development Center, Inc. Retrieved from: www.higheredcenter.org/files/product/acqraper.pdf.
- Fitzgerald, A. (2003). *¿Se habla español? Accessibility of Services for Spanish-Speaking Clients at Domestic Violence Agencies*. Austin, TX: Texas Council on Family Violence. Texas Council on Family Violence. Retrieved 7/25/09 from: www.artesana.com/accessibility_spanish_speaking_clients.pdf.
- Foa, E., & Riggs, D. (1993). Posttraumatic stress disorder and rape. In J. M. Oldham, M. B. Riba & A. Tasman (Eds.), *American Psychiatric Press Review of Psychiatry* (Vol. 12, pp. 273-303). Arlington, VA: American Psychiatric Press.
- Gavin, A. R., Walton, E., Chae, D. H., Alegria, M., Jackson, J. S., & Takeuchi, D. (2009). The associations between socio-economic status and major depressive disorder among Blacks, Latinos, Asians and non-Hispanic Whites: Findings from the Collaborative Psychiatric Epidemiology Studies. *Psychological Medicine*, *40*(1), 51-61.
- Hancock, A. (2007). When Multiplication Doesn't Equal Quick Addition: Examining Intersectionality as a Research Paradigm. *Perspectives on Politics*, *5*(01), 63-79.
- Harrell, M., Castaneda, L., Adelson, M., Gaillot, S., Lynch, C., & Pomeroy, A. (2009). *A Compendium of Sexual Assault Research*. Santa Monica, CA: The RAND Corporation. Retrieved July 21, 2010 from: <http://www.dtic.mil/cgi-bin/GetTRDoc?AD=ADA511991&Location=U2&doc=GetTRDoc.pdf>.
- Harris, M., & Bergeron-Naper, M. (1999). *Model Peer-Led Sexual Assault Prevention Programs: Lessons for Engaging and Empowering Youth: Reports of Focus Groups*. Boston, MA: Massachusetts Department of Public Health. Retrieved from: www.ncjrs.gov/App/Publications/abstract.aspx?ID=203548.

- Heeringa, S. G., Wagner, J., Torres, M., Duan, N., Adams, T., & Berglund, P. (2004). Sample designs and sampling methods for the Collaborative Psychiatric Epidemiology Studies (CPES). *International Journal of Methods in Psychiatric Research, 13*(4), 221-240. doi: 10.1002/mpr.179
- Herman, J. L. (1992). *Trauma and Recovery: The Aftermath of Violence - from Domestic Abuse to Political Terror*. New York: Basic Books.
- Hopper, E. K., Bassuk, E. L., & Olivet, J. (2010). Shelter from the storm: Trauma-informed care in homelessness service settings. *The Open Health Services and Policy Journal, 3*, 80-100.
- Howerton, A. (2006). Police response to crime: Differences in the application of law by race. *Journal of Ethnicity in Criminal Justice, 4*(3), 51-66.
- Hunnicut, G. (2009). Varieties of patriarchy and violence against women: Resurrecting "patriarchy" as a theoretical tool. *Violence Against Women, 15*(5), 553.
- Interuniversity Consortium for Political and Social Research [ICPSR]. (n.d.). Collaborative Epidemiology Surveys (CPES) Interactive Codebook (Data set documentation). Retrieved 2/13/12, from Interuniversity Consortium for Political and Social Research
www.icpsr.umich.edu/icpsrweb/CPES/files/ncsr/sections/BLPTSD/variables/all
- Jaggar, K., & de Renzy, E. (2008). *Closing the Wealth Gap Through Self-employment: Women of Color Achieving the American Dream*. San Francisco: The Women's Initiative. Retrieved 6/17/09 from:
www.womensinitiative.org/pdf/Closing_Wealth_Gap.pdf.
- Kaukinen, C. (2004). The help-seeking strategies of female violent-crime victims: The direct and conditional effects of race and the victim-offender relationship. *Journal of Interpersonal Violence, 19*(9), 967-990.
- Kilpatrick, D. G., Acierno, R., Resnick, H. S., Saunders, B. E., & Best, C. L. (1997). A 2-year longitudinal analysis of the relationships between violent assault and substance use in women. *Journal of Consulting and Clinical Psychology, 65*(5), 834-847.
- Kilpatrick, D. G., Best, C. L., Veronen, L. J., Amick, A. E., Villepontoux, L. A., & Ruff, G. A. (1985). Mental health correlates of criminal victimization: A random community survey. *Journal of Consulting and Clinical Psychology, 53*(6), 866-873. doi: 10.1037/0022-006x.53.6.866
- Kilpatrick, D. G., Resnick, H. S., Ruggiero, K. J., Conoscenti, L. M., & McCauley, J. (2007). *Drug-Facilitated, Incapacitated, and Forcible Rape: A National Study*. Charleston, SC: National Crime Victims Research and Treatment Center- Medical University of South Carolina. National Crime Victims Research and Treatment Center, Medical University of South Carolina. Retrieved 11/5/09 from:
www.ncjrs.gov/pdffiles1/nij/grants/219181.pdf.
- Kilpatrick, D. G., Resnick, H. S., Saunders, B. E., & Best, C. L. (1998). Victimization, posttraumatic stress disorder, and substance use and abuse among women. In C. L. Wetherington & A. B. Roman (Eds.), *Drug Addiction Research and the Health of Women* (pp. 285-307). Rockville, MD: National Institute on Drug Abuse.
- Kimerling, R., & Calhoun, K. S. (1994). Somatic symptoms, social support, and treatment seeking among sexual assault victims. *Journal of Consulting and Clinical Psychology, 62*(2), 333-340.

- Kochhar, R. K. (2004). *The Wealth of Hispanic Households 1996 to 2002*. Washington, D.C.: Pew Hispanic Center. Retrieved 12/12/08 from: <http://pewhispanic.org/files/reports/34.pdf>.
- Koss, M. P., & Dinero, T. E. (1988). Stranger and acquaintance rape. *Psychology of Women Quarterly*, 12(1), 1-24.
- Koss, M. P., Dinero, T. E., Seibel, C. A., & Cox, S. L. (1988). Stranger and acquaintance rape. *Psychology of Women Quarterly*, 12, 1-24.
- Krug, E. G., Dahlberg, L. L., Mercy, J. A., Zwi, A. B., & Lozano, R. (2002). *World Report on Violence and Health*. Geneva: W. H. Organization. World Health Organization. Retrieved 10/21/07 from: www.who.int/violence_injury_prevention.
- Legal Momentum. (2004). *Family Violence Option: State by State Summary*. New York, NY: Legal Momentum. Retrieved 4/11/12 from: www.legalmomentum.org/assets/pdfs/www6-6_appendix_d_family_violence_option.pdf.
- Legal Momentum. (2007). *State law guide: Employment rights for victims of domestic or sexual violence*. New York: Legal Momentum. Retrieved 11/20/07 from: <http://legalmomentum.org/mint/pepper/orderedlist/downloads/download.php?file=http%3A//legalmomentum.org/legalmomentum/files/employmentrightsguideaugust2007.pdf>.
- Legal Momentum. (2010a). *State Law Guide: Employment Rights for Victims of Domestic or Sexual Violence*. New York, NY: Legal Momentum. Retrieved 4/11/12 from: www.legalmomentum.org/assets/pdfs/employment-rights.pdf.
- Legal Momentum. (2010b). *State Law Guide: Housing Protections for Victims of Domestic Violence and Sexual Violence and Stalking*. New York, NY: Legal Momentum. Retrieved 4/11/12 from: <http://www.legalmomentum.org/assets/pdfs/housing-1.pdf>.
- Legal Momentum. (2011). *State Law Guide: Unemployment Insurance Benefits for Domestic & Sexual Violence Survivors*. New York, NY: Legal Momentum. Retrieved 4/12/12 from: www.legalmomentum.org/our-work/women-at-work/state-law-guides.html.
- Lira, L. R., Koss, M. P., & Russo, N. F. (1999). Mexican American women's definitions of rape and sexual abuse. *Hispanic Journal of Behavioral Sciences*, 21(3), 236.
- Lisak, D. (Writer). (2000). The "undetected" rapist [videodisc]. New York, NY: National Judicial Education Program to Promote Equality for Women and Men in the Courts.
- Lisak, D. (2008). *Understanding the Predatory Nature of Sexual Violence*. University of Massachusetts, Boston. Boston, MA. Retrieved from www.innovations.harvard.edu/cache/documents/1348/134841.pdf
- Lisak, D., & Miller, P. M. (2002). Repeat rape and multiple offending among undetected rapists. *Violence and Victims*, 17(1), 73-84.
- Littleton, H. L., Axsom, D., Breitkopf, C. R., & Berenson, A. (2006). Rape acknowledgment and postassault experiences: How acknowledgment status relates to disclosure, coping, worldview, and reactions received from others. *Violence and Victims*, 21(6), 761-778.

