Keeping Battered Women Safe During Welfare Reform: New Challenges

JODY RAPHAEL, JD

This paper reviews the growing body of research literature on the relationship of domestic violence to welfare. Not only do women on welfare suffer from domestic violence in far greater numbers than women in the general population, but their abusers, threatened by the women’s efforts at education, training, or work, also use violence and threats of violence to sabotage these efforts at economic self-sufficiency. For this reason, welfare reform exacerbates domestic violence in the lives of many low-income women. As a result of the federal Family Violence Option, most state welfare plans allow battered women on welfare more time and specialized services before mandating work in order to keep them and their children safe. Recent research and monitoring have shown, however, that the majority of battered women on welfare do not tell their welfare workers about the violence. Ending the isolation of these battered women and helping them with domestic violence services pose difficult challenges. Women’s health providers may be in a better position to accomplish this task than welfare department personnel. (JAMWA. 2002;57:32-35)

In 1996 early research data showed that large numbers of women on welfare were current victims of domestic violence, whose intimate partners, threatened by the women’s education, training, and work, actively sabotaged their efforts at employment.1,2 The issue diverted the usual welfare reform discussion from the “deficiencies” of welfare mothers to elements in their environment that directly sabotage them.

Responding to the research results, Senators Paul Wellstone (D-Minnesota) and Patty Murray (D-Washington) successfully amended the federal welfare reform legislation in 1996 with the Family Violence Option (FVO),3 which permits states to give battered women more time and provide them with specialized domestic violence services before mandating work. Forty-one states have formally adopted the FVO and have policies and procedures in place for domestic violence assessment and referral, as well as for temporary waivers from work requirements if needed.4

The relationship between domestic violence and welfare receipt only came to light in 1996, when results from a number of quantitative research projects, conceived after qualitative data had been published by Taylor Institute (now the Center for Impact Research), began to be published.5 The field, which is in its infancy, has been dominated to date by a small number of researchers, but there is much new data, not summarized in other review articles, that this paper will present. Following an overview of the research, the article will examine what is known about the effects of domestic violence screening and referral programs in welfare department offices. The poor performance of welfare departments in this regard, even when working in collaboration with domestic violence agencies, shifts the onus to social service and health care providers to help battered women safely navigate the welfare-to-work process.

Prevalence

Studies of the prevalence of domestic violence among women on welfare have consistently found rates remarkably higher than those for women in the general population. A number of studies conducted between 1996 and 1999 found that recent or current rates of physical abuse ranged from 8% to 33%, with most rates ranging from 20% to 30% for women on welfare (W. Curcio, unpublished data, 1997),5,10 compared to approximately 2% of women in the general population within the last year.11

Effects on Employment

Quantitative research has also corroborated qualitative reports from welfare-to-work and job-training providers showing that abusers directly interfere with women’s attempts to work by destroying homework assignments, keeping women up all night with arguments before key tests or job interviews, turning off alarm clocks, destroying clothing, inflicting visible facial injuries before job interviews, disabling the family car, threatening to kidnap the children from child care centers, and harassing women on the job.12 A study of a representative sample of the entire Massachusetts welfare caseload in 1996 found that abused women were 10 times more likely to have current or former partners who would not like them going to school or work than were women without abusive partners.6 An assessment of 1082 new applicants for public assistance in 4 Colorado welfare offices in 1997 found that 44% of domestic violence victims reported their abusive partners had prevented them from working.13 Forty-six percent of 325 women in Utah who were long-term recipients of welfare reported having been harassed at work by abusive partners, 36% stated they had had to stay home from work at some point in their lives because of domestic violence, and 29% said that their partners objected to their working; of these 29%, 78% indicated that their partners’ objections prevented them from working.14

Dr. Raphael is director for research at the Center for Impact Research in Chicago.
Health and Mental Health

As well as sabotage of employment, there is strong correlation between domestic violence and mental health problems. A longitudinal study of 400 women on welfare in Worcester, Massachusetts found that 10% of women who had experienced physical aggression had been hospitalized for mental health disorders in the past year, compared to 1% who had not been abused by partners. Forty-three percent of the housed women and 45% of the homeless women in the Worcester sample suffered from major depressive disorders, compared to 21% of the US female population. Sixteen percent of the housed and 18% of the homeless women in Worcester were suffering from post-traumatic stress disorder (PTSD) at the time of the survey, compared to 12% of women in the general population. Thirty-three percent of those experiencing physical violence reported drug and alcohol problems, compared to 16% of those who were not physically abused, and women who had mental health disorders had only half the odds of maintaining work that women without mental health problems did.16

Women who experienced domestic violence in the past 12 months had nearly 3 times as many mental health disorders as their nonabused counterparts and were generally 1.5 to 2 times more likely to have a mental health disorder than the past-victim group.17 Health problems and major depression were associated with lower rates of employment in multivariate analyses.

