

Welfare on WorkFirst:

Serving Domestic Violence
Victims on Public Assistance in
Washington State

June 2001

Tyra Lindquist

For the Washington State
Coalition Against
Domestic Violence's
Economic Justice Project

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Points of view in this document are those of the author and do not necessarily represent the official position or policies of the Department of Social Services, Division of Social and Health Services, Division of Employment and Assistance Programs.

Dedication

This report is dedicated to the survivors of domestic violence in Washington State—those seeking aid through TANF as well as the survivors working for DSHS in the WorkFirst program.

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In This Report

This report contains two sections: **overviews**, and **findings and recommendations**. The overview contains background material including information on: domestic violence, the overlap of domestic violence and poverty, research, the history of welfare reform legislation and rules, family violence programs in other states, and the pilot projects here in Washington State. *Extensive and important background information is incorporated into this report in order to build a strong foundation for the recommendations.*

The findings and recommendations are based on eleven months of experience working in the field with partners (advocates, and CSO personnel) in nineteen domestic violence pilot projects. Recommendations are organized in four topic areas: screening, training, advisory/oversight, and policy/implementation

A note about language in this report. Domestic violence is not a gender-neutral issue. Over the years, the U.S. Department of Justice studies have contained better and more sophisticated data and analysis that indicate that women are assaulted by men significantly more often and significantly more severely than men by women.¹ A study by the National Coalition of Anti-Violence Programs further elucidates the issues in gay and lesbian relationships.² Same sex violence notwithstanding, given the prevalence of female victims and male perpetrators, we will generally refer to victims with female pronouns and perpetrators with male pronouns.

¹ National Institute of Justice, Centers for Disease Control and Prevention, Research in Brief, U.S. Department of Justice, November (1998). Prevalence, Incidence, and Consequences of Violence Against Women: Findings From the National Violence Against Women Survey.

Rennison, Callie Marie, PhD and Sarah Welchans. (2000) Intimate Partner Violence. Special Report of the Bureau of Justice Statistics.

² National Coalition of Anti-Violence Programs, October (1998) Annual Report on Lesbian, Gay, Bisexual, Transgender Domestic Violence

CONTENTS

Acknowledgements	1
Overview	5
Domestic Violence Defined	6
Overlap of Domestic Violence and Economics	8
Research	10
History of Legislation and Rules	14
Family Violence Option Programs in Other States	21
Pilot Projects in Washington State	25
Findings and Recommendations	36
Screening	36
Training	44
Advisory and Oversight	47
Policy and Implementation	49
Attachments	

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Overview

Despite significant public education efforts and improvement in public policy and programming over the past two decades, domestic violence is still a largely misunderstood phenomenon. Much to their credit, many major institutions are engaged in efforts to respond to domestic violence. For example, medical, criminal justice, and religious institutions have all been engaged in meaningful reform. Yet, there remain significant and persistent challenges as the identification and implementation of effective interventions to assist victims and hold perpetrators accountable continue to evolve.

Domestic violence is a complex and, at times, all-consuming problem for many women and children. It is made even more so with the involvement of each new major social system that attempts to intervene. Economic welfare systems have only recently begun to formulate a response to the problem. And the welfare system is struggling to find its place among other systems that have had institutional responses in place for longer.

Ultimately, we will succeed in serving battered women and their children in the welfare system when we think in complex and comprehensive ways about what domestic violence is, who is victimized and how, and what the best strategies are to integrate economic supports into the larger mix of systems already established, however successfully, to aid victims.

Domestic Violence Defined

Briefly, Domestic Violence is a pattern of coercive and often progressively violent acts used by one intimate partner against another for the purpose of power and control. Characteristic behaviors span a full range of physical, sexual and psychological abuses and assaults. Domestic violence perpetrators seek to control the thoughts, beliefs and conduct of their partners. When a victim resists control, a perpetrator works to maintain that control by either punishing the victim and/or by altering strategies to re-establish power over the victim.

As we serve victims of domestic violence through the WorkFirst program, we want to continually stress the significant impact that ***non-physically violent forms of abuse*** have on a woman's ability to succeed in the program. Psychological abuse, verbal abuse, and using children and economics against a victim in order to control her are all non-physical forms of abuse that battered women tell us can be just as debilitating as physical violence. Perpetrators alter their strategies of control over victims quickly and often. If this basic dynamic is not known or understood, it can be difficult to serve

victims. Within WorkFirst, case managers and social workers are sometimes baffled by what victims tell them and, consequently, don't know what to do to help. But this is the very nature of domestic violence. Victims use a wide variety of highly adaptive and flexible strategies to escape and survive.

Even as we try to emphasize non-physical forms of abuse, we must also stress that domestic violence is extremely lethal. The death rate in Washington State has held steady at approximately 25 murder victims per year for the past decade – this is in spite of a reduction in other major crime statistics. Through April of this year (2001) there have been 7 domestic violence deaths in Washington State. As this report goes to print, there have been an additional 3.