- Littleton, H. L., Breitkopf, C. R., & Berenson, A. B. (2007). Rape scripts of low-income European American and Latina women. *Sex Roles, 56*(7), 509-516.
- Littleton, H. L., Radecki Breitkopf, C., & Berenson, A. (2008). Beyond the campus: Unacknowledged rape among low-income women. *Violence Against Women, 14*(3), 269-286. doi: 10.1177/1077801207313733
- Low, G., & Organista, K. C. (2000). Latinas and sexual assault: Towards culturally sensitive assessment and intervention. *Journal of Multicultural Social Work, 8*(1/2), 131-157.
- Lui, M. (2004). Doubly Divided: The Racial Wealth Gap. In Dollars & Sense & United for a Fair Economy (Eds.), *The Wealth Inequality Reader* (2 ed., pp. 42-49). Cambridge, MA: Economic Affairs Bureau.
- MacKinnon, C. A. (1989/1997). Rape: on coercion and consent. In K. Conboy, N. Medina & S. Stanbury (Eds.), *Writing on the Body: Female Embodiment and Feminist Theory* (pp. 42-58). New York, NY: Columbia University Press.
- MacKinnon, C. A. (1991). Reflections on sex equality under law. *Yale Law Journal, 100*, 1281.
- Malamuth, N. M. (1984). Aggression against women: Cultural and individual causes. In N. Malamuth & E. Donnerstein (Eds.), *Pornography and Sexual Aggression* (pp. 19-52). Orlando, FL: Academic Press.
- McKenzie-Mohr, S., Coates, J., & McLeod, H. (2012). Responding to the needs of youth who are homeless: Calling for politicized trauma-informed intervention. *Children and Youth Services Review, 34*(1), 136-143.
- Messman-Moore, T. L., Ward, R. M., & Brown, A. L. (2009). Substance Use and PTSD Symptoms Impact the Likelihood of Rape and Revictimization in College Women. *Journal of Interpersonal Violence, 24*(3), 499-521. doi: 10.1177/0886260508317199
- Miller, T., Cohen, M., & Weirsema, B. (1996). *Victim Costs and Consequences: A New Look*. (155282). Washington, D.C.: National Institute of Justice. Retrieved from www.nij.gov/pubs-sum/155282.htm.
- Mouzos, J., & Makkai, T. (2004). *Women's Experiences of Male Violence: Findings from the Australian Component of the International Violence Against Women Survey (IVAWS)*. (56). Canberra: Australian Institute of Criminology, . Retrieved 7/22/09 from: www.unece.org.
- Murakami, T. K. (2004). Hate Crimes. *Georgetown Journal of Gender and the Law, 5*(1), 63-76.
- Myhill, A., & Allen, J. (2002). *Rape and Sexual Assault of Women: The Extent and Nature of the Problem, Findings from the British Crime Survey*. (237). London: Home Office Research, Development and Statistics Directorate. Retrieved 7/21/09 from: www.iiav.nl/epublications/2002/rape_and_sexual_assault_of_women.pdf.
- Najavits, L. M., Weiss, R. D., & Shaw, S. R. (1997). The link between substance abuse and posttraumatic stress disorder in women: A research review. *The American Journal of Addictions, 6*(4), 273-283.
- National Center for Higher Education Management Systems. (2006). *Special Analysis: 2005 ACS PUMS: Median Earnings by State by Education Level*. (July 23).

- Washington, D.C.: Information Center for State Higher Education Policymaking and Analysis. Retrieved from: www.higheredinfo.org/analyses/.
- National Center for Victims of Crime. (2008). Sexual Assault Fact Sheet. Retrieved 6/8/10 from www.ncvc.org/ncvc/main.aspx?dbName=DocumentViewer&DocumentID=32369#1
- National Sexual Violence Resource Center. (2011). *National Survey of Advocates on Sexual Violence, Housing & Violence Against Women Act*. Enola, PA: NSVRC. Retrieved 2/16/12 from: www.nsvrc.org/publications/national-survey-advocates-sexual-violence-housing-and-violence-against-women-act.
- O'Donnell, M. L., Creamer, M., & Pattison, P. (2004). Posttraumatic stress disorder and depression following trauma: Understanding comorbidity. *American Journal of Psychiatry*, 161(8), 1390-1396.
- Office on Violence Against Women. (2010). *2010 Biennial Report to Congress on the Effectiveness of Grant Programs under the Violence Against Women Act*. Washington, D.C.: United States Department of Justice. Retrieved 4/10/12 from: www.ovw.usdoj.gov/docs/2010-biennial-report-to-congress.pdf.
- Olavarria, C., Baran, A., Orloff, L. E., & Huang, G. (2009). Public benefits access for battered immigrant women and children. In Legal Momentum (Ed.), *Breaking Barriers: A Complete Guide to Legal Rights and Resources for Battered Immigrants*. (pp. 4.2: 1-34). New York, NY: Legal Momentum. Retrieved from <http://www.legalmomentum.org/our-work/immigrant-women-program/breaking-barriers.html>.
- Oliver, M. L., & Shapiro, T. M. (1995). *Black Wealth/White Wealth: A New Perspective on Racial Inequality*. New York, NY: Routledge.
- Oliver, M. L., & Shapiro, T. M. (2008). Sub-prime as a Black catastrophe. *The American Prospect Special Report: The Color of Opportunity: Narrowing Racial Divides and Expanding Prosperity for All*, 19(10), A9-A11.
- Orcutt, J. D., & Faison, R. (1988). Sex-role attitude change and reporting of rape victimization, 1973-1985. *The Sociological Quarterly*, 29(4), 589-604.
- Page-Adams, D. (1995). *Homeownership and marital violence*. PhD dissertation, Washington University, St. Louis.
- Page-Adams, D., Scanlon, E., Beverly, S., & McDonald, T. (2001). *Assets, Health, and Well-Being: Neighborhoods, Families, Children, and Youth*. (CYSAPD 01-9). Washington University in St. Louis: W. U. Center for Social Development. Center for Social Development. Retrieved from: <http://csd.wustl.edu/Publications/Pages/default.aspx>.
- Page-Adams, D., & Sherraden, M. (1997). Asset building as a community revitalization strategy. *Social Work*, 42(5), 423-434.
- Pavao, J., Alvarez, J., Baumrind, N., Induni, M., & Kimerling, R. (2007). Intimate partner violence and housing instability. *American Journal of Preventive Medicine*, 32(2), 143-146. doi: 10.1016/j.amepre.2006.10.008
- Pendo, E. A. (1994). Recognizing violence against women: Gender and the Hate Crimes Statistics Act. *Harvard Journal of Law & Gender*, 17, 157.

- Perkonig, A., Kessler, R. C., Storz, S., & Wittchen, H. U. (2000). Traumatic events and post-traumatic stress disorder in the community: Prevalence, risk factors and comorbidity. *Acta Psychiatrica Scandinavica*, *101*(1), 46-59.
- Pokorak, J. J. (2006-2007). Rape as a badge of slavery: The legal history of, and remedies for, prosecutorial race-of-victim charging disparities. *Nevada Law Journal*, *7*(1), 1-58.
- Post, L. A., Mezey, N. J., Maxwell, C., & Wibert, W. N. (2002). The rape tax: Tangible and intangible costs of sexual violence. *Journal of Interpersonal Violence*, *17*(7), 773-782. doi: 10.1177/0886260502017007005
- Proctor, B. D., & Dalaker, J. (2002). *Poverty in the United States: 2001*. (P60-219). Washington, D.C.: U.S. Government Printing Office. Retrieved from www.census.gov/prod/2002pubs/p60-219.pdf.
- Rennison, C., & Welchans, S. (2000). *Intimate partner violence*. (NCJ 178247). Washington, DC: Bureau of Justice Statistics. U.S. Department of Justice, Office of Justice Programs. Retrieved 5/18/09 from: www.ojp.usdoj.gov/bjs/pub/pdf/ipv.pdf.
- Rohe, W. M., & Stegman, M. A. (1994). The effects of homeownership on the self-esteem, perceived control and life satisfaction of low-income people. *Journal of the American Planning Association*, *60*(2), 173-184.
- Rothbaum, B., Foa, E., Riggs, D., Murdock, T., & Walsh, W. (1992). A prospective examination of post-traumatic stress disorder in rape victims. *Journal of Traumatic Stress*, *5*(3), 455-475.
- Russell, D. E. H. (1982). The prevalence and incidence of forcible rape and attempted rape of females. *Victimology*, *7*(1-4), 81-93.
- Scanlon, E., & Adams, D. (2005). Homeownership and youth well-being. In M. Sherraden (Ed.), *Inclusion in the American Dream: Assets, Poverty, and Public Policy* (pp. 128-145). New York, NY: Oxford University Press.
- Security on Campus, I. (2011). Summary of The Jeanne Clery Act. Retrieved 4/10/12 from www.securityoncampus.org/index.php?option=com_content&view=article&id=297%3Aclerysummary&catid=64%3Acleryact&Itemid=60
- Seidman, I., & Vickers, S. (2004). The second wave: An agenda for the next thirty years of rape law reform. *Suffolk University Law Review*, *38*, 467-491.
- Shapiro, T. M. (2004). *The Hidden Cost of Being African American: How Wealth Perpetuates Inequality*. New York, NY: Oxford University Press, USA.
- Sherraden, M. (1991). *Assets and the Poor: A New American Welfare Policy*. Armonk, NY: ME Sharpe.
- Sherraden, M., Scanlon, E., Adams, D., Beverly, S., & Schreiner, M. (2005). Inclusion in asset building: Directions for theory and research. In M. Sherraden (Ed.), *Inclusion in the American Dream: Assets, Poverty, and Public Policy* (pp. 360-392). New York, NY: Oxford University Press.
- Shlay, A. (2006). Low-income homeownership: American dream or delusion? *Urban Studies*, *43*(3), 511-531. doi: 10.1080/00420980500452433
- Shobe, M. A., & Dienemann, J. (2007). Intimate partner violence in the United States: An ecological approach to prevention and treatment. *Social Policy and Society*, *7*(2), 185-195.