Current Research Within the Context of Welfare Reform

The most recent research conducted post--welfare reform illustrates the specific ways in which domestic violence keeps women from fulfilling mandatory work requirements. In 1998 Brush interviewed 122 women on welfare enrolled in a mandatory 4-week welfare-to-work program for those considered the most job ready in Allegheny County, Pennsylvania. Women who had sought orders of protection because of domestic violence dropped out of the program at 6 times the rate of women who had not, strong evidence that women experiencing severe domestic violence will not be able to comply with welfare reform requirements. However, women who reported less serious physical violence had significantly higher job placement rates than women who were not similarly battered, leading Brush to suggest that some battered women may try to use work as a way to escape domestic violence.

Brush also examined the relationship between symptoms of PTSD and employment. Examining each PTSD symptom separately, Brush found that women who said they had trouble concentrating had similar dropout rates but significantly higher job placement rates than women who did not report that symptom. Women who reported angry outbursts dropped out more often than women who did not. Brush’s results caution against making overgeneralized assumptions about mental health symptoms.

The Worcester research, a 5-year longitudinal study, reported on the work experiences of 285 women after they were interviewed a second and third time. Women who experienced physical aggression during the first 12-month follow-up period had about one-third the odds of working at least 30 hours per week for 6 months or more during the following year of women who had not experienced such aggression.16 A Michigan study has very recently provided rich information demonstrating that battered women continue to be more welfare dependent than their peers who are not abused. Seven hundred and fifty-three welfare recipients were interviewed in 1997 and again in 1998. Twenty-one percent had experienced physical abuse in the past 12 months at both wave 1 and wave 2. The study did measure notable change for some individuals, however. Nine percent were abused at wave 1, but not at wave 2; slightly more than 5% were abused for the first time at wave 2; and an additional 5% had been abused before wave 1 and not again until wave 2, indicating that for about 10% of the women, domestic violence had been exacerbated since welfare reform.

By wave 2, when a significant number of women in the sample were working, researchers were able to make a correlation between domestic violence and welfare/work status. Women who had experienced domestic violence in the past did not appear to differ from those who had never suffered severe violence. However, confirming Brush’s findings, women currently experiencing domestic violence were almost twice as likely to be welfare reliant as those who had never been abused (59% v 20.7%). The percentages of wage-reliant women varied in the same way; the recent-only domestic violence group was half as likely to be working as were those who never experienced severe violence (18.2% v 40.1%).

A 1999 study found that 16% of a representative sample of welfare recipients in Kern County and 25% in Stanislaus County (California) had experienced an incident of physical abuse during the previous 12 months. When a broader definition of domestic violence that included emotional abuse and coercion was used, however, the percentages rose to 35% in Kern County and 49% in Stanislaus County (California Institute for Mental Health, unpublished data, 2000). These rates are important because research has shown that nonphysical abuse also plays a large role in preventing women on welfare from working.12 Brush’s study, for example, found that women whose intimate partners objected to their going to work because of traditional expectations about motherhood and housewifery experienced statistically higher dropout rates than those whose partners did not have these expectations. Women who stated that their intimate partners told them that working mothers are bad mothers dropped out 5 times as frequently as women not subjected to these messages.18 White women in her sample reported significantly higher rates of some forms of nonviolent abuse, specifically threats enforcing their conformity to traditional notions of maternity, domesticity, and economic dependence on men.20

Battered women on welfare have provided 2 explanations for this abuse in qualitative research. Abusers fear that if the women are employed, they will have the economic resources to leave the relationship, or they fear the women will meet more attractive men in the workplace, not an unreasonable suspicion because some fellow male employees may
have more economic resources than the women’s current partners.12

The low economic status of the man vis-à-vis his female partner may thus be at the heart of the problem. By providing labor market assistance to the woman and not to the man, welfare reform creates an economic differential that may cause or exacerbate violence. A number of research samples have indicated that the new disparity of income—the positive effects of education and training for women—can precipitate or aggravate the controlling behavior of intimates.21-25

**Service Responses**

Responding to these findings and to the availability of the temporary waiver of work requirements for battered women, welfare departments in more than 40 states have instituted domestic violence screening protocols and trained welfare workers in domestic violence and their use.4 Local and state domestic violence coalitions have worked collaboratively with most welfare departments on the design of these programs and have usually delivered the training.4

Several years on, we find that few women disclose domestic violence to their welfare caseworkers, and that the percentages of women who do (5%-10% of those assessed) fell well below those in research projects in which women can remain anonymous.4, 24,25 Information gleaned from evaluation of FVO demonstration projects and from interviews with welfare caseworkers suggests several reasons for this difference. Women in at least 2 demonstration sites told researchers they did not disclose domestic violence for fear of being pitied by the caseworker. Another frequently cited factor was fear that the abuser would find out.4 One study documented anecdotal reports that most women who did disclose in welfare departments were no longer with the abusive partner,13 leading researchers to suggest that fear of the partner finding out may prevent women from disclosing current abuse. Still others were concerned that if they reported domestic violence, they might lose their children to the state’s child protection service.26 Women in South Carolina stated that the questions were too personal and that they would rather not go into such detail about intimate matters.4

A study in Colorado, Massachusetts, and Minnesota27 has tested and recently reported on the effectiveness of various combinations of techniques (written notification, screening, direct questioning, and the use of specialists) to give women the opportunity to disclose domestic violence. These researchers found that the rate of disclosure of domestic violence was higher in response to direct questioning (35%-40%) than in response to a written notice (10%), which is consistent with studies undertaken in medical settings. The majority of women favored direct questioning about domestic violence (71% of all respondents and 79% of those who disclosed domestic violence).

