Introduction: As a critical determinant of economic outcomes, traumatic experience and toxic stress play a major role in the financial status of women and families in the United States (US). The body of research on the impact of trauma and toxic stress is growing, and indicates a vicious economic cycle, in which poverty is both a constant driver of adversity and toxic stress, as well as an easily-predicted outcome of traumatic experience among women and girls. The last two decades of research demonstrate that traumatic experience can manifest as an interrupter to economic sufficiency, independence, and mobility among women. Women who experience trauma often see their academic achievement, educational attainment, household income, lifetime earnings, and overall economic stability and viability suffer (Greco & Dawgert, 2007).

In the same way that trauma has been identified as a pathway to disease, it is also a pathway to poverty. When women and girls are emotionally and/or physically traumatized, their health and social wellbeing is threatened, and they are made even more vulnerable to financial instability, economic marginalization, loss of income, housing insecurity, and economic violence (ACE Interface, 2013; Fawole, 2008; MacMillan, 2000; National Alliance to End Sexual Violence, 2011). While traumatic experiences such as exposure to violence and abuse are common in the US, women are at increased risk for some types of traumatic experiences and certain outcomes, including Post Traumatic Stress Disorder (PTSD) and extended duration of related symptoms (American Psychological Association, 2013).

Because women with lower incomes and girls from lower income households are at heightened risk, they are also more vulnerable to falling further into poverty. Research strongly suggests that women with lower income status who survive traumatic experiences of rape and
abuse are at higher risk of re-traumatization and revictimization than women in higher income brackets (Greco & Dawgert, 2007). More research is needed on the impact of trauma among vulnerable populations of women with lower incomes. However given current data and theoretical models, for women of color, women who identify as sexual minorities, women with disabilities, and women who are geographically isolated or marginalized, the risk of traumatic experience and possibly associated economic outcomes may be even greater.

From a systems perspective, the convergence and synthesis of data collected by researchers across many disciplines, including the social and biomedical sciences, reveals the need for interdisciplinary, cross-sector responses, including those that will better serve women survivors of trauma who have suffered the economic consequences of these experiences (Anda et al., 2006). Economic issues among women, including education, employment, homelessness, and instability are increasingly recognized as inextricably linked to environmental conditions and determinants, yet they are still often treated as individual symptoms of poverty. These current responses to poverty often take the form of siloed approaches that do not adequately involve consideration of health and family histories, nor take into account past traumatic experience, including exposure to abuse and violence as a continuous threat to women’s economic security (Alexander, 2011; Pastor & Turner, 2010; Warfield & Schmeissing, 2012).

Many of our programs and policies that serve women in poverty are missing the fact that critical indicators of poorer economic status can be traced back through a significant link with traumatic experience, either during childhood, adulthood, or through repeated traumatization and victimization throughout the lifespan. As a result, professionals and agencies that serve women and girls must become trauma-informed. This includes practitioners and providers of human services, health care, education, employment, workforce development, legal, advocacy, and other services, as well as the community-based, local, statewide, and regional organizations charged with meeting the needs of lower income individuals and families. Policymakers must become educated and informed as well in order to support these efforts and more effectively and ethically represent their constituents, including members of communities and neighborhoods that are particularly vulnerable to trauma, adversity, and poverty.

**Purpose:** The goals of this paper are to summarize the recent findings among researchers and women’s policy advocates on the linkages between traumatic experience and major economic indicators among women and girls, and to lay out a general trauma-informed framework for providers of women’s advocacy and services. While both women and men are vulnerable to traumatic experiences and abuse, especially during childhood, this paper will focus on women’s increased risk for certain types of traumatic experiences, including sexual abuse and violence, as well as their higher risk of living in poverty. Using a trauma-informed lens, this paper will examine women’s economic status, explore trauma as a determinant of economic outcomes, and identify the intersections of traumatic experiences with women’s economic issues, including postsecondary education, employment, homelessness/ street involvement, and financial stability.

This paper combines recent findings from the scientific literature on the impact of traumatic experience with current economic data and analyses by some of the leading women’s advocacy groups at the state and national level, in order to develop a clearer picture of the tremendous cost and economic burden imposed upon women and girls by trauma, including violence and abuse. This picture is essential to draw needed attention to the concept of trauma as a major economic determinant among women and girls: a concept which has to date been largely left unnamed and unaddressed by policymakers.
Recommendations will be issued for a shift in our collective thinking about the roots and structurally-related causes of poverty that include trauma and its intersections with various forms of oppression including racism, classism, sexism, ableism, and homophobia. Trauma-informed advocacy and action will be recommended as key strategies for women’s economic empowerment and security. These recommendations will be articulated as 12 key concepts through the application of the Women Emerging Strong from Trauma and Adversity for a New Day (WE STAND) framework, an approach which calls for women-serving professionals and systems to become trauma-informed and to engage in interdisciplinary cooperation, collaboration, scholarship, and interventions. This type of approach is recommended to promote healing and resilience, and ensure greater economic opportunity and stability for women, girls, families, and communities.