- Shobe, M. A., & Page-Adams, D. (2001). Assets, future orientation, and well-being: Exploring and extending Sherraden's framework. *Journal of Sociology and Social Welfare*, 28(3), 109-127.
- Shrier, L. A., Pierce, J. D., Emans, S. J., & DuRant, R. H. (1998). Gender differences in risk behaviors associated with forced or pressured sex. *Archives of Pediatrics and Adolescent Medicine*, 152(1), 57.
- Smith, A. (2005). *Conquest: Sexual Violence and American Indian Genocide*: South End Press.
- Smith, R., McHugh, R. W., & Runge, R. R. (2002). Unemployment insurance and domestic violence: Learning from our experiences. *Seattle Journal for Social Justice*, 1(2), 503-532.
- Sorenson, S. B., & Siegel, J. M. (1992). Gender, ethnicity, and sexual assault: Findings from a Los Angeles study. *Journal of Social Issues*, 48(1), 93-104.
- Spohn, C., Beichner, D., & Davis-Frenzel, E. (2001). Prosecutorial Justifications for Sexual Assault Case Rejection: Guarding the " Gateway to Justice". *Social Problems*, 48(2), 206-235.
- Statham, D. J., Heath, A., Madden, P., Bucholz, K., Bierut, L., Dinwiddie, S., Slutske, W., Dunne, M., & Martin, N. (1998). Suicidal behaviour: an epidemiological and genetic study. *Psychological Medicine*, 28(04), 839-855.
- The College Board. (2011). *Trends in College Pricing, 2011*. New York, NY: College Board Advocacy & Policy Center. Retrieved 5/21/12 from: http://trends.collegeboard.org/downloads/College_Pricing_2011.pdf.
- Tjaden, P., & Thoennes, N. (2006). *Extent, Nature, and Consequences of Rape Victimization: Findings from the National Violence Against Women Survey*. US Department of Justice, Office of Justice Programs, National Institute of Justice. Retrieved 11/4/07 from: www.nij.gov/pubs-sum/210346.htm.
- U.S. Census Bureau. (2002, 9/16/10). Poverty Thresholds 2001. Retrieved 11/8/11 from <http://www.census.gov/hhes/www/poverty/data/threshld/thresh01.html>
- Ulloa, E. C., Jaycox, L. H., Marshall, G. N., & Collins, R. L. (2004). Acculturation, gender stereotypes, and attitudes about dating violence among Latino youth. *Violence and Victims*, 19(3), 273-287. doi: 10.1037/0022-3514.38.2.217
- United States Bureau of Labor Statistics. (2012). Inflation Calculator. Retrieved 2/12/12 from data.bls.gov/cgi-bin/cpicalc.pl
- Van der Kolk, B. A. (1989). The compulsion to repeat the trauma: Re-enactment, revictimization, and masochism. *Psychiatric Clinics of North America*, 12(2), 389-411.
- Victim Rights Law Center. (n.d.). Legal Options for Victims: Criminal Justice Concerns for Sexual Assault Victims. Retrieved November 14, 2007 from www.victimrights.org/html/1-criminal.htm#5
- Wriggins, J. (1983). Rape, Racism and the Law. *Harvard Journal of Law & Gender*, 6, 103.
- Zoellner, L. A., Goodwin, M. L., & Foa, E. B. (2000). PTSD severity and health perceptions in female victims of sexual assault. *Journal of Traumatic Stress*, 13(4), 635-649. doi: 10.1023/a:1007810200460

APPENDIX

Appendix 1: Statement of Informed Consent

CONSENT TO PARTICIPATE IN A RESEARCH PROJECT

STUDY TITLE: Economic Consequences of Sexual Assault: Implications for Policy and Social Change

RESEARCHERS: Rebecca Loya, Doctoral Student
Thomas Shapiro, PhD, Principal Investigator and Dissertation Advisor
Heller School for Social Policy and Management, Brandeis University

RESEARCH PROCEDURES

This research is being conducted to learn about the economic consequences of sexual assault for survivors. I am interested in learning about your perspective on the different economic and financial costs associated with an experience of sexual assault. This is what I want to talk to you about today. The conversation will take about 60-90 minutes to complete. If you agree to be recorded, the conversation will be recorded using a digital recording device.

RISKS & BENEFITS

The only risk associated with this study is that discussing this topic may bring up negative memories and feelings. There are no direct benefits to participants.

CONFIDENTIALITY

The data in this study will be confidential. Names and identifying information like addresses will be kept separate from the interview data. Names will be blanked out of the transcribed interviews. In any and all reporting from this study, real names will not be used; pseudonyms will be used and any other identifying information will be changed. For administrative purposes exclusively, only the researchers will have access to identifying data.

PARTICIPATION

Your participation is voluntary, and you may withdraw from the study at any time and for any reason. If you decide not to participate or withdraw from the study, there is no penalty.

CONTACT

This research is being conducted by Rebecca M. Loya, Ph.D. candidate at the Heller School for Social Policy and Management at Brandeis University, under the supervision of Thomas M. Shapiro, Ph.D., at The Heller School. For questions or to report a research-related concern, Rebecca Loya may be reached at (617) 807-0675 or beccaloya@brandeis.edu, and Thomas Shapiro can be reached at (781) 736-4671 or tshapiro@brandeis.edu. You may contact Brandeis University's Office of Sponsored Programs at (781) 736-2121 if you have questions or concerns regarding your rights as a participant in the research.

This research has been reviewed according to Brandeis University's procedure governing your participation in this research.

CONSENT

I agree to have this interview audio recorded: Yes _____ No _____
I have read this form and agree to participate in this study.

Participant Signature Date

I agree to abide by the terms as outlined above.

Researcher Signature Date

Appendix 2: Initial Questionnaire for Providers

Participant Code: _____

ECONOMIC CONSEQUENCES OF SEXUAL ASSAULT: BACKGROUND QUESTIONS**All responses will be kept confidential.**Professional Experience

- What is your position at this organization? _____
- Do you work here:
 - ___ Part-time
 - ___ Full-time
 - ___ Volunteer
- How long have you worked here? _____
- How long have you worked in this field? _____
- What education, training, or certifications have you received, which relate to your work here? _____
- About how many survivors do you personally work with directly each week? _____
- About how big is your caseload at any point in time? _____

Demographic Background

- Which racial groups do you identify with? (Check as many as apply):

___ Native American/Alaskan/ Hawaiian	___ Black/African American
___ Asian/Asian American/Pacific Islander	___ White/Caucasian
___ Other race: _____	
- What is your ethnicity, if it's different from your race? _____
- Do you identify as Latina/o/Hispanic? (Circle one)

Yes	No
-----	----
- Were you born in the U.S.? (Circle one)

Yes	No
-----	----
- *If born outside the U.S.:* How many years have you lived in the U.S.? _____

Please continue on the other side. Thanks! →

Client Profile:

Please respond with answers for you personally, *not* for the whole organization.

- Please estimate the gender breakdown of the clients you work with here:
 - Female: _____%
 - Male: _____%
 - Transgender: _____%
- How would you describe the economic background of the people you work with here?
 - Middle class or middle income: _____% Higher income: _____%
 - Low-income: _____%
- Can you please estimate the racial/ethnic makeup of the clients you work with here?
 - Non-Hispanic white: _____% African American: _____%
 - Asian American: _____% Native American: _____%
 - Latino (any race): _____%
 - *If large portion are Latino:* Which Latino ethnic communities are frequently represented? _____
- Please estimate the age range of your clients: _____
 - Please estimate the most common age group of most of your clients: _____
- Please estimate what proportion of your clients resides in the Greater Boston area.
 - _____%
 - What other areas do clients come from? _____
- About what percentage of your clients are immigrants? _____%
- About what percent are born in the U.S.? _____%

THANKS!

Appendix 3: Initial Questionnaire for Survivors

Participant Code: _____

Part 1: Background information

Instructions: Please respond to these questions. If you do not wish to answer an item, you may leave it blank. If you have any questions, please let me know.

1. Age: _____
2. What is your race? (Check all that apply)

<input type="checkbox"/> Black/African American	<input type="checkbox"/> Native American/Native Alaskan/Hawaiian
<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Other race: _____
<input type="checkbox"/> Asian/Asian American/Pacific Islander	
3. Ethnicity: Are you Latino/a/Hispanic?

Yes

No
4. How many people live in your household? _____ adults, _____ kids
5. Do you work for pay?

