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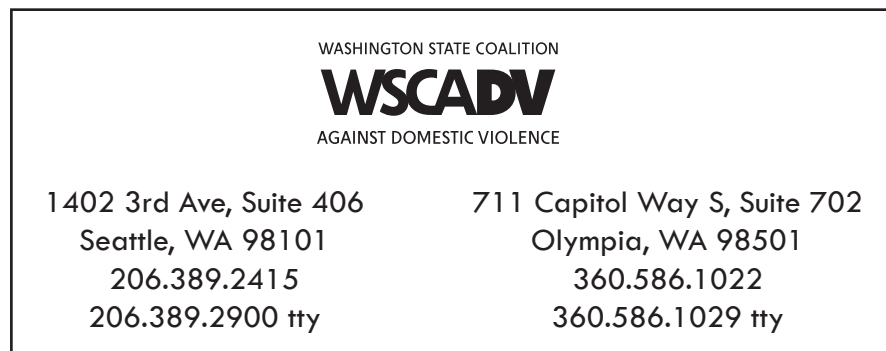
Child Support: What Survivors, Advocates, and DSHS Workers Have to Say about the Risks and Resources

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Tyra Lindquist serves as Administrative Coordinator for the Washington State Coalition Against Domestic Violence. As a victim advocate, administrator, educator, and fundraiser, Ms. Lindquist has served in the domestic and sexual violence movements for 30 years. She authored *BERTHA: A Practical Guide to Working in a Domestic Violence Program in Washington State*, and created educational materials and curricula on domestic violence and sexual assault for the National Coalition Against Sexual Assault, Safeplace: Rape Relief and Women's Shelter Services in Olympia, the Washington State Coalition on Women's Substance Abuse Issues, the Washington Coalition of Sexual Assault Programs, and the Skokomish Indian Tribe. As a victim advocate, and as an advocate for victim services, Ms. Lindquist has dedicated herself to helping individuals and programs understand how systems can be made to work, as designed, to enhance victim safety and support, and to maximize perpetrator accountability. Most recently, the focus of her work has been on how economics impact battered women and their children.



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Overview

The Washington State Coalition Against Domestic Violence has a long and vibrant history of working cooperatively with the Department of Social and Health Services, Economic Services Administration on issues related to providing services to victims of domestic violence.

Ever since welfare reform and the advent of Temporary Assistance for Needy Families (TANF), the Coalition has worked to maintain strong roots in the experiences of battered women by convening groups of survivors to educate and inform us, and by fielding calls for help from victims and their advocates when local domestic violence victim service agencies have been stymied in their advocacy efforts.

One issue that has emerged time and time again is child support. Battered women talk about what happens to them when they get child support, and what happens to them when they don't. Victims have told us, directly and indirectly, about the stunning variety of experiences along the entire continuum from life saving to deadly. It is these stories that keep us engaged and call upon us to dig deeper, learn more and act.

In October 2006, the Washington State Coalition Against Domestic Violence received a contract from the Washington State Department of Social and Health Services, Division of Child Support (DCS) to, among other things, conduct four focus groups of survivors and document issues that emerge about their experiences with child support.

In order to develop a complete picture, the Coalition had to work "up stream" to find out how domestic violence victims were identified and screened and how they were offered information about child support and their options for accessing it safely. Though we had information prior to the commencement of this project that would indicate a lack of uniformity and consistency in DSHS practice around screening for domestic violence and offering good cause, we wanted to attend to the current state of affairs and see if, and how, things might have changed over time.

In order to understand the situation, and come to some conclusions, we drew heavily from our own experiences as we researched and drafted text that was later posted on the DCS website, facilitated the focus groups on child support issues with survivors, and engaged with DSHS field staff during on site visits/trainings. All of the research and conversations lead to strikingly similar conclusions. These are broadly categorized below into five themes.

1. Survivors do not understand that applying for TANF and Medical Assistance carries with it a requirement to have a child support case.
2. People are not effectively screened for domestic violence.
3. The good cause categories A and B are applied inconsistently. The categories are confusing to workers, victims and advocates. The categories are inflexible and do not accomplish what is needed in the way of short term or long term protections for victims.
4. Confidentiality issues related to domestic violence are critical to victim safety and effective service.
5. People do not understand the long term benefits and/or consequences of child support

services related to domestic violence victim safety and security.