All races, ages, and economic classes experience domestic violence, although recent research indicates a disproportionate number of poor women experience physical assault (see research section). It happens in rural and urban areas. Overwhelmingly, domestic violence is perpetrated by males against their female partners (95%). The remaining 5% is male against male, and female against female (in same sex relationships) and female against male.

Children witness and/or directly experience the violence. When perpetrators do not get help and stop their violent and abusive behaviors, when perpetrators are not held accountable for their behaviors, and when we do not protect children from abusive parent, children suffer.

For most perpetrators, domestic violence is a learned behavior. It is learned through observation, experience and reinforcement. It is learned and reinforced in most cultural contexts, most notably the dominant mass culture. It is learned in the family. It is learned in communities, schools and peer groups.

Domestic violence is **not** caused by illness, genetics, alcohol or drug use or abuse, out-of-control behavior, anger, stress, behavior of the victim or problems in the relationship. Though there are links to many of these factors, they are not causative.

Twenty years after its creation, the picture of domestic violence that emerges in the Duluth *Power and Control Wheel* (Figure 1) continues to represent what victims report about their experiences. Originally created by battered women, it has been refined only slightly over the years by more battered women who challenge all of us to understand their experiences and to design services based on this reality.

Power and Control Wheel

(Figure 1)



Reprinted by permission of Domestic Abuse Intervention Project, Duluth, MN

Overview – domestic violence and economics

In a recent informal survey of a group of domestic violence survivors in Washington State, the women reported that economics was one of the major factors that kept them trapped in a battering relationship. Economics dictated if and when they could escape.

A perpetrator's control over a victim almost always has a significant economic component. The power and control wheel summarizes economic abuse as "preventing her from getting or keeping a job, making her ask for money, giving her an allowance, taking her money, not letting her know about or have access to family income." Men's economic abuse of women creates a significant need by women for public assistance.

Other ways perpetrators use economics to control victims include:

- Harassing her at work so she either quits or is fired;
- Discouraging her from advancing at work or getting more training or education by, for example, making her feel guilty about her time away from their children, or issuing constant put-downs about the victim's abilities or character;
- Moving frequently from town to town, or state to state so she can't get seniority or advance in a job or education;
- Displaying wild jealousy regarding co-workers and making it unpleasant or impossible to stay at a job;
- Picking a fight whenever she comes home from work or school;
- Timing her coming and going to and from work and harassing her about her whereabouts whenever she is out of sight;
- Stalking her at work, or hanging around outside the worksite to make sure she doesn't go anywhere else;
- Dropping her off and picking her up at work as a means of monitoring her whereabouts;
- Working at the same job site and keeping his eye on her during the workday;
- Being her boss - owning a business and using the victim as an unpaid employee.

For many women, being outside the relationship is not necessarily better than being in it. When women *leave* battering relationships they may give up jobs and businesses to relocate. In leaving, women lose pensions, savings, retirement, and benefits. They lose assets – houses and cars. Many middle aged and older women are forced to "start over" again, never recovering from the economic losses they sustained from years of abuse.

Without a reasonable means of financially supporting themselves, many women – especially those with children - are unable to leave battering relationships. As harmful as a relationship may seem to people on the outside looking in, a battered woman is

OVERVIEW—DOMESTIC VIOLENCE AND ECONOMICS

always weighing the *relative* dangers of staying or leaving.³ For example, she may know that being homeless and hungry is more dangerous for her children than the risks of staying home. ?

As workers trying to assist battered women on welfare, we must integrate some key concepts. First, helpers need to fully understand how the perpetrator's control over a woman will affect her and integrate this knowledge into how they serve their clients. Chaos, disorganization, constant change and disruption are the hallmarks of domestic violence. Caseworkers who understand this will have more success working with their clients.

Second, workers must remember that perpetrators constantly alter their strategies of control. When a welfare worker helps a woman solve one problem that her perpetrator has created, the worker will need to anticipate and react to the next problem, and the next, and the next. Perpetrators will escalate or change control tactics when victims begin to exhibit any autonomy they gain through work or school.

And lastly, battered women have always worked and will always work to be as safe as they can under the circumstances. Any action or resource that provides a victim with some measure of autonomy, however small, will be met with resistance and punitive consequences by the perpetrator. In order to assist women to succeed in WorkFirst, workers need to be tenacious, flexible, and creative in offering resources and services as victims work to keep their children and themselves safe under the ever-watchful eye of the batterer.

Richard Tolman and Jody Raphael conclude in one of their studies, "One of the principle provisions of the FVO (Family Violence Option) is the availability of work and time-limit waivers and exemptions; however ... waivers and exemptions need not be the primary value of the FVO. If the FVO can be the vehicle for delivery of preventive and interventive services, it may be a useful tool in increasing women's safety and long-term well-being by preventing premature job placement, increasing supports for safety during employment, and maintaining a viable safety net if abuse continues." ?