Yes

No
6. If you do work for pay, do you work:

Full-time

Part-time
7. Besides you, how many other people in your household work for pay? _____
8. Approximately what is your household income? (Check a range)

\$0 - \$15,000

\$15,001 - \$30,000

\$30,001 - \$45,000

\$45,001 - \$60,000

\$60,001 - \$75,000

\$75,001 - \$90,000

\$90,000 - \$105,000

\$105,01 +

(Please turn the page over to continue)

9. Which of the following have you experienced in your life? (Check all that apply)
- Rape
 - Attempted rape
 - Other sexual assault or unwanted sexual contact
 - Sexual threats
 - Other: _____
10. What was your age at the time of the first assault? _____
11. What was your age at the time of the most recent assault? (if applicable) _____
12. How many times have you been sexually assaulted in your lifetime (including rape, attempted rape, unwanted sexual contact or threats)? _____
13. The person who assaulted you was:
- Male
 - Female
 - Not sure
14. The person who assaulted you was: (Check all that apply)
- A friend
 - An acquaintance
 - A current or former date
 - A boyfriend or girlfriend
 - A spouse
 - A family member
 - A stranger
 - Other: _____
15. Who did you tell about the assault/where did you seek support? (Check all that apply)
- Friends
 - Family
 - Rape Crisis Center
 - Counselor or psychologist
 - Religious leader
 - Hospital
 - Doctor
 - Police
 - Other: _____

Appendix 4: Provider Interview Protocol

Participant Code: _____
Date: _____

ECONOMIC CONSEQUENCES OF SEXUAL ASSAULT: PROVIDER INTERVIEW PROTOCOL

Part 1: Background Information

I'm going to start by asking you some basic questions about your role at this organization.

- What is your position here at (organization)? What does that entail?

Part 2: Client Profile

Now I'm going to ask you some questions about the demographics of the people you work with in your role as (position) here at (organization).

- What proportion of your clients would you estimate have experienced non-IPV sexual assault, that is sexual assault at the hands of a known or unknown perpetrator that is not part of a pattern of repeated instances violence or abuse?
- For most of your clients, how much time has passed since the assault?
- What relationship do most of your clients have to their attackers—strangers, friends, relatives, acquaintances?
 - What is the second most common?
- How do most of your clients learn about (organization)?

Part 3: Immediate and medium-term expenses

Now, I'm going to ask you some questions about the immediate and short-term expenses that you have noticed survivors incurring due to rape or sexual assault. I'm coming to you as an expert in this field and am interested in learning how you see this problem. Your thoughts, as well as the examples and stories you can provide, will be important to helping me understand this issue. I also want to note that I'm using the term sexual assault to include non-IPV rape, attempted rape, and other types of unwanted sexual contact or threats.

A. General Expenses

Let's start in general terms.

- Can you tell me about in general what kinds of expenses come up as a result of sexual assault? (If needed): For example, medical, counseling, or legal expenses, or anything else that creates costs for the survivor.

B. Specific Expenses

Now I'll ask about specific types of expenses.

B1. Medical Expenses

- Will you please give me some examples any medical expenses clients have owed due to the assault? These might include things like doctor's visits, hospital visits, therapy, and prescription or over-the-counter medications, or anything else you can think of.
 - About how many of your clients during a one-year period have medical expenses due to non-IPV sexual assault?
 - (If applicable) In your experience, how many people have health insurance to pay for these expenses?
 - (If applicable) Can you estimate or give me a range for how much these medical expenses cost survivors and their families?
 - (If needed) Can you think of an individual example of a survivor who accrued legal expenses as a result of the assault?

- Do you see any differences in these expenses for people who have health insurance versus those who are uninsured?
- (If applicable) How do survivors pay for these medical expenses (e.g., did they have health insurance, have the cash on hand, take it out of a savings account, use a credit card, or borrow it from a friend or family member)?
- Are there any other medical expenses you'd like to mention?

B2. *Legal Expenses*

- Can you please give me some examples of legal expenses clients have incurred due to sexual assault?
 - About how many of your clients during a one-year period have legal expenses due to the assault?
 - (If applicable) Can you estimate or give me a range for how much these legal expenses cost survivors and their families?
 - (If needed) Can you think of an individual example of a survivor who accrued legal expenses as a result of the assault?
 - (If applicable) How do survivors pay these legal expenses (e.g., did they have the cash on hand, take it out of a savings account, use a credit card, or borrow it from a friend or family member)?
 - Are there any other legal expenses you'd like to mention?

B3. *Residential Mobility*

- About how many of your clients each year wish to move to a new home due to the assault?
 - Why do most people want to move? (E.g., Is it because the assault occurred in or near the house or to move to a place far from the perpetrator, or for a general sense of safety?)
 - Of those who wish to move, about how many are able to do so?
 - What kinds of expenses are associated with moving for your clients?
 - (If applicable) How do clients usually pay for any moving expenses (e.g., do they have the cash on hand, take it out of a savings account, use a credit card, or borrow it from a friend or family member)?

B4. *Employment & Education Effects*

- For those who are students, how does assault affect survivors' performance in school?
 - (If needed) Why?
- For those who are employed, how does non-IPV sexual assault affect survivors' employment or ability to work?
 - (If needed) Why?
 - (If needed) To what extent do survivors need or want to take off from school or work to recover from the assault?
 - Why do people usually want time off from work or school?
 - How often are your clients who want time off able to take it? Or are there times when people would like to and they can't? And why not?
 - About how much time do people usually need or want?
 - For those who can take time off from work, how do they do so? For example, do they use sick days or vacation time?
 - Have clients mentioned any lost income or financial aid as a result of taking that time off?
 - How much?
 - (If applicable) About how many of your clients during a one-year period mention lost income or financial aid due to non-IPV sexual assault?

C. *Consequences*

- For all the expenses we just talked about, can you tell me about any consequences the costs have had on survivors' lives, such as incurring debt, effects on jobs or relationships, or anything else you can think of?
- (If needed) Can you think of any effects on short-term financial stability?

C1. Differential Impact –*Emphasize intersectionality where possible*

- Have you noticed any differences in the economic effects of non-IPV sexual assault for survivors from different racial or ethnic backgrounds?
- Have you noticed any differences in the economic effects of assault for survivors who are immigrants?
- Have you noticed any differences in the economic effects of assault for low-income survivors, compared to those with higher earnings?

D. Sources of Financial Support

- What sources of financial support do clients seek? For example, do people or institutions give or lend them money, offer them a place to stay, or help them pay bills?
 - (If needed) Who helps?
 - How often do survivors get this type of assistance, in your experience?
 - Are there differences in access to financial support by race, ethnicity, class, or immigration status?

Part 4: Other changes

- Could you tell me about changes your clients have made to their routines due to assault? For example, small things such as avoiding being alone at home, working different hours, or taking a different route home.
- (If needed) Can you tell me about clients changing their methods of transportation following the assault (for example, do they walk or take the bus more or less often than before)?
 - Do you think this cost them more or less than what they did before?
- (If needed) Can you think of any other changes clients have made to their work or school routines to feel safer following the assault, such as changing a shift at work?
- (If needed) Can you think of any other changes clients have made to their social routines to feel safer following the assault, such as choosing not to go out?

Part 5: Long-term changes

- Do any of your clients experience any ongoing health challenges as a result of the assault? For example, depression, anxiety, substance abuse, or chronic pain? If so, can you tell me about these?
 - (If yes) How do they usually manage these challenges?
 - (If yes) What expenses are associated with these challenges or their treatment? For example, did they miss work frequently or need to pay for medication or doctors' appointments?
 - (If yes) What long-term consequences were associated with these challenges or their treatment? For example, did they impede employment or education?
- Can you please tell me about any opportunities at school/work that clients have missed/foregone due to the assault?
- What economic consequences do you notice in clients who are seeing you years after the assault, compared to those seeking immediate assistance, if applicable?
- Are there any other long-term financial or economic consequences of sexual assault that you'd like to tell me about?

Part 6: Assets

Now I'm going to ask you some questions about the role of assets in survivors' recovery.

- What role does access to financial savings have in your clients' economic wellbeing following the assault?
- Does homeownership have an impact on clients' economic wellbeing, compared to those who rent?
- What role does access to health insurance have in clients' economic wellbeing following assault?

- What role does financial help from family or friends have in your clients' economic wellbeing following assault?
 - Do you see differences in which clients accesses financial help from family and friends by race, class, ethnicity, gender, etc.?
 - How does a client's willingness to disclose or report the assault affect their use of familial financial assistance?

Part 7: Social Capital

Now I'm going to ask you about the role of social connections in clients' recovery.

- Where do clients most often seek support, such as people to talk to or ask for help?
- How do relationships with others help survivors recover?
 - (If needed) What are the financial or economic implications of this help?
- What types of changes do you see in survivors' households, families, or other key relationships following assault?
 - (If applicable) How might this affect economic wellbeing?
- What organizations help survivors recover economically? (E.g., churches, government, nonprofit organizations)
 - Do you see differences in who has access to these types of organizations by race, ethnicity, class, or gender?
 - (If needed) What are the financial or economic implications of this?
- Can you tell me about the gaps you see in the support survivors need—what do many survivors need/want that they do not receive?

Part 8: Policies and Services

Okay, now I'm going to ask you about services and public policies for survivors.