**Background:** This section summarizes some of the key data points on lower income women’s current economic status and introduces the concept of trauma as an economic determinant. Recent trends in women’s economic status within the US will be discussed, along with the prevalence of trauma among women and the intersections of poverty with traumatic experience.

**Deepening Poverty among Women**

Recent data analyses from the Institute for Women’s Policy Research (IWPR) and the National Women’s Law Center (NWLC) show that women’s poverty is growing in the US. Between 14.5% and 16% of all women were reported as living in poverty in 2012 (Hayes, Gault, & Hartmann, 2013; NWLC, 2013a). According to researchers, there has been a relatively steady gender poverty gap since 1993, with the exception of the Great Recession, which narrowed the gap between women and men’s poverty. However, in the days since the post-recession recovery began in 2009-2010, the gender poverty gap has once again been widening, which is likely due to greater employment gains among men and married women, but not among single mothers within the past several years (Hayes et al., 2013).

A 2013 report released by the Pew Research Center shows that 40% of US households with children under age 18 are now led by women breadwinners, who are either the primary or single source of income for the family. In this segment of households with children led economically by women, 63% are single mothers, including women who are divorced or never married, with an average household income of $23,000 per year (Wang, Parker, & Taylor, 2013). In 2013, the federal poverty line was $23,550 for a family of four and $19,530 for a family of three (Families USA, 2013). Although it is difficult to gauge the number of homeless and street involved women at any given time in the US, a 2007 study estimated that women made up 65% of homeless households with children (National Coalition for the Homeless, 2013; United States Conference of Mayors, 2007).

Sweeping employment losses brought on by the Great Recession that began in 2007 have had lasting effects upon women’s employment status and prospects overall, and especially among low income women. These employment losses have also disproportionately impacted African American women, Hispanic women, and single mothers. Although the unemployment rate has been falling among women overall on a
national level, labor data synthesized by NWLC demonstrates that 60% of all employment gains made among women during the recovery period from 2009 through July 2013 were concentrated in the 10 lowest paying jobs. The proportion of men who gained jobs back in these lowest paying positions during the recovery period was 20% by July of 2013. (NWLC, 2013b).

These jobs are characterized as the largest low-wage job sectors because they typically pay workers less than $10.10 per hour, and include:
- Child care workers, comprised by 94% women
- Domestic workers (maids and housekeepers), comprised by 88% women
- Home health aides, comprised by 88% women
- Personal care aides/ attendants, comprised by 85% women
- Cashiers, comprised by 72% women
- Restaurant wait staff (waiters and waitresses), comprised by 71% women
- Food preparers and servers, comprised by 65% women
- Bartenders, comprised by 60% women
- Food preparation workers, comprised by 58% women
- Hand packers and packagers, comprised by 53% women

As reported by the NWLC, women make up the overwhelming majority of low-wage workers and therefore they and their families are disproportionately impacted by stagnant minimum wage levels. African American and Hispanic women comprise over one-third of this segment of the workforce and are therefore over-represented among low-wage workers and disproportionately impacted (NWLC, 2013c).

Prevalence of Trauma among Women

The prevalence of various types of trauma among women and girls is difficult to fully comprehend and measure in the US, as sexual violence, abuse, and other forms of traumatic experience are grossly underreported (Rape, Abuse & Incest National Network, 2009a). Several types of trauma, including child sexual abuse, rape, sexual violence, and other gender-based traumatic experiences are discussed here, however the broader concept of trauma encompasses a whole range of experiences that may lead to lasting psychological or physical damage and distress. The Centers for Disease Control and Prevention (CDC) reports that approximately one in five women have been raped in the US, and one in 20 has experienced some other type of sexual violence (CDC, 2012). Approximately 34.1% of women who identify as American Indian/ Alaskan, 24.4% of women who identify as mixed race, 18.8% of women who identify as black, 17.6% of women who identify as white, and 6.8% of women who identify as Pacific Islander have experienced attempted or completed rape (Tjaden & Thoennes, 1998).