³ Davies, Jill & Lyon, Eleanor & Monti-Catania, Diane (1998) Safety Planning with Battered Women: Complex Lives/Difficult Choices. Sage Publications

?Schechter, Susan (December 2000). *Expanding Solutions for Domestic Violence and Poverty: What Battered Women with Abused Children Need from Their Advocates*. National Resource Center on Domestic Violence, a project of the Pennsylvania Coalition Against Domestic Violence. 1-800-537-2238

?Tolman, Richard M. & Raphael, Jody (2000). *A Review of Research on Welfare and Domestic Violence*. Journal of Social Issues, 24

Research and Implications for Washington State

An extraordinary amount of high quality research has been conducted to describe the problems inherent in the overlap of poverty with domestic violence. Longitudinal work is underway to track the effectiveness of programs specifically set up to address the concerns of battered women. And a variety of practice papers have been published to assist programs working to help domestic violence victims. The major publications in each of these areas are listed and summarized below.

Jody Raphael's groundbreaking study *Trapped by Poverty, Trapped by Abuse: New Evidence Documenting the Relationship Between Domestic Violence and Welfare?* was published in April 1997. This paper summarizes and analyzes four studies of the prevalence of overlap of domestic violence with poverty, and the impact of domestic violence on women receiving welfare. The paper outlines the characteristics of domestic violence victims. Lastly, it discusses four policy implications of the data. What is noteworthy about these four implications is that Washington State has begun implementation of programs to address three of the four issues: the state has adopted the family violence option (FVO) and created a state plan to implement the FVO; the state has institutionalized partnerships between community based advocates and welfare workers via the pilot projects; and procedures are in place for claiming good cause for not cooperating in child support collections in some cases of domestic violence.

The fourth policy area Washington has not address yet is summarized in the study:

Because the data indicates that the majority of women on welfare have an intimate male partner in their lives, anti-poverty policy which exclusively focuses on low-income girls and women misses a critical element. The new data suggest that it is essential that we hold batterers accountable for their behavior and that we intervene in ways that deter abuse. It is possible that promoting job training and employment for low-income men, and when possible, involving males positively in their children's lives can be positive factors in fighting poverty in women's lives. However, this intervention must be accomplished in a manner that is safe for children and their mothers.

Eleanor Lyons published *Welfare, Poverty, and Abused Women: New Research and Its Implications?* in October 2000. This paper is a summary of recent studies, but goes

? Raphael, Jody & Tolman, Richard M. (1997) *Trapped by Poverty, Trapped by Abuse: New Evidence Documenting the Relationship Between Domestic Violence and Welfare*. Taylor Institute, Chicago

? Lyons, Eleanor (2000) *Welfare, Poverty, and Abused Women: New Research and Its Implications* Available from the National Resource Center on Domestic Violence through their series *Building Comprehensive Solutions to Domestic Violence*

beyond description and prevalence. It focuses on the research about perpetrators of domestic violence and how they interfere with their partners' attempts to work or get training or education. It also focuses on other barriers to work faced by battered women, how the family violence option is being implemented, and what is occurring with child support exemptions.

Richard Tolman and Jody Raphael published their own *Review of Research on Welfare and Domestic Violence?* covering information on prevalence, employment, job stability, health and mental health, child support, and implementation of the FVO. Tolman and Raphael conclude a number of important things, such as:

It is clear that the disclosure rates in welfare offices are considerably lower than the prevalence of domestic violence identified by researchers. This is consistent with research indicating domestic violence advocates obtain four and five times more disclosures than welfare caseworkers. Obviously, concerns about trust, expertise, and confidentiality work against disclosure to welfare caseworkers. These issues may be mitigated through use of trained domestic violence advocates or possibly through improved training of caseworkers and improving procedures within welfare offices.

The Washington pilot projects have capitalized on this idea by placing advocates in offices who are available to victims for service and case managers for advice.

Much current welfare reform tracking involves determining who leaves welfare for work, and ascertaining the characteristics of women who are successful as compared to those remaining on welfare. It is essential that we also measure whether poor women are becoming victims of domestic violence in greater numbers as a result of going to work. In other words, we must be concerned about domestic violence and safety as well as employment. At what cost are low-income women trying to become self-sufficient? Clearly, many low-income battered women can and do work; we must be concerned about what happens to them and their children when they do. Although many research projects are structured to measure work outcomes during welfare reform and assess associations with domestic violence, researchers should consider using other measures of safety and well-being.

This research implicates Washington State in two ways. The first is in terms of how the WorkFirst program defines success. In this report, the Coalition suggests that WorkFirst refine its success measures to set goals for screening/serving victims, and also for attaining a reasonable number of good cause determinations (for more detail, see Recommendation in Screening section of this report, and analysis of Good Cause in

[?]Tolman, Richard M. & Raphael, Jody (2000). *A Review of Research on Welfare and Domestic Violence*. *Journal of Social Issues*, 24

Policy and Implementation section). The second concerns how DSHS might direct its researchers and data analysts to look at the safety of those women identified as domestic violence victims and what happens to them when they go to work, or try to go to work.

Finally, Tolman and Raphael pose some critical questions regarding employment:

Given that many battered women work, research gathering more nuanced information about the nature of their employment activities could help shape policy response and guide programmatic intervention. For example, will their abusers allow them to take jobs in low-paