

Women Rarely Receive Domestic Violence Services in Welfare Offices

Women in welfare offices rarely receive domestic violence services, according to a recent University of Washington analysis of the implementation of the Family Violence Option (FVO) (see Taryn Lindhorst, Marcia Meyers, and Erin Casey, *Screening for Domestic Violence in Public Welfare Offices: An Analysis of Case Manager and Client Interactions*, VIOLENCE AGAINST WOMEN, Jan. 2008, available at <http://vaw.sagepub.com/cgi/content/abstract/14/1/5>). High rates of domestic violence are known among welfare recipients, and the welfare office is a vital location for providing women with resources toward financial independence.

A state option in the 1996 federal welfare reform law, the FVO helps domestic violence survivors move from welfare to work. The FVO allows states increased flexibility in applying the requirements of the Temporary Assistance for Needy Families (TANF) program to families affected by domestic violence without states being penalized financially. When states adopt the FVO, they are agreeing to

- screen applicants and recipients of TANF for domestic violence while maintaining confidentiality;
- provide referrals to counseling and supportive services; and
- make good-cause waivers from TANF program requirements.

Waivers are to be granted where the requirements would make it harder for TANF recipients to escape domestic violence or where the requirements would unfairly penalize past, present, or potential victims of domestic violence. Program requirements that may be waived include the 60-month lifetime limit on receiving TANF assistance and mandatory work requirements.

The FVO is designed to promote case-by-case consideration and increased access to services. Waivers are not intended to exclude individuals from activities such as education and vocational training. On the contrary, waivers are intended to allow domestic violence survivors to be assigned to the activities that best aid in the transition from welfare to work and to allow the time necessary for a successful transition.

For some individuals, this may mean participation only in activities that are, at least initially, domestic-violence-specific such as counseling, development of a safety plan, or efforts to retain legal representation to petition for a protective order. For others, this may mean participation in a combination of activities such as job readiness and mental health counseling. For still others, this may mean combining employment with efforts to change child support, custody, or visitation orders to decrease the risk of harm. The FVO allows survivors the peace of mind of continued cash assistance without the threat of sanctions as the survivors deal with the violence and cope with its consequences.

Forty-eight states have adopted the FVO or a comparable state policy. The states chosen (Georgia, Michigan, Texas, and New York) for the University of Washington study were purposefully picked because they varied in location, political culture, and TANF agency structures. The study found after 782 transcribed interviews that of all client contacts observed by the researchers only 1.2 percent screened for and identified domestic violence and only 9.3 percent of all case encounters included screening by the frontline worker. The clients reported being a victim of domestic violence in 13.7 percent of these transactions. Screening was more likely to occur in initial application or recertification visits, and job search activities rather than child care, sanction,

or compliance visits. Gender, ethnicity, or location of agency had no correlation with the likelihood that a worker would screen a client. Instead length of employment at an agency was shown to be significant. Workers who were more inclined to screen for domestic violence had an average length of 5 years' employment in comparison to workers who were less likely to screen and had an average length of 7.29 years of employment.

The major problem lies within organizations that limit their questions about abuse to intake interviews or to single questions within those interviews and therefore miss many women. Screening differed significantly among the states and organizational and worker characteristics. Georgia had the highest level of screening at 28.8 percent, and Texas had the lowest at 2.9 percent. Although screening practices were higher in Georgia, the number of domestic violence survivors identified was 2.2 percent, almost the same as Texas (2.0 percent). This analysis reveals that screening even in the rare instances where it is being done is very ineffective. The study describes interactions between workers and clients when the worker would ask if the client had been a victim of domestic violence without explaining what domestic violence entails. Situations were observed where clients were informed about the FVO by a handout with information on it but without further explanation. Workers have also adopted practices in which they ask double-barreled questions. For example, "Any domestic violence or substance abuse? What do you do outside—do you have any hobbies?" If the client answers yes or no, we have no idea what question they are answering. These are not examples of workers who do not care but of workers who have adopted unproductive practices over the years. We should also remember that the workers have a hard job to do; getting survivors of domestic violence to divulge information that provokes shame, anger, and hurt is not easy.

Disclosure is not easy or automatic for women entering welfare offices, mostly due to fear of retaliation of the abuser or their children being taken away from them. Skills can be exercised and general practices done to facilitate a better client and worker rapport. The researchers recommend eight screening practices that support disclosure of domestic violence:

1. Build rapport through active listening and empathetic reflection
2. Ensure that any disclosure of abuse is confidential
3. Explain the reasons why disclosure would be beneficial
4. Ask clients directly about abuse
5. Define abuse broadly, with physical, sexual, and emotional components
6. Use both open-ended probes and behaviorally anchored questions
7. Avoid questions that force a woman to identify with a stigmatized status
8. Allow for multiple opportunities for disclosure within interviews and over time

Previous studies showed that asking direct questions about abuse, without stigmatizing the survivor, resulted in more disclosure of domestic violence in comparison to checklists that workers handed out. For example, "Are you and your children in any sort of danger?" Also, when abuse is more broadly defined to include (along with physical violence) sexual violence, intimidation, humiliation, fear, or any experiencing of any type of fear, disclosure of domestic violence increases. An example of this is "Was there ever any emotional, physical, or sexual abuse going on? Have you ever felt scared in your home?" The most effective strategy to try to get clients to reveal that they are survivors of domestic violence is to ask questions that combine open-ended questions concerning threats and safety with questions concerning specific forms of abuse.

Domestic violence screening is rarely occurring in states that have adopted the FVO. What is troubling is that this absence is not occurring within a particular group of workers, geographical settings, or political environment. This is not because agencies no longer care or know how to screen for domestic violence; the root of the problem may be much more systemic than that. Today welfare agencies are having their resources

diminished. Case managers are under pressure to have cases closed; this leads to shortened interaction times with clients, and this in turn leads to inadequate responses to abuse or lack of continual training on how to deal with clients who suffer from abuse. The researchers recommend instituting screening and FVO implementation monitoring standards in addition to domestic-violence-specific training for welfare office staff to ensure that survivors are receiving the help they most desperately need.

Illinois adopted the FVO in 2001 and calls it the Domestic Violence Exclusion. To learn more about this and other Illinois public benefit policies for domestic violence survivors, visit http://www.povertylaw.org/advocacy/publications/public_benefits_dv.pdf.

For more information, contact [Wendy Pollack](mailto:Wendy.Pollack@povertylaw.org), director, Women's Law and Policy Project, Shriver Center, at 312.263.3830 ext. 238 or wendypollack@povertylaw.org.

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