Young people are at greatest risk of sexual abuse and assault. The Rape, Abuse & Incest National Network (RAINN) estimates that 44% of survivors of attempted or completed rape are under the age of 18, and 80% of survivors of attempted or completed rape are under the age of 30 (RAINN, 2009b). The US Department of Education reports that in one year, over 4,000 incidents of sexual battery, and over 800 incidents of rape and attempted rape were reported to have occurred in public high schools across the nation. In
addition, approximately 20% of all college women will experience some type of sexual assault during their higher education career (United States Department of Education, 2011).

Research on adverse childhood experiences (ACEs) that began in the mid-1990s with the landmark ACE Study demonstrated that childhood trauma was a common experience in the US (Felitti et al., 1998). A study published in 2003 on adverse childhood experiences among US adults found that approximately 25% of women and 16% of men had experienced child sexual abuse (CSA). In addition, adults who had experienced CSA also were more likely to experience other types of trauma during childhood (Dong, Anda, Dube, Giles, & Felitti, 2003).

According to a National Comorbidity Survey, 51% of women will experience at least one traumatic event in their lives (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995; Vogt, 2013). Women are at increased risk of sexual assault, including rape, during childhood and adulthood. Women soldiers are at increased risk of military sexual trauma than their male comrades, which includes sexual assault and harassment (Service Women’s Assault Network, 2013; Vogt, 2013). Women are also at higher risk of childhood parental neglect, exposure to domestic violence, and childhood physical abuse (Kessler et al., 1995; Norris, Foster, & Weishaar, 2002; Vogt, 2013). Women who develop PTSD as the result of their traumatic experiences are more likely to present symptoms of numbing and avoidance (Orsillo, Raja, & Hammond, 2002; Vogt, 2013).

Women’s vulnerability to traumatic experience throughout the life course is further confounded by macro level and environmental factors including structural inequities, racism, heterosexism, and ableism (Alexander, 2011; Andersen & Blosnich, 2013; Nosek, 2002). These forms of discrimination make some women more vulnerable such as women with lower incomes, disabilities, women who identify as lesbian or bisexual, and/or women who are geographically isolated or marginalized. Research suggests that not only are women of color and women with disabilities at greater risk of sexual assault but they also may experience some of the lasting impacts associated with traumatic experience in unique ways. For example, among African American/Black women with low incomes, there is a strong association between traumatic childhood experiences and self-reported depression (Waite & Shewokis, 2012). Lower income African American women who experienced adverse childhood experiences are more likely to present depressive symptoms than their counterparts without ACEs backgrounds (Chung, Mathew, Elo, Coyne, & Culhane, 2008).

Adults with self-reported disabilities have a higher prevalence of ACEs than adults with no disabilities reported (Schussler-Fiorenza Rose, 2013). A majority of women with physical disabilities experience trauma such as violence and abuse that is specifically related to their disability, including abuse that was not as likely to occur if the women did not have disabilities and abuse that occurred in disability-related care settings (Nosek, 2002). Women who identify as members of sexual minorities groups (lesbian and bisexual) report significantly higher rates of adverse childhood experiences in contrast to their female peers who identify as heterosexual (Andersen & Blosnich, 2013).
The Intersections of Poverty & Trauma among Women

The negative and lasting impacts of trauma and adversity are closely intertwined with academic achievement, economic security, and independence. During childhood, many of these types of traumatic events are characterized as adverse childhood experiences and represent predictors and determinants of economic outcomes across the life course. ACEs research suggests a strong correlation between early trauma and poorer economic, social, and health outcomes in adulthood (ACE Interface, 2013). ACEs and other types of trauma are significant predictors of disruption to educational attainment, unemployment, homelessness/ street involvement, and financial instability (ACE Interface; Burt, 2001; Greco & Dawgert, 2007; Larkin & Park, 2012). In addition, ACEs and exposure to other traumatic experiences can deeply threaten the economic sufficiency of individuals and whole families across multiple generations (ACE Interface, 2013; Greco & Dawgert, 2007).

The relationship between trauma and poverty among women is not yet fully understood, however there is consensus that women who have experienced sexual violence find themselves at greater risk of educational interruption, work interference, homelessness, unemployment, and other adverse economic outcomes related to their abuse, while their risk of further sexual violence and retraumatization also increases as their stability and access to basic necessities decreases (Greco & Dawgert, 2007). Public health researchers have also found evidence of a unique relationship between early childhood adversity, toxic stress, and developmental outcomes among women. It appears that women may experience early sources of trauma and their lasting effects in ways distinctive from their male counterparts, including a significant and troubling link between early adversity and persistent feelings of hopelessness reported among women well into adulthood at greater rates than among men with similar trauma backgrounds (Haatainen et al., 2003). In addition, research on the effects of toxic stress upon neurodevelopment suggests that among adolescent girls who have reported experiencing maltreatment as children, a reduction in mass was found in the area of the brain which regulates emotion (Edmiston et al., 2011; Wisconsin Children’s Trust Fund, 2012).