- What **services** (e.g., counseling, case management, legal representation) are most effective right now for addressing the economic needs of survivors post-assault, if any?
 - Do you see differences in who has access to these types of services by race, ethnicity, class or gender?
 - What are the gaps? What additional services are needed to meet the economic or financial needs of survivors, if any?
- What **laws or policies** (local, state, or federal) (e.g., Victims' Compensation, paid time off from work) are most effective right now for addressing survivors' economic needs, if any?
 - Do you see any differences in who benefits from these policies by race, ethnicity, class, or gender?
 - How would you rate the effectiveness of existing policies and services for addressing the economic needs of survivors?
 - What are the gaps in policy? What additional policies (local, state, or federal) are needed to meet the economic or financial needs of survivors, if any?

Part 9: Strategies for Recovery

We are almost done. Now I'm going to ask you about your opinions of the big picture and strategies for recovery.

- What are the top economic concerns for survivors?
 - How do these economic concerns impact survivors' recovery?
- Let's zoom way out. Can you tell me about any structural issues (social issues) that you think affect survivors' **economic experiences**? (E.g., women's overrepresentation in poverty, single mothers' of color overrepresented in poverty, structural racism, lack of rape crisis centers in poor neighborhoods, stigma)
- Can you tell me about any structural issues that you think affect survivors' **economic recovery**?
- What types of social change would be needed in order to address the economic dimensions of sexual violence that we've talked about today?
- What do you see as the most successful strategies survivors use for economic recovery?
- Is there anything else you'd like to tell me?

Verbal closing: We've now reached the end of the formal interview. Thank you very much for your time and for sharing your thoughts with me today. It is my hope that this study will help us understand how assault affects survivors economically and contribute to policies that will address all of survivors' needs in order to recover fully. If you have any questions for me at any time, please feel free to call or email me. Thank you again for your time.

Appendix 5: Survivor Interview Protocol

Participant Code: _____

Date: _____

ECONOMIC CONSEQUENCES OF SEXUAL ASSAULT: SURVIVOR INTERVIEW/FOCUS GROUP PROTOCOL

Part 1: Background information

(SEE BACKGROUND INFORMATION SHEET FOR PART 1)

Part 2: Life circumstances (income, occupation, & housing)

First I'm going to ask you a few questions about your life circumstances now and also at the time of the incident.

- What is your occupation or how do you spend most of your time?
 - How long have you been doing that (job/school program) or how long have you been on disability?
 - What was your occupation at the time of the assault?
 - (If employed): Did your performance at work change at all after the assault? How?
 - (If changed) Why did you change jobs after the assault?
 - Were there any expenses associated with changing jobs/schools?
 - If so, how did you pay for these?
 - (If a student): Can you tell me about your academic performance (such as grades and enjoyment of school) before the assault?
 - Did your school performance change following the assault? How?
 - (If a student): Can you tell me about your academic and professional goals and aspirations before the assault?
 - Did your goals and aspirations change following the assault? How?
- I'm going to list some ranges of annual incomes. Please stop me when I reach the range your personal income was in **before the assault**.
 - \$0 - \$15,000
 - \$15,001 - \$30,000
 - \$30,001 - \$45,000
 - \$45,001 - \$60,000
 - \$60,001 - \$75,000
 - \$75,001 - \$90,000
 - \$90,000 - \$105,000
 - \$105,01 +
- I'm going to list some ranges of annual incomes. Please stop me when I reach the range your personal income was in during the **1-2 years following the assault**.
 - \$0 - \$15,000
 - \$15,001 - \$30,000
 - \$30,001 - \$45,000
 - \$45,001 - \$60,000
 - \$60,001 - \$75,000
 - \$75,001 - \$90,000
 - \$90,000 - \$105,000
 - \$105,01 +
- Do you rent or own the house or apartment you live in?
 - How long have you lived there?
- Did you rent or own the (apartment/house) you lived in prior to the assault?

Part 3: Immediate and medium-term expenses

Now, I'm going to ask you some questions about the immediate and short-term expenses that you incurred due to the assault.

- Can you tell me in general about any expenses that came up as a result of the assault, such as medical, counseling, or legal expenses?
- (If needed) Can you tell me about any medical or counseling expenses you owed due to the assault, such as doctor's visits, hospital visits, therapy, and prescription or over-the-counter medications?
 - (If applicable) About how much did these medical expenses cost you and your family?
 - (If applicable) How did you pay for any medical expenses (e.g., did you have the cash on hand, take it out of a savings account, use a credit card, or borrow it from a friend or family member)?
 - (If needed) Did your insurance help to cover some or all of these expenses?
- Can you tell me about any legal fees you owed due to the assault?
 - (If applicable) About how much did these legal expenses cost you and your family?
 - (If applicable) How did you pay for any moving expenses (e.g., did you have the cash on hand, take it out of a savings account, use a credit card, or borrow it from a friend or family member)?
- Did you want to move to a new home or apartment after the assault?
 - If so, were you able to move?
 - If so, what kinds of expenses were associated with moving?
 - (If applicable) How did you pay for any moving expenses (e.g., did you have the cash on hand, take it out of a savings account, use a credit card, or borrow it from a friend or family member)?
- How much time did you take off from school or work to recover from the assault?
 - (If applicable) Did you lose any income or financial aid as a result of taking that time off?
 - How much?
- Did anyone help you financially during that time? For example, by giving or lending you money, offering you a place to stay, or helping you pay bills?

Part 4: Other changes

- Did you make any changes to your routines as a result of the assault, such as transportation, social, or work routines?
- (If needed) Did you change your method of transportation at all following the assault (for example, did you walk or take the bus more or less often than before)?
 - (If needed) Do you think this cost you more or less than what you did before?
- (If needed) Can you think of any other changes you made to feel safer following the assault, such as shopping at a different grocery store or changing your shift at work? If so, please tell me about these.

Part 5: Long-term changes

- Have you experienced any ongoing health challenges since the assault? For example, depression, anxiety, or chronic pain?
 - (If yes) What expenses are associated with these challenges or their treatment? For example, do you miss work frequently or need to pay for medication or doctors' appointments?
- (If needed) Are there any opportunities at school/work that you have missed out on due to the assault or due to these ongoing health challenges?
- (If needed) Are there any other financial or economic consequences of the assault that you'd like to tell me about?

Part 6: Assets

Now I'm going to ask you some questions about the role of assets in your recovery.

- Did you have access to financial savings following the assault?
 - (If yes) Did these savings play any role in your experience following the assault? For example, did you draw on savings to pay expenses or think of it as a safety net?

- (If needed) Did you have access to health insurance following the assault?
 - (If yes) Did the insurance play any role in your experience following the assault? For example, did insurance cover medical or counseling expenses?
- (If needed) Did you receive any financial help from family or friends have following the assault? For example, did anyone do things like give or loan you money, help you pay bills, or cover for you at work?
 - (If yes) How did this help affect your post-assault experience?

Part 7: Financial Stability

- In the months and years immediately following the assault, did you experience any difficulty paying your bills or meeting your financial obligations? If so, please describe them.
- (If applicable/needed) Could you give me a rough estimate of how much you had in savings immediately before the assault took place?
 - (If applicable) Did you need to spend any of your savings following the assault?
- Could you give me a rough estimate of how much money you had in savings a year after the assault?
- How would you characterize your financial stability now?
 - (If needed) Could you please describe any difficulty you have paying your bills or meeting your financial obligations?

Part 8: Social Capital

Now I'm going to ask you some questions about important relationships and sources of support following the assault.

- Where did you seek support following the assault?
- (If needed) What were your most important sources of support?
 - (Probe, if needed): Can you tell me about any friends who you turned to for support?
 - (Probe, if needed): Can you tell me about any family members who you turned to for support?
- (If needed) What types of support did you receive following the assault, such as emotional support, rides, a place to stay, borrowed money?
- Were there any changes to your household or key relationships following the assault?
- Can you tell me about any people/institutions that did not provide the support you needed/wanted?
 - (If needed) What type of supports or help did you want that you didn't receive?
- (The following questions are drawn from the Collaborative Psychiatric Epidemiology Surveys, the secondary data source for this study. For these questions, see Ladder handout, next page): Think of this ladder as representing where people stand in the United States. At the top of the ladder are the people who are the best off - those who have the most money, the most education and the most respected jobs. At the bottom are the people who are the worst off - who have the least money, least education, and the least respected jobs or no job. The higher up you are on the ladder, the closer you are to the people at the very top; the lower you are, the closer you are to the people at the very bottom. Please place a large "X" on the rung where you think you stood immediately before the assault, relative to other people in the United States. What is the number to the right of the rung where you placed the "X"?
 - Please place a large "X" on the rung where you think you stand at this time in your life (or one year following the assault), relative to other people in the United States. What is the number to the right of the rung where you placed the "X"?
- Think of this ladder as representing where people stand in their communities. People define community in different ways; please define it in whatever way is most meaningful for you. At the top of the ladder are the people who have the highest standing in their community. At the bottom are the people who have the lowest standing in their community. Please place a large "X" on the rung where you think you stood at the time immediately before the assault occurred, relative to other people in your community. What is the number to the right of the rung where you placed the "X"?

- Please place a large "X" on the rung where you think you stand at this time in your life (or one year following the assault), relative to other people in your community. What is the number to the right of the rung where you placed the "X"?