A summary of each of these conclusions along with recommendations follow.

1. Survivors do not understand that applying for TANF and Medical Assistance carries with it a requirement to have a child support case.

Survivors attending the focus groups reported, to a person, that they had no idea that seeking assistance would entail being involved with the child support system. Survivors were motivated to contact DSHS (either through the Community Services Office – CSO - or over the phone) because they needed cash assistance, food and/or medical. They did not understand at first that they would be required to be involved with the child support system.

In particular, those victims who came to DSHS in serious crisis related to domestic violence seemed even less able to comprehend the meaning of the child support requirement.

In conversations with CSO personnel at the five on-site visits/trainings, it was apparent that few had a strong working knowledge of the child support system. With the main business of any given welfare office being eligibility and WorkFirst, it is no surprise that many field staff might not be able to answer the questions that participants had about child support.

Survivors in focus groups mirrored this. Many expressed that when they asked field staff questions, the staff did not answer to the survivor's satisfaction. In other cases, survivors felt that asking questions might slow the process and delay their check, food, or medical benefit. Still others talked about being in survival mode, taking one crisis at a time. Several reported that they only really focused on the child support requirement when child support itself became the crisis; when, for example they received a letter threatening sanction, or when their batterer contacted them.

Without being informed and having an opportunity to comprehend the risks, the automated nature of the child support system, and the rapid turnaround on processing cases, puts many victims in harms way before they can think clearly about a safety plan, or before they can learn enough about how to seek good cause. Survivors talked about being asked for information about the fathers of their children, and when they asked why they were being asked for this information, were told it was information they had to give in order to qualify for benefits. True, but the information many survivors innocently gave launched a letter to their batterers. Without warning, many victims were harassed and abused by these batterers.

Recommendation: INFORM

Because quite literally some victim's lives depend upon it, it is crucially important to develop better materials and processes to inform TANF and medical recipients about the child support system and about the requirements that system imposes upon recipients.

In all of our research, we did not uncover any outstanding models of informative and complete written educational materials for domestic violence victims about child support. DSHS should

work with domestic violence experts to develop excellent materials and field test drafts of these materials with survivors to ensure their usefulness.

There is at least one example of good practice around information sharing for recipients by DCS staff out-stationed in a CSO. DSHS should explore this and other promising practice to see how they might be replicated in other offices.

2. People are not effectively screened for domestic violence.

When DSHS policy is not supported by computer functions on the front lines, the policy goes by the wayside. Current computer driven practice does not support workers to provide safe services to domestic violence victims within the child support system. Workers are not prompted to take meaningful action to address the specific risks victims tell them about.

Currently the only question in the comprehensive evaluation for domestic violence that focuses on child support reads “If you do not currently live with the father(s) or your child(ren), does or will collecting child support put you or your child in danger?” When a worker asks this question, a “yes” response does not trigger a process to further explore this issue, nor does it prompt the worker to engage in conversation about the option for a good cause claim. This is not to say, in any way, that some workers do not do this. Many do exactly the right thing to assist victims. But this excellent practice depends on the happenstance of the talents of individual workers, and not on the system itself supporting good practice.

Survivors who access services at CSOs report being baffled by the current process. They talk about hearing the questions about domestic violence, and answering them with descriptions of their situations. They watch as workers type information into their computers – and they believe that because they were asked, and it was documented that now “DSHS” knows. What survivors don’t know is that disclosing and having documentation does not drive the next step in the process. Survivors also don’t know that the Community Services Division (CSD – the division that runs the CSOs) and DCS are different divisions with separate computer systems that, for the most part, do not interface on these issues. This lack of follow-through and coordination is critically dangerous for victims.

Survivors accessing medical services via the call centers and via mail report that they were never screened for domestic violence. Research could not turn up any meaningful points within the process when someone applying for medical only would be screened for domestic violence. The on-line application does not have a question pertaining to domestic violence. With the medical only proportion of the case load far surpassing the numbers on TANF, and with a medical application triggering full child support services (financial and medical), it is alarming that there is no screen for domestic violence.

DSHS procedures indicate that workers are to use form #18-334 to inform recipients of their child support requirements and to offer them an opportunity to seek good cause. On-site, in several CSOs during the training sessions, workers reported that they do not use the 18-334 anymore; that paper forms are being phased out with everything going on-line. No on-line processes have been instituted to take the place of the 18-334, so it could be fair to say that in offices that no

longer follow official policy, that victims have no consistent or universal access to the good cause process.

Information for workers on determining good cause is contained only in the Social Services Manual, used by social workers. It is DSHS policy that social workers determine good cause. But DSHS CSO personnel report that workers, other than social workers, are charged with determining good cause (i.e., case managers, WorkFirst program specialists). It is unclear if these workers (who are not social workers) access the Social Services Manual to get information about DSHS policy on determining good cause.

A separate and extensive survey of domestic violence advocates out-stationed in CSOs shows similarly that a variety of workers determine good cause. This survey shows other troubling trends in good cause investigations and determinations.

Survivors report varying practices and results related to good cause. Many report poor outcomes related to their own experiences with seeking, and in some cases fighting for, good cause.

The computer system for tracking good cause claims and determinations is housed in bar code. Though the program was built and tested (piloted) some time ago, it has not been implemented statewide. It is unclear that equal access to bar code is available to all those workers who actually determine good cause, particularly when they are not social workers.

Regardless of who determines good cause, there is no specialized training for any of these workers and no means of tracking data related to the number of people (per capita) who seek assistance in this regard, and the relative level of granting vs. denying good cause claims. There is no computer or procedural interface between good cause workers in welfare offices, and the DCS workers processing these claims. This lack of coordination creates risks for victims first and foremost, but secondarily gives rise to workplace risks for DSHS workers where violent offenders are involved.

Lastly in this category, the system itself does not support CSD (CSOs and call centers), DCS, and Prosecutors to coordinate services for the domestic violence victims they serve in common.

Recommendation: SCREEN AND COORDINATE

At the very least, DSHS should implement realistic processes so these processes themselves steer the workers to best practice around screening for domestic violence and talking recipients through the most common risks associated with collecting child support. Unless and until the screeners can draw the connections between child support obligations and domestic violence risk, victims will be loathe to disclose. And unless and until screeners connect a disclosure to real actions the Department takes to assure safety, victims will continue to be left out in the cold, exposed to more risk than they had prior to being on TANF or Medical Assistance.

New processes should be tested with survivors to make sure they meet their needs and that unintended consequences do not occur.

New policy should include fail safe procedures and a form where all TANF and Medical only applicants and recipients affirmatively certify and sign that it is safe to go forward with child support collections. DSHS needs to hold its field staff accountable to following policy.

This process must ensure that all recipients know that there is a way to get help if domestic violence becomes an issue, or as domestic violence perpetrators alter their behaviors and intensify their abuse to retain or gain control over victims. Thus, even if survivors are not in present danger and feel confident things will be okay, they will have a known way to get help if their batterer does the unpredictable or the unthinkable.

DSHS should explore the most promising practices that exist currently statewide around coordinating the efforts between CSD, DCS, Prosecutors and Domestic Violence Advocates to serve domestic violence victims more effectively. DSHS should support a pilot or pilots to help these areas enhance their practices, then have the pilots report for possible duplication in other areas or statewide.

Though one would never expect to find large proportion of the caseload needing to be temporarily or permanently excused from being involved with the child support system, one would expect to find some in every office and in every case load. DSHS should measure good cause claims and determinations – even on a sample basis – to ensure that victims are being offered and granted access to this critical safety measure.

3. The good cause categories A and B are applied inconsistently. The categories are confusing to workers, victims and advocates. The categories are inflexible and do not accomplish what is needed in the way of short term or long term protections for victims.

This information and recommendation goes beyond the problems with good cause application, determination, and coordination outlined above. The A and B categories themselves make no sense and are counterintuitive to best practice around assuring victim safety and providing financial stability.

Survivors were, by and large, thoroughly confused by the distinctions between A and B, and were sorely misinformed about policy and practice related to good cause reviews. None of those who reported having good cause knew which level they had been granted and no one talked about knowing that they had level B. All seemed to assume, rightly or wrongly, that their batterer would not be contacted.

DSHS workers expressed confusion, and several stated that when there was any concern, they simply granted level A, never level B. Others have talked about feeling some pressure (from where or whom they cannot say) to not grant good cause, so they only grant level B ostensibly so victims have something to help them.

With all good intentions, the level A and B system was devised years ago to acknowledge varying levels of victim risk. Practice has revealed the flaws in the system.

Level B in particular is extremely problematic for victims. It specifies that DCS can go ahead with processing the case, without the victim's cooperation; in other words, without being in touch with

the victim. Not communicating with people who have told you there is a problem runs counter to common sense. If anything, there should be more communication with victims who are at risk, not none.

Level A also has problems. If someone goes off TANF with a Level A good cause in place, their case remains closed unless the victim knows to apply for DCS services in the future. There is no provision for informing Level A recipients from time to time that they can get assistance if the danger has passed (which for some it will). Though some DCS workers assert that this is not DCS's role, victim advocates question this. Research shows that victims who are poor are much more vulnerable to new and ongoing domestic violence. DCS can help provide financial stability for victims by providing specialized services.

Recommendation: OVERHAUL GOOD CAUSE A AND B

Explore creating a system modeled after the Massachusetts child support program for domestic violence victims, including specialized case loads and "green, yellow and red light" categories.

4. Confidentiality issues related to domestic violence are critical to victim safety and effective service.

An extensive survey of victims experiences regarding confidentiality at DSHS, along with recommendations, was produced in April 2007. This report contains important context for the further observations from this project around the issue of confidentiality.

When survivors are effectively screened for domestic violence related to how it might impact their child support, and when they understand that disclosing will actually accomplish an additional measure of safety and/or financial security, then the question of how that information gets captured and shared emerges.

Recommendation: ENSURE CONFIDENTIALITY

Where it is critical to share relevant information about domestic violence if and as it relates to a child support case across the interfaces between CSD, DCS, and Prosecutors, it is also critically important that the information is safeguarded. DSHS should engage in high level (decision makers) dialog and planning to create a communication system across the organizations to guarantee confidentiality to victims.

DCS should create materials for victims specifically about confidentiality and address disclosure as it relates to their child support case.

DCS should also review its policy and practice around disclosure of address when the victim is the non-custodial parent.

5. People do not understand the long term benefits and/or consequences of child support services related to domestic violence victim safety and security.

The problems that accrue to domestic violence victims over the long haul is nowhere better (or worse) exemplified than in the child support arena. In one focus group, after one participant talked about how she was stuck with her batterer for 18 years because they had a child in common, another survivor piped in that it wasn't 18 years, but rather a lifetime.

Prosecutors, in the one training session that had a single focus on prosecutors, spoke of their concerns related to what happens to the victims on their case load, over time, when the courts turn up the pressure on perpetrators. Prosecutors can deal with victims over the course of years as various civil actions take place.

Survivors spoke of going on, off, then back on welfare as their life circumstances changed – some of it influenced by their batterers. As TANF and Medical recipients cycle back onto TANF, DSHS computer and procedural systems lack the ability to reliably track historical good cause claims and findings (related to different AU numbers being assigned when people re-apply). This is a critical long term service issue.

Survivors did not understand that DCS could be a helpful resource to aid with financial security and stability. When perpetrators were hiding assets, and working under the table, survivors reported that they felt hopeless about getting help to collect what they needed and were entitled to, in order to adequately support their children and their own safety and security.

Recommendation: ASSIST VICTIMS OVER THE LONG TERM

It is too tempting to imagine that a survivor can be screened once, labeled, categorized and served - end of story. Domestic violence by definition, is a moving, evolving form of power over and control. As perpetrators react and behave in reprehensible ways, DSHS must respond to support victims. As victims cycle on and off welfare, DSHS must continue to help.

As DCS continues to have contact post-TANF with a large number of clients with a wide variety of domestic violence situations, it is imperative that the Division dig in and decide not if, but how it will serve this large and growing pool of people. There is almost nothing that will help a victim and her children more than the safe enforcement of a child support obligation and the financial stability that can contribute to their lives.

Conclusion

The Department has an opportunity to continue this remarkable work. There is energy and commitment on all sides of the issue to make child support enforcement safer and more accessible for survivors of domestic violence. With continued partnerships and dedication, meaningful change can continue to take shape.