Although traumatic experiences can happen to anyone, regardless of socio-economic status, women and girls living in poverty are considered high-risk for traumatic experiences such as sexual violence. Women and girls ages 12 and older with lower incomes or from low income households are more than more likely to be raped or experience other types of sexual assault than women and girls with higher incomes (Planty, Langton, Krebs, Berzofsky, & Smiley-McDonald, 2013). Researchers have also found that women with lower incomes are much more likely to experience trauma-related disorders when compared with women in general. Approximately 83% of women in one study reported physical or sexual assault during their lives (Bassuk, Buckner, Perloff, & Bassuk, 1998; Greco & Dawgert, 2007). Some studies indicate that as great as 97% of all homeless women with severe mental health issues have experienced sexual violence and as a result, consider it a norm of street life (Goodman, Fels & Glenn, 2006; Greco & Dawgert, 2007).
Geographic isolation and marginalization combined with lower economic status also puts women at greater risk for traumatic events, such as sexual assault. Lower income women and girls living in urban areas are more likely to be raped or sexually assaulted than women and girls living in suburban areas, while lower income women and girls under the age of 34 and living in rural areas experience some of the highest rates of sexual violence, including rape and other types of sexual assault and harassment, throughout the US (Planty, Langton, Krebs, Berzofsky, & Smiley-McDonald, 2013).

Not only are women with lower economic status at higher risk of traumatic experiences, but they face the same costs of these experiences with many fewer resources. Rape, the most expensive of all crimes, costs survivors over $127,000,000,000 per year, which does not include the cost of child sexual abuse (National Alliance to End Sexual Violence, 2011). In addition to the costs covered by public dollars, survivors of sexual violence and assault often pay for related services out of their own pockets, including criminal justice response and investigations, medical services, crisis response and mental health recovery services, lost wages, productivity, and work time, theft and damage to property, and other costs associated pain and suffering (Illinois Coalition Against Sexual Assault, 2007).

From 2005 to 2010, 58% of women and girls who survived sexual assault experienced some time of physical injury during the assault, including rape injuries, gun-shot wounds, broken bones, bruises, cuts, and internal injuries (Planty, Langton, Krebs, Berzofsky, & Smiley-McDonald, 2013). In 2008, it was estimated that each rape cost individual survivors over $151,000 (National Alliance to End Sexual Violence, 2011; DeLisi, 2010). A recent study conducted by the State of Tennessee upon the costs of violence against women found that in 2012 alone, human trafficking, sexual assault, and domestic violence resulted in a total cost of at least $886,171,950 (both losses and expenditures). This study showed that traumatic experiences had an enormous effect on productivity, advancement, and wellbeing among one in three women across the state, as incidents of domestic and sexual violence “derail careers, educations, and personal development” (2012, p. i). Authors went on to say that “As a destroyer of value and potential in this state, violence against women is even more potent by virtue of its substantial manifestation in developmental places and times in a typical woman’s life: childhood, high school, college, and the early stages of her career” (p. 38).

Survivors of multiple types of abuse and violence are also left with loss of income and lower lifetime earnings into adulthood as a result of decreased health status and wellbeing. It is estimated that these losses can amount to over $241,000 in reduced income over time (National Alliance to End Sexual Violence, 2011; Macmillan, 2000). Sexual abuse among women has also been shown to inhibit their ability to work (National Alliance to End Sexual Violence, 2011; Lyon, 2002). Women who have experienced various types of trauma, including adverse childhood experiences such as abuse, neglect, and household dysfunction have a significantly higher risk of poor health outcomes than their peers without trauma backgrounds, including increased risk of unintended pregnancy and sexually transmitted infections (Dietz, et al., 1999; Hillis, Anda, Felitti, Nordenberg, Marchbanks, 2001). In addition, women who reported experiencing child
sexual abuse are twice as likely to attempt suicide when compared to their female counterparts with no CSA history (Dube et al., 2005).

Due to their increased vulnerability and marginalization as the result of many types of trauma, some women are essentially forced into pipeline situations that are directly linked from experiences of sexual assault and abuse to prison, homelessness, and/or sexual exploitation among other adverse outcomes (Greco & Dawgert, 2007; Simkins et al., 2004). In 1999, researchers found that over 80% of incarcerated women reported experiencing child sexual abuse or exposure to severe parental violence (Browne, Miller & Maguin, 1999). As much as 70-90% of children who experience commercial sexual exploitation have a history of sexual abuse (Girls Education & Mentoring Services, 2013; Murphy, 1993).