(REFER TO LADDER PAGE)

Part 9: Policies and Services

- What services were most effective for addressing your economic needs post-assault, if any?
- (If needed) What policies (local, state, or federal) have helped you address your economic needs, if any?
 - (If applicable) How would you rate the effectiveness of existing policies and services for addressing your economic needs following the assault?
- What additional services would have helped you meet your economic or financial needs after the assault, if any?
- (If needed) What additional policies (local, state, or federal) do you think are needed to meet the economic or financial needs of survivors, if any?

Part 10: Strategies for recovery

- What advice would you give another survivor for how to recover fully physically, emotionally, and economically?
- What have been your most successful strategies for recovering?
- Is there anything else you'd like to tell me?

Verbal closing: We've now reached the end of the formal interview. Thank you very much for your time and for sharing your experiences with me today. It is my hope that this study will help us understand how assault affects survivors economically and contribute to policies that will address all of survivors' needs in order to recover fully. If you have any questions for me at any time, please feel free to call or email me. **I'd also like to give you this information about the (local Rape Crisis Center). They have many free resources available, including a 24-hour hotline and free counseling.** Thank you again for your time.

Part 8: Status Ladders

USA pre-assault

	10
	9
	8
	7
	6
	5
	4
	3
	2
	1

Your community pre-assault

	10
	9
	8
	7
	6
	5
	4
	3
	2
	1

USA 1 year post-assault

	10
	9
	8
	7
	6
	5
	4
	3
	2
	1

Your community 1 year post-assault

	10
	9
	8
	7
	6
	5
	4
	3
	2
	1

USA: Now

	10
	9
	8
	7
	6
	5
	4
	3
	2
	1

Your community now

	10
	9
	8
	7
	6
	5
	4
	3
	2
	1

Appendix 6: Survivor Income and Occupation Pre- and Post-Assault

Table A 1: Survivors' income pre- and post-assault: Short and long-term changes

Participant	Individual income pre-assault	Individual income 1-2 years post	Individual income present	Present household income (add'l workers)	Yrs since assault
Lil' Miss	\$60-70,000/year one year pre	\$0 (for 18 months), then \$9.25/hour	\$950/month	\$0-15,000 (0)	24
Lisa	Low \$40,000s	\$0 (for about a year)	\$60,000 prior to leave of absence	\$90-105,000 (1)	16
Jane	Hourly wage. "Not a lot"	\$26 or \$28,000		\$105,000+ (1)	24
Juana	Zero but had scholarship	\$0 (for 2 years)		\$15-30,000 (1)	3
Carmen	About \$7/hour		\$15/hour	\$45-60,000 (1)	2
Rosa	\$6 or \$7/hour	\$13-15,000/year	\$90-105,000	\$90-105,000 (0)	19
Lee	\$300/week	\$4.75/hour		\$15-30,000 (1)	31
Sally	About \$12,000/year	\$4-7,000/year		\$105,000+ (1)	27
Brooke	Zero	\$0 (3 yrs)	\$0	~ \$45,000 (1)	5

Table A 2: Survivors' occupation pre- and post-assault

Participant	Occupation pre-assault	1-2 years post	Present	Years since assault
Lil' Miss	Police officer	Unemployed 18 mos., then security guard	Graduate student	24
Lisa	1. Jr. high student 2. Office worker at retail company	Unemployed 1 yr, then student	Consultant currently on leave; tutor; volunteer	16
Jane	Retail sales & management (recent college grad)	Human Resources associate	Stay-at-home mom, volunteer	24
Juana	1. College student 2. Part-time cashier	Unemployed (traveling) 2 yrs	Cashier (f/t)	3
Carmen	College student/summer intern	College student	Product development (software)	2
Rosa	Student/worked at fast food restaurant	Office work p/t, then f/t	Consultant (software)	19
Lee	Designer in major theatre	Fast food restaurant, then unemployed, then sewing	Unemployed; sewing	31
Sally	Assistant Editor for small magazine	Unemployed ~2 mos., then temp work, free lance	Runs university program	27
Brooke	High school student	Unemployed 3yrs after dropping out of college	Unemployed web developer	5

Those who reported different occupations and multiple assaults are numbered

Appendix 7: Supplemental Quantitative Models

Table A 3: Skewness of household income for women by race/ethnicity

Race/ethnicity	Skewness
Asian	0.82
Black	2.09
Latina	1.93
Non-Hispanic white	1.32
Other race	1.23

Table A 4: Paired correlations among lifetime mental health and substance abuse variables for female sample

	PTSD	MDE	Panic attack	Panic disorder	Agoraphobia	Alcohol abuse
Depression (MDE)	0.17***	1				
Panic attack	0.21***	0.23***	1			
Panic disorder	0.16***	0.13***	0.39***	1		
Agoraphobia	0.13***	0.12***	0.19***	0.24***	1	
Alcohol abuse	0.14***	0.10***	0.17***	0.14***	0.09***	1
Drug abuse	0.13***	0.10***	0.15***	0.11***	0.07***	0.57***

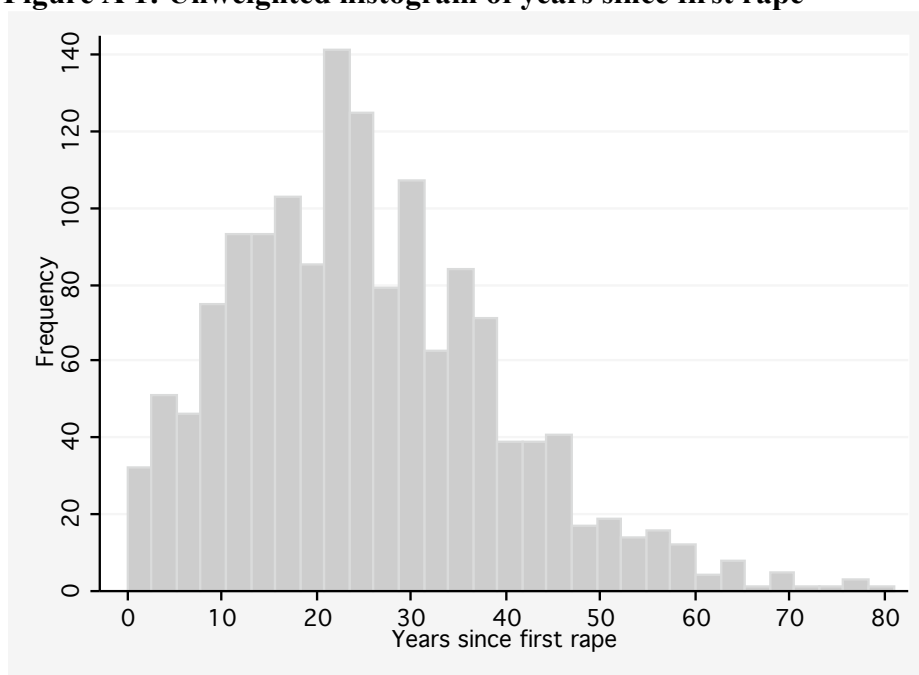
Table A 5: Paired correlations among lifetime mental health and substance abuse variables for rape survivors

	PTSD	MDE	Panic attack	Panic disorder	Agoraphobia	Alcohol abuse
Depression (MDE)	0.12***	1				
Panic attack	0.18***	0.20***	1			
Panic disorder	0.17***	0.09**	0.39***	1		
Agoraphobia	0.15***	0.05	0.15***	0.23***	1	
Alcohol abuse	0.08**	0.09**	0.13***	0.18***	0.09**	1
Drug abuse	0.08**	0.09**	0.14***	0.15***	0.07*	0.64***

* p < .05

** p < .01

*** p < .0001

Figure A 1: Unweighted histogram of years since first rape**Table A 6: Frequency table of number of rapes in lifetime**

# rapes in lifetime	Freq.	Percent
1	676	61.73
2	203	17.30
3	99	7.00
4	46	3.24
5	28	2.02
6	21	2.49
7	8	0.38
8	5	0.25
9	1	0.02
10	25	2.27
12	9	1.14
15	4	0.24
20	6	0.74
25	2	0.06
30	4	0.29
50	4	0.48
60	1	0.03
75	1	0.17
99+	3	0.15
Total	1146	100

Table A 7: Standard errors for the effect of rape and mental health variables on household income (for Table 38)

Dependent: HH income	Model 1	Model 2	Model 3	Model 4
Constant	5697.31	5601.52	5585.91	5618.19
Rape (ever raped)	1537.19	1771.88	1717.25	1753.13
Age (mean-centered)	64.07	64.37	64.32	64.94
Age ² (mean-centered)	2.34	2.33	2.33	2.37
Single	1458.89	1489.06	1482.13	1486.31
Employed	2116.00	2110.04	2108.57	2105.24
Education (years)	331.85	323.48	321.29	321.14
U.S.-born	3290.80	3288.51	3287.52	3279.93
Asian	3859.81	3861.63	3847.50	3855.32
Latina	2957.46	2956.84	2951.03	2958.14
Black	1705.62	1706.78	1678.07	1692.81
Other race	6108.96	6222.14	6179.14	6122.35
IPV		2276.37	2263.92	2223.23
PTSD			2732.53	2766.43
Depression (MDE)				2029.78
Alcohol abuse				6700.14
Drug abuse				5496.92