Research indicates, however, that welfare worker compliance with domestic violence screening obligations may be a major problem. Researchers have found that welfare caseworkers often do not tell the women about the FVO or undertake required assessments. A formal evaluation in 1 state determined that some workers did not routinely provide the women with the required brochure about the FVO.13 Some speculate that because many welfare department caseworkers are current or past victims of domestic violence themselves, they may be unable to effectively assist others in removing the domestic violence barrier.28

The Chicago Options demonstration project, which combined caseworker screening with on-site domestic violence advocates, reported that most caseworkers resisted screening and referring women for services.26 The Illinois Department of Human Services found that screening and referrals for mental health and substance abuse were more readily implemented than those for domestic violence.29 In a 2001 evaluation of Washington State’s domestic violence screening and referral demonstration program, 12 of the 19 sites reported some level of worker resistance to screening.30 Ironically, when screening did occur, disclosure rates were high, averaging 51%. The report concluded that time constraints and discomfort with asking about domestic violence were among the reasons for failing to screen.

**New Approaches**

Deploying counselors from local domestic violence programs to welfare department offices is one approach to reducing the barriers faced by women who may want and need to disclose domestic violence, but cannot bring themselves to tell a government worker. Some states, including Alabama, Colorado, Illinois, Indiana, Kansas, Massachusetts, Washington, and West Virginia, have such advocates available in some welfare department offices. But a single domestic violence advocate cannot interview and screen every woman coming into a welfare office, so the advocates have had to rely to some extent on referrals from welfare caseworkers. Domestic violence advocates have had to work hard to obtain referrals from welfare caseworkers, and even when they make presentations to groups of women at the welfare office, the disclosure rate rarely rises above 10%.4

In addition, large numbers of women who have disclosed domestic violence have rejected proffered counseling and service opportunities.31 Domestic violence advocates report that women equate the seeking of domestic violence services with leaving their intimate partners, a decision many are not yet ready to make (J. Raphael, unpublished data, 2001).31

In offering services to battered women on welfare, domestic violence programs should stress that counseling, information, and support do not necessarily mean that the end result will be the breakup of the relationship. Domestic violence advocates employed in welfare department offices are likely to offer services at much earlier points in the women’s intimate relationships then they do at battered women’s shelters, so they need to learn how to intervene effectively at these earlier moments.

For a variety of reasons, then, the welfare department, although it appears to be an obvious place, may simply not be the best location for assessment of and service referral for domestic violence. Job-training programs provide a less threatening and nonbureaucratic climate, and a number of them are experimenting with on-site domestic violence advocates. Some of these programs, however, initially experience the same difficulties in obtaining referrals from job-training case managers.
and must devise additional strategies to gain access to participants (J. Raphael, unpublished data, 2001).

It is obvious that new and different approaches are required. Health care providers need to be enlisted in this campaign because of the access they have to battered women on welfare. The abusers of poor battered women often keep them away from the community organizations, churches, and social service providers where they might be helped, but allow them to seek medical care for their children. Although medical offices may offer safe settings in which the women are capable of building trusting relationships, the volume of patients and time constraints may militate against effective domestic violence screening and intervention. A recent study indicated that battered women continue to pass through physicians’ offices unnoticed. Almost 7% of 2648 new mothers interviewed stated that they had been abused before giving birth, 6% had been abused during pregnancy, and 3% had been abused postpartum. Approximately 77% of the postpartum group were injured. Only 23% of those injured received medical care, although almost all took their newborns for regular doctor visits. Researchers found that although women were not tending to their own injuries, they were making sure their babies were healthy and concluded that clinicians, including pediatricians, must ask women patients about domestic violence.

Health care providers must also have effective referral or treatment mechanisms in place. Health practitioners serving low-income children should, as a first step, begin a dialogue with an experienced domestic violence provider who can advocate with the welfare department on behalf of the children’s mothers who are battered. Health care providers need training in domestic violence and technical assistance to determine what kinds of screening tools and methods are most appropriate. Most successful welfare department programs have found, however, that simply taking the time to ask directly and to listen are the most effective approaches. Because many battered women on welfare will be afraid to use off-site domestic violence services or will be prevented from using them by abusers, effective links to domestic violence services become key determinants of the efficacy of health care providers’ domestic violence screening programs.

**Conclusion**

Although policy allowing battered women on welfare more time and specialized services before mandating work is in place in most states, women cannot take advantage of these provisions unless they make their circumstances known to their welfare caseworkers. Reports of the deaths of women at the hands of abusers just as they are ready to begin work are becoming all too frequent. The issue of domestic violence during welfare reform has been identified, but now we face the challenge of doing something about it. The problem is not one of policy, but of the political will to implement interventions that will be effective for battered women on welfare.

**References**

3. Sec. 402(a)(7) of the Soc Sec Act (42 U.S.C. Section 602(a)(7)).