Women and girls who experience abuse by parents, caregivers, partners, spouses, other family members, employers, pimps, and other perpetrators may also experience a type of co-occurring abuse known as economic violence. A 2008 study defined economic violence as that which includes coercion, exploitation, illegal confiscation of goods, fraud, theft, and limiting and controlling access to funds and credit, employment, health care, education, and other resources for livelihood and survival such as inheritance, use of land, and property. The study connected economic violence to decreased educational attainment and greater risk of physical abuse, HIV infection, maternal morbidity and mortality, commercial sexual exploitation, and trafficking women and girls. This study also called for further research on the extent of economic violence and survivors who may continue to experience the impact of economic violence after leaving an abuse situation or relationship (Fawole, 2008).

**Trauma & Economics:** The concept of trauma as a determinant of economic outcomes and sufficiency is a complex relationship to consider, but one that may hold the key to addressing many seemingly intractable problems that contribute to poverty. Over the past two decades, research on traumatic experience and adversity among women has begun to uncover some of the economic implications that result from early exposure to violence and abuse, as well as other types of trauma. In this section, several economic issues are discussed in the context of current research on traumatic experience and relevant policy analyses on women’s financial status, including postsecondary educational attainment, employment, homelessness, and financial stability.

**Postsecondary Educational Attainment**

Students at the postsecondary education level with trauma and adversity backgrounds face an uphill battle in pursuing higher education. According to researchers at the Pennsylvania Coalition Against Rape, “The most immediate consequence of a sexual assault during adolescence is a diminished investment in education” (Greco & Dawgert, 2007, p. 77). The CDC reports that among a national representative survey of adult rape survivors, over 34% of women surveyed said that they were first raped during their college-age years, ages 18-24 (CDC, 2012).
While an ever-growing body of research demonstrates that the majority of adults living in the US have experienced trauma, no studies have investigated the impact of childhood trauma and adversity among the college-age population in order to examine the impact of such histories on postsecondary educational attainment within this group. This is problematic among women students in general, and especially women students with lower incomes and/or those who have been historically marginalized, as we know that these women are at greater risk of violence, yet their traumatic experiences continue to remain unacknowledged in the higher education setting. According to researchers, women students who have experienced violence remain invisible and underserved at most institutions (Wagner & Magnusson, 2005). In addition, educational attainment among women is the most consistent predictor of experiences of IPV and sexual violence across the literature (World Health Organization/ London School of Hygiene and Tropical Medicine, 2010).

To date, there have been few studies that have examined the impact of any trauma upon women entering two and four-year institutions of higher learning, or upon the decision-making among women who experience barriers to accessing postsecondary education. Despite the overwhelming evidence which demonstrates that both women and men are struggling to afford postsecondary education at public and private colleges and universities alike, there is a dearth of research into other causes of adversity and hardship occurring at entry-level among women students, including traumatic experience, and the impact of these hardships upon academic retention and success. One study showed significant impacts of past trauma during adolescence among women college students (Green et al., 2005). These and other findings carry serious implications for women’s mental health, physical wellbeing, and their ability to live full, productive, and stable lives while striving for progression and completion at the higher education level, as well as a secure financial future.

An exciting amount of research and advocacy is currently taking place at the elementary and secondary school levels among children exposed to adversity and trauma to update and augment our understanding of the impact of trauma on educational achievement (Trauma and Learning Policy Initiative, 2013). There is no doubt that this field of study will continue to lead to critical information about the current needs among school-age children and secondary education students. Nevertheless, there is a significant gap when it comes to addressing the needs of older youth, adult learners, and non-traditional students who are seeking to further or are already continuing their education at the postsecondary level.

Campus-based interventions that build community capacity, foster trauma and adversity-informed culture, and provide appropriate services and supports as a form of socially-competent care are necessary to meet the needs of women students who have survived trauma and adversity.

Consequently, some emerging efforts are underway to engage and support students with trauma histories and adversity backgrounds, including survivors of violence and assault, military veterans, and students with lower incomes. In 2012, Mass Bay Community
College held an interdisciplinary, interprofessional conference entitled “Trauma and Learning in Postsecondary-Education,” which convened faculty and administrators currently engaged in this work from across the nation (Mass Bay Community College, 2013).

**Employment**

Employment-related issues among women have a direct correlation with past trauma and adversity. Issues related to unemployment and underemployment among lower income women can be further confounded among those who have experienced trauma and adversity, and are dealing with the lasting impacts, such as feelings of depression (Alexander, 2011; Chung, 2008). We now know that the impact of trauma has multiple employment consequences for survivors, their families, individual communities, and society as a whole, especially if these women are the primary or sole income sources for their families (Greco & Dawgert, 2007).

A 2011 study found that among women receiving housing and other services at several agencies in the Boston/Providence metropolitan area, over 78% had experienced intimate partner violence (IPV) at some time in their lives, and approximately 51% were experiencing IPV at the time of the study. Among all women in the study, 49.6% reported having experienced work interference during their lifetime, which was found to be associated with physical abuse. In addition, 92.5% of women who reported experiencing work interference also reported IPV. In addition, physical abuse by fathers and child sexual abuse were predictors of work interference and IPV. This study demonstrated that not only was work interference a common experience among women with trauma backgrounds, but that it may be a critical indicator of underlying abuse which perhaps may otherwise go undetected (Alexander, 2011).

Recent data collected on adverse childhood experiences among adults within Washington State shows that functionality during adulthood is severely impacted by experiences of childhood trauma, compounded with chronic stress during adulthood (ACE Interface, 2013; Anda & Brown, 2010). Similarly, research published in 2004 on the connection between traumatic experience in childhood and impaired work performance found that eight different types of ACEs, including various forms of abuse and household dysfunction, were directly associated with increased risk of absenteeism at work, financial problems, and other job problems. This study demonstrated that workers who had an ACE score of 4 or higher were more than twice as likely to report that they had problems at work, financial difficulties, and problems with absenteeism than were their peers with ACE scores of 0 (Anda, et al., 2004).

Results from a recent study on the impact of ACEs upon unemployment among adults showed a strong relationship between unemployment and adverse childhood experiences, including parental separation or divorce, physical, sexual or emotional abuse, neglect, domestic violence, mental illness, incarcerated household member, and substance abuse. Both women and men who had experienced one or more types of ACEs reported higher rates of unemployment when compared to those with an ACE score of 0. Researchers also found that unemployment among women with ACEs was in some cases mediated by
specific protective factors including higher educational attainment, marriage, or the presence of social support (Liu et al., 2013).

**Homelessness & Street Involvement**
For many women with low incomes, traumatic experiences such as sexual assault, abuse, and housing insecurity can intermingle in a continuous cycle of vulnerability and victimization. Women who have grown up with housing insecurity or homelessness, or experienced homelessness as adults are both much more likely to have also experienced sexual and other types of abuse during childhood and to continue to be at greater risk for sexual abuse, exploitation and assault (Greco & Dawgert, 2007; Kushel, Evans, Perry, Robertson, & Moss, 2003; Tyler, Whitbeck, Hoyt, & Cauce, 2004). At the same time, women that sleep in shelters, sleep on the streets, or who depend upon friends and family for housing are at increased risk of sexual violence, and experience violence at greater rates than women with lower incomes who have housing (Greco & Dawgert, 2007).

In her 2001 brief on homelessness status and policy, Dr. Martha Burt, homelessness researcher at the Urban Institute noted that, “Virtually every study shows that adverse childhood experiences are also strong predictors of homelessness” (p. 3). A recent study demonstrated that 87% of homeless adults within a convenience sample at four separate housing agencies in New York State and California had experienced at least one type of ACE, and over 50% reported four or more ACEs (Larkin & Park, 2012). Recent data from the Washington State Behavioral Risk Factor Surveillance System demonstrated that 15% of adults with an ACE score of 4 or 5 reported homelessness. In addition, over 25% of adults with an ACE score of 6, 7, or 8 reported homelessness (ACE Interface, 2013).

In addition to homelessness, traumatic occurrences experienced during childhood are a significant predictor of housing instability and frequent moving. Adults who experienced one or more ACEs during childhood are more likely to also experience high residential mobility, or moving more than eight times during adulthood. Almost 10% of adults who had an ACE score of 1 reported high mobility in that they had moved over eight times. Just below 20% of adults who had an ACE score of 4 or 5 reported high mobility in that they had moved over eight times. Over 25% of adults with an ACE score of 6 or more reported high mobility in that they had moved over eight times (ACE Interface, 2013).

Reporting on women veterans, The New York Times described earlier this year how female veterans are the fastest growing segment of the US homeless population. Among female veterans experiencing homelessness, approximately 53% had experienced sexual abuse and assault while in the military according to a recent study. Within this study, many of these women also cited their primary reason for joining the military as trying to escape abusive and traumatic families and households (Brown, 2013).