Table A 8: Standard errors for the effect of rape within the past 20 years and mental health variables on household income (for Table 40)

Dependent: HH income	Model 1	Model 2	Model 3	Model 4	Model 5
Constant	5695.64	5673.89	5660.28	5680.46	5690.10
Rape20yrs	2164.48	2232.39	2288.11	2331.70	2321.52
Age (mean-centered)	66.85	67.73	68.04	67.97	68.51
Age ² (mean-centered)	2.39	2.37	2.38	2.40	2.42
Single	1453.85	1462.81	1455.26	1454.11	1460.25
Employed	2123.52	2117.98	2114.55	2111.98	2109.64
Education (years)	331.40	328.03	325.67	325.53	325.46
U.S.-born	3299.43	3275.65	3267.73	3265.88	3260.33
Asian	3862.85	3858.70	3840.77	3846.63	3848.58
Latina	2973.21	2968.43	2958.04	2957.39	2963.14
Black	1721.54	1722.72	1687.17	1698.84	1698.05
Other race	6077.38	6105.73	6057.72	6017.46	6007.39
IPV20yrs		2199.02	2186.06	2164.59	2162.65
PTSD			2813.73	2837.25	2820.63
Depression (MDE)				1994.72	2005.79
Alcohol abuse					6694.73
Drug abuse					5371.96

Table A 9: Standard errors for the effect of rape, race, and mental health variables on household income (for Table 41)

Dependent: HH income	Model 1	Model 2	Model 3	Model 4
Constant	5790.81	5692.45	5675.44	5713.09
Rape (ever raped)	2152.39	2426.60	2342.86	2387.76
Age (mean-centered)	63.86	64.18	64.16	64.70
Age ² (mean-centered)	2.32	2.32	2.32	2.35
Single	1463.46	1491.97	1484.91	1490.20
Employed	2112.92	2108.57	2107.28	2103.72
Education (years)	328.95	320.99	318.92	318.73
U.S.-born	3303.90	3307.05	3306.15	3298.21
Asian	3946.32	3950.52	3942.68	3949.88
Latina	3128.88	3133.13	3129.37	3142.68
Black	1739.84	1746.98	1739.88	1752.71
Other race	8186.68	8264.16	8237.37	8246.41
Asian*rape	9467.41	9485.47	9333.26	9274.41
Latina*rape	3219.38	3245.96	3240.24	3306.79
Black*rape	2724.15	2772.07	2711.98	2721.50
Other race*rape	10975.71	10880.81	10973.58	11399.39
IPV		2263.40	2249.97	2208.95
PTSD			2730.65	2754.91
Depression (MDE)				2028.37
Alcohol abuse				6868.44
Drug abuse				5609.85

Table A 10: Standard errors for the effect of rape within 20 years, race, and mental health variables on household income (for Table 42)

Dependent: HH income	Model 1	Model 2	Model 3	Model 4	Model 5
Constant	5753.14	5730.71	5717.58	5740.05	5752.59
Rape20yrs	2908.32	3022.72	3023.62	3060.64	3073.76
Age (mean-centered)	66.64	67.50	67.76	67.66	68.15
Age ² (mean-centered)	2.38	2.36	2.37	2.39	2.41
Single	1455.61	1464.93	1457.39	1456.41	1462.12
Employed	2120.81	2115.58	2111.82	2109.47	2106.99
Education (years)	330.70	327.39	324.90	324.72	324.66
U.S.-born	3303.27	3280.25	3272.08	3270.51	3264.82
Asian	3930.74	3926.46	3908.65	3914.88	3914.95
Latino	3003.39	2998.15	2992.54	2994.20	2998.87
Black	1728.99	1730.85	1700.63	1711.69	1711.83
Other race	6936.33	6963.48	6948.98	6912.09	6932.39
Asian*Rape20yrs	13859.65	13909.06	13897.91	13874.27	13838.71
Latina* Rape20yrs	5504.66	5514.07	5473.69	5437.16	5488.78
Black* Rape20yrs	3556.74	3569.85	3556.21	3571.34	3589.00
Other race* Rape20yrs	11106.34	11066.45	11805.65	11835.10	12731.53
IPV20yrs		2210.38	2195.37	2174.10	2173.12
PTSD			2810.11	2829.90	2806.79
Depression (MDE)				1989.64	2001.41
Alcohol abuse					6927.81
Drug abuse					5486.73

Table A 11: Standard errors of low-income status by victimization and mental health status (for Table 43)

Dependent: Low-income	Model 1	Model 2	Model 3	Model 4
Rape (ever raped)	0.11	0.11	0.11	0.11
Age	0.00	0.00	0.00	0.00
Single	0.68	0.67	0.67	0.67
Employed	0.02	0.02	0.02	0.02
Education (years)	0.02	0.02	0.02	0.02
U.S.-born	0.13	0.13	0.13	0.13
Asian	0.28	0.28	0.28	0.28
Latino	0.41	0.40	0.40	0.40
Black	0.30	0.30	0.29	0.30
Other race	0.50	0.50	0.50	0.49
IPV		0.14	0.14	0.14
PTSD			0.25	0.26
Depression (MDE)				0.14
Alcohol abuse				0.45
Drug abuse				0.33

Table A 12: Standard errors of low-income status by victimization status, race, and mental health status (for Table 44)

Dependent: Low-income	Model 1	Model 2	Model 3	Model 4	Model 5
Rape (ever raped)	0.17	0.17	0.18	0.18	0.18
Age	0.00	0.00	0.00	0.00	0.00
Single	0.68	0.68	0.67	0.68	0.67
Employed	0.02	0.02	0.02	0.02	0.02
Education (years)	0.02	0.02	0.02	0.02	0.02
U.S.-born	0.13	0.14	0.14	0.14	0.13
Asian	0.30	0.30	0.30	0.30	0.30
Latina	0.50	0.49	0.49	0.49	0.49
Black	0.33	0.33	0.33	0.33	0.33
Other race	0.65	0.65	0.65	0.65	0.66
Asian*rape	0.42	0.43	0.43	0.43	0.43
Latina*rape	0.12	0.13	0.13	0.13	0.13
Black*rape	0.16	0.16	0.16	0.16	0.16
Other race*rape	0.29	0.28	0.27	0.28	0.27
IPV		0.14	0.14	0.13	0.13
PTSD			0.24	0.26	0.25
Depression (MDE)				0.13	0.14
Alcohol abuse					0.45
Drug abuse					0.32

Table A 13: Linear regression coefficients for the effect of rape within the last 15 years & mental health diagnoses on household income

Dependent: HH income	Model 1	Model 2	Model 3	Model 4	Model 5
R ²	0.293	0.293	0.294	0.294	0.294
Constant	5611.33	5707.41	6077.34	6356.69	6366.52
Rape15yrs	-5877.54* (2762.79)	-5586.65° (2876.72)	-4975.76^{oo} (2840.07)	-4679.65 (2882.78)	-4570.36 (2878.90)
Age (mean-centered)	141.73*	139.67*	139.47*	136.77*	136.29*
Age ² (mean-centered)	-8.60***	-8.62***	-8.95***	-9.16***	-9.11***
Single	-29281.68***	-29247.60***	-29057.30***	-28882.48***	-28905.77***
Employed	14428.14***	14417.22***	14353.54***	14263.65***	14269.47***
Education (years)	4583.28***	4576.03***	4565.00***	4564.34***	4563.12***
U.S.-born	-2879.75	-2833.57	-2722.01	-2664.41	-2680.55
Asian	9251.35*	9263.15*	9111.41*	9017.51*	9016.94*
Latina	-8275.11**	-8260.23**	-8406.93**	-8445.78**	-8459.83**
Black	-13970.46***	-13951.02***	-14056.11***	-14205.87***	-14171.70**
Other race	-1039.24	-974.40	-693.78	-661.81	-706.52
IPV15yrs		-1231.76	-824.07	-557.27	-560.00
PTSD			-5737.71*	-4751.36 ^{oo}	-4838.71 ^{oo}
Depression (MDE)				-3185.70	-3174.35
Alcohol abuse					4640.42
Drug abuse					-4479.25

Table A 14: Linear regression coefficients for the effect of rape within the past 25 years & mental health variables on household income

Dependent: HH income	Model 1	Model 2	Model 3	Model 4	Model 5
R ²	0.293	0.293	0.294	0.294	0.294
Constant	5785.97	6043.28	6315.77	6546.22	6564.37
Rape25yrs	-4760.55* (1825.58)	-4347.36* (1803.98)	-3683.91* (1851.99)	-3356.82^{oo} (1877.94)	-3316.85^{oo} (1850.64)
Age (mean-centered)	141.01*	139.50*	140.02*	137.73*	136.93*
Age ² (mean-centered)	-8.82***	-8.96***	-9.23***	-9.40***	-9.34***
Single	-29269.85***	-29191.58***	-29024.00***	-28861.73***	-28884.89***
Employed	14406.10***	14373.82***	14322.49***	14241.08***	14246.67***
Education (years)	4582.54***	4565.48***	4557.80***	4558.43***	4556.54***
U.S.-born	-2833.38	-2728.72	-2645.69	-2600.84	-2614.84
Asian	9155.51*	9176.80*	9057.09*	8977.27*	8975.98*
Latina	-8266.52**	-8245.22*	-8377.09**	-8413.16**	-8429.34**
Black	-13943.70***	-13914.51***	-14013.70***	-14157.16***	-14122.00***
Other race	-932.18	-858.67	-612.87	-585.91	-632.24
IPV25yrs		-1713.39	-1332.28	-1091.56	-1123.20
PTSD			-5320.63 ^{oo}	-4442.71	-4526.51
Depression (MDE)				-3013.06	-2995.81
Alcohol abuse					4811.01
Drug abuse					-4747.30

Standard errors reported for rape (in parentheses)

* p < .05

° p = .05

** p < .01

^{oo} p = .06

*** p < .0001

^{ooo} p = .08 - .09

Table A 15: Odds ratios of low-income status by rape victimization within 20 years & mental health status

Dependent: Low-income	Model 1	Model 2	Model 3	Model 4
Model F	56.74***	50.96***	46.27***	37.87***
Rape20yrs	1.28	1.20	1.18	1.19
Age	0.98***	0.98***	0.98***	0.98***
Single	4.56***	4.52***	4.51***	4.52***
Employed	0.23***	0.22***	0.22***	0.22***
Education (years)	0.77***	0.77***	0.77***	0.77***
U.S.-born	0.75	0.74 ^{ooo}	0.73 ^{ooo}	0.74 ^{ooo}
Asian	1.25	1.24	1.25	1.25
Latino	2.12***	2.11***	2.12***	2.11***
Black	2.49***	2.48***	2.48***	2.48***
Other race	1.87*	1.84*	1.83*	1.83*
IPV20yrs		1.31	1.30	1.30
PTSD			1.16	1.16
Depression (MDE)				1.02
Alcohol abuse				0.92
Drug abuse				0.80

* p< .05

° p=.05

** p< .01

°° p= .06 - .07

***p< .0001

°°° p= .08 - .09

Table A 16: Odds ratios of low-income status by rape victimization within 20 years, mental health status, & race/ethnicity

Dependent: Low-income	Model 1	Model 2	Model 3	Model 4
Model F	47.98***	43.69***	40.99***	39.96***
Rape20yrs	1.34	1.24	1.22	1.23
Age	0.98***	0.98***	0.98***	0.98***
Single	4.56***	4.53***	4.52***	4.52***
Employed	0.23***	0.22***	0.22***	0.22***
Education (years)	0.77***	0.77*	0.77***	0.77***
U.S.-born	0.75	0.74	0.73 ^{oo}	0.74 ^{oo}
Asian	1.24	1.24	1.24	1.24
Latino	2.14***	2.12***	2.13***	2.13***
Black	2.52***	2.51***	2.51***	2.51***
Other race	1.81*	1.79*	1.78*	1.78*
Asian*Rape20yrs	1.27	1.28	1.28	1.28
Latina*Rape20yrs	0.86	0.89	0.89	0.89
Black*Rape20yrs	0.82	0.83	0.83	0.82
Other race*Rape20yrs	1.23	1.27	1.25	1.24
IPV20yrs		1.31	1.30	1.30
PTSD			1.16	1.16
Depression (MDE)				1.01
Alcohol abuse				0.91
Drug abuse				0.80

* p< .05

° p=.05

** p< .01

^{oo} p= .06 - .07

***p< .0001

^{ooo} p= .08 - .09

Table A 17: Linear regression coefficients for the effect of car accident & mental health variables on household income

Dependent: HH income	Model 1	Model 2	Model 3	Model 4
R ²	0.293	0.293	0.293	0.293
Constant	5972.28	5818.96	5843.03	5981.895
Car accident	-2955.68	-2978.26^{°°}	-2966.41^{°°°}	-2865.93
Age (mean-centered)	133.95 ^{°°}	133.37 ^{°°}	133.22 ^{°°}	129.40
Age ² (mean-centered)	-9.18 ^{**}	-9.03 ^{**}	-9.05 ^{**}	-9.13
Single	-29320.62 ^{***}	-29354.84 ^{***}	-29344.15 ^{***}	-29217.22
Employed	13521.76 ^{***}	13518.12 ^{***}	13514.29 ^{***}	13453.21
Education (years)	4653.84 ^{***}	4669.50 ^{***}	4668.88 ^{***}	4674.48
U.S.-born	-2666.97	-2785.24	-2782.39	-2786.01
Asian	9362.19 [*]	9264.32 [*]	9253.59 [*]	9159.07
Latino	-9780.61 ^{**}	-9897.39 ^{**}	-9908.31 ^{**}	-9963.06
Black	-14305.85 ^{***}	-14431.86 ^{***}	-14435.04 ^{***}	-14541.34
Other race	2216.35	2051.57	2064.15	1928.17
IPV		1491.86	1521.26	1735.83
PTSD			-675.57	188.83
Depression (MDE)				-2663.42
Alcohol abuse				622.38
Drug abuse				-2923.43

* p< .05

° p=.05

** p< .01

°° p=.06 - .07

***p< .0001

°°° p=.08 - .09

Table A 18: Standard errors for the effect of car accident & mental health variables on household income (for Table A17)

Dependent: HH income	Model 1	Model 2	Model 3	Model 4
Constant	6679.56	6666.24	6679.76	6731.243
Car accident	1768.03	1764.19	1754.43	1740.00
Age (mean-centered)	69.95	70.81	70.83	71.05
Age ² (mean-centered)	2.59	2.65	2.64	2.68
Single	1592.33	1635.39	1635.10	1622.64
Employed	2350.08	2372.42	2376.77	2374.85
Education (years)	374.36	374.37	374.25	374.85
U.S.-born	3596.63	3579.56	3577.51	3576.90
Asian	4173.22	4183.62	4185.67	4191.89
Latino	3378.82	3379.12	3383.49	3399.03
Black	1811.38	1823.15	1822.42	1827.16
Other race	8043.35	8052.25	8050.70	8092.01
IPV		2922.20	2887.34	2841.91
PTSD			3669.58	4082.76
Depression (MDE)				2587.34
Alcohol abuse				9502.74
Drug abuse				8058.75

Table A 19: Linear regression coefficients for the effect of car accident, mental health, & race/ethnicity on household income

Dependent: HH income	Model 1	Model 2	Model 3	Model 4
R ²	0.293	0.293	0.293	0.293
Constant	5950.20	5795.42	5820.21	5957.03
Car accident	-3058.29	-3062.86	-3051.70	-2939.47
Age (mean-centered)	134.26 ^{oo}	133.69 ^{oo}	133.53 ^{oo}	129.70 ^{oo}
Age ² (mean-centered)	-9.19***	-9.04**	-9.05**	-9.13**
Single	-29313.08***	-29346.85***	-29335.70***	-29210.40***
Employed	13542.81***	13538.95***	13535.14***	13474.08***
Education (years)	4656.24***	4671.94***	4671.31***	4676.84***
U.S.-born	-2680.53	-2799.75	-2797.03	-2800.86
Asian	8682.78*	8596.31 ^o	8585.48 ^o	8502.28 ^o
Latina	-9568.81**	-9678.15**	-9687.60**	-9745.63**
Black	-14338.28***	-14452.26***	-14458.03***	-14550.90***
Other race	2181.62	1992.68	2003.92	1858.62
Asian*car accident	5939.69	5833.08	5829.57	5735.30
Latina* car accident	-1947.43	-2012.35	-2029.79	-1997.15
Black* car accident	261.92	173.29	192.27	96.58
Other race* car accident	304.98	543.45	558.96	667.65
IPV		1482.97	1513.28	1727.28
PTSD			-695.18	162.65
Depression (MDE)				-2641.11
Alcohol abuse				633.98
Drug abuse				-2996.70

(standard errors reported for car accident in parentheses)

* p< .05

^o p=.05

** p< .01

^{oo} p= .06 - .07

***p< .0001

^{ooo} p= .08 - .09

Table A 20: Standard errors for the effect of car accident, mental health, & race/ethnicity on household income (for Table A19)

Dependent: HH income	Model 1	Model 2	Model 3	Model 4
Constant	6729.30	6714.30	6729.25	6780.44
Car accident	2351.49	2340.75	2328.22	2309.45
Age (mean-centered)	70.03	70.89	70.92	71.09
Age ² (mean-centered)	2.58	2.63	2.63	2.67
Single	1593.88	1637.17	1636.80	1624.20
Employed	2354.55	2377.21	2381.44	2379.41
Education (years)	372.41	372.07	371.98	372.65
U.S.-born	3590.23	3572.16	3570.26	3569.42
Asian	4276.50	4282.53	4285.63	4293.51
Latina	3567.77	3561.71	3566.21	3575.66
Black	2016.25	2023.25	2023.77	2020.65
Other race	8961.10	8980.92	8976.52	9031.25
Asian*car accident	7570.09	7569.07	7564.88	7582.40
Latina* car accident	4260.95	4257.74	4241.43	4217.68
Black* car accident	2998.37	2982.08	3009.55	2999.22
Other race* car accident	11673.03	11713.26	11701.50	11667.85
IPV		2928.54	2894.19	2848.38
PTSD			3675.04	4087.47
Depression (MDE)				2588.64
Alcohol abuse				9502.37
Drug abuse				8029.31

To be continued...