**Financial Stability**
Women who experience trauma may find that their employment status and subsequent financial stability may decrease in the aftermath of these experiences and throughout the lifespan. Following experiences of rape, one study found that women were 50-95% likely
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to develop PTSD, and another study documented that 50% of women were forced to quit
or lost their jobs after surviving rape (Ellis, Atkeson, & Calhoun, 1993; Greco &
Dawgert, 2007; Johns Hopkins School of Public Health, 1999). Traumatic experiences
during childhood are a significant predictor of financial stability in adulthood as well. In
one study, nearly 15% of adults with an ACE score of 1 reported financial problems and
instability. Over 20% of adults with an ACE score of 4 or greater reported financial
instability (ACE Interface, 2013).

Experiences of trauma can manifest as educational and economic interrupters and result
in lifetime economic consequences among women who survive many types of abuse,
violence, and other adversity. These impacts that contribute to financial instability
include but are not limited to:

- absenteeism from school
- decreased school readiness/ academic preparedness
- depression and anxiety
- development of maladaptive behaviors, such as aggression and substance abuse
- difficulty with weight management
- diminished ability to concentrate
- future experiences of abuse and violence
- homelessness
- increased social stigma
- risky sexual behaviors and unintended pregnancy
- safety and privacy concerns
- sleep problems
(Greco & Dawgert, 2007; The National Center on Family Homelessness, 2007).

Lifetime earnings among women who have survived sexual assault are significantly less
when compared with those without similar trauma histories, leading to greater economic
hardship, instability, and poverty (Greco & Dawgert, 2007). In addition, women living in
poverty who have experienced sexual violence and other types of traumatic experience
often continue to reside in unsafe and abusive living situations, especially if they have
dependent children, due to a lack of economic resources and stability (Browne, Salomon,
Bassuk, Dawson, & Huntington, 2004; Greco & Dawgert, 2007).

Adverse childhood experiences are also shown to have lasting and devastating impacts on
relationships and families, potentially leading to less family and financial stability.
Studies show that ACE scores among adults were predictors of relationship problems and
dysfunction, including divorce, sexual dissatisfaction, and family problems. Over 40% of
adults with an ACE score of 1 reported relationship problems including divorce, sexual
dissatisfaction, and other family problems, while over nearly 60% of adults with an ACE
score of 4 or higher reported these relationship problems (ACE Interface, 2013).

Conclusions & Recommendations: Poverty is a traumatic and toxically stressful experience in
itself, as well as a factor that increases the risk of further victimization, traumatization, and
economic instability through increased vulnerability and marginalization. Studies continue to
demonstrate that various types of trauma, especially those that occur early in life, may carry
long-term and often devastating health, social, and economic impacts for individuals, as well as for entire families. Women with lower incomes are at greater risk for many types of traumatic experience, such as sexual abuse and assault, and may encounter the deeply destructive lifetime impacts of these experiences in unique ways.

From the fruits of ongoing research, the link is clear between women’s experiences with trauma and adversity and their subsequent experiences with poverty and economic hardship. Government approaches to poverty among women and girls are too often siloed and do not take into account recent, available data on trauma as a pathway to poverty. A recent study that examined the effects of personal and social resources upon single mothers with cumulative trauma histories who received income assistance found that these women experienced severity of PTSD symptoms according to the full range of their past traumatic and adverse experiences, which made them more vulnerable to social strain, mental health problems, and diminished power and agency. Over 60% of the women in this study reported exposure to one or more experiences of adversity, assaultive, and/or psychological trauma. Researchers recommended that the response to single mothers receiving income assistance include both treatment for the impact of prior abuse and violence as well as prevention of future adversity and trauma (Samuels-Dennis, Ford-Gilboe, Wilk, Avison, & Ray, 2010). They also recommended that:

- Particularly when attempting to prevent future exposure, interventions will require the involvement of a number of health and social service agencies that have the capacity to address violence against women and girls. The findings of this study highlight the need for social interventions that address gender-based trauma occurring in childhood and adulthood. (p. 616).

As a result, current government programs and initiatives that focus too heavily on individual responsibility and resources may not be effective in formulating the appropriate responses to trauma as a root cause of poverty and to ultimately combating this as an outcome of traumatic experience. In addition, current approaches may not be responsive to the needs of individual communities and specific dynamics that contribute to conditions that threaten safety, create violence, and result in traumatized individuals and families.

In the 2011 Boston/ Providence study among women with experiences of work interference and IPV, Alexander concluded that:

- Given the importance of job skills for employment (Staggs et al., 2007), as well as the importance of looking for a job in order to get a job, the role of childhood maltreatment and mental health symptoms therefore must be addressed in any program attempting to increase women’s employability. Results also argue for trauma-informed service delivery in order to avoid retraumatizing a population with a high rate of childhood abuse (Harris 1998; Hooper and Warwick, 2006). In other words, social service providers and employment specialists need to be aware that many of the people they serve have histories of trauma that may complicate their employment and their relationships with employers, co-workers and the trainers themselves. (p. 259)

- Alexander also found that various situational or environmental stressors (e.g. lower education, neighborhood disadvantage, etc.) and personal vulnerability factors (e.g. childhood
maltreatment, history of IPV, etc.) impacted racial/ethnic majority and minority women in different ways, with minority women’s underemployment being more attributable to environmental factors, but resulted in similar outcomes of work interruption (p. 260). Essentially, this research indicates a call for trauma-informed job training and employment programs which are appropriately tailored to meet the needs of individual populations.

From the literature, it is clear that one approach will not fit all experiences and respond to all needs among the vastly diverse populations of women within the US. There are too many distinctive variables and underlying macro and micro factors across communities, neighborhoods, and social histories that play critical roles which vary in significance across racial, sexual orientation, gender, ability, class, geographical, and other identities for there to be a one-size-fits-all solution. Instead, research has shown that responses to trauma and deeply entrenched poverty must be community-driven, population specific, and socially and culturally competent (ACE Interface, 2013; Greco & Dawgert, 2007).

For this reason, a simple, easily relatable, and widely applicable conceptual framework is needed and recommended to meet the needs of women in various settings who are seeking healing, empowerment, and economic opportunity. This framework must be guided by established principles of trauma-informed care, but must not subscribe or promote one specific approach to addressing poverty and meeting the needs of women and girls. For such a conceptual framework to endure, it must remain broad enough to allow flexibility among communities, women-serving professionals, and agencies to respond to the specific needs of their constituents in its application.

This framework, called the Women Emerging Strong from Trauma and Adversity for a New Day (WE STAND) Framework is detailed in the 12 key concepts below, and blends the lessons, insights, and knowledge gained from the previously discussed research and analysis in the areas of women’s poverty and traumatic experiences:

1. All women and girls have the right to supportive environments, an education, and economic opportunities free from coercion, exploitation, and violence.
2. Women with lower incomes and girls from lower income households and/or vulnerable populations are at even greater risk for various types of trauma, including rape.
3. Women of color, women with disabilities, women who identify as members of sexual minority groups, and women who are geographically isolated or marginalized may face even greater risks of trauma and poverty, as a result of structural oppression and various forms of discrimination.
4. Risks of retraumatization and economic instability increase among women especially lower income women, following traumatic experiences, such as sexual violence.
5. Women and girls who encounter trauma are not at fault for their experiences, although they may harbor feelings of guilt and shame which can be deeply destructive.
6. Experiences of trauma among women and girls can manifest as educational interrupters and economic interference, and impact lifetime financial stability if left unaddressed.
7. Women may be unaware of the impact that their experiences (especially childhood events) may have on their health, wellbeing, educational attainment, and economic status.
8. Women may have never been asked before about their backgrounds and whether they had experienced trauma, or their disclosures may have never been acknowledged.
9. Every woman and girl possesses the capacity for resilience and healing.
10. Women-serving professionals and agencies must become trauma-informed, which includes the promotion of safe and supportive work environments in order to address the root causes of poverty among women and girls.
11. Women-serving professionals and agencies must work as members of interdisciplinary teams across systems and sectors in order to foster effective, trauma-informed cooperation, collaboration, scholarship, and interventions to address the economic, health care, social, educational, employment, human service, and other needs of survivors.
12. Policy decisions and responses to poverty among women and girls at the community, regional, state, and federal levels must become trauma-informed and more integrated in order to effectively address women’s economic advancement.

Additional Resources on Trauma, Women & Poverty

- ACE Study Overview & Publications, Centers for Disease Control & Prevention
- Adverse Childhood Experiences & Developmental Disabilities, Presentation on ACEs Connection by Dr. Steve Marcal, Center for Disability Services
- Center for Research on Women with Disabilities, Baylor College of Medicine
- Families USA
- Guttmacher Institute
- Institute for Safe Families
- Institute for Women’s Policy Research
- Justice Resource Institute
- My Life My Choice
- National Alliance to End Sexual Violence
- National Center on Domestic Violence, Trauma and Mental Health
- National Center for PTSD
- National Center for Trauma-Informed Care, Substance Abuse and Mental Health Services Administration
- National Crittenton Foundation
- National Women’s Law Center
- The Office of Minority Health, United States Department of Health and Human Services
- World Health Organization
WE STAND Approach to Addressing Women's Poverty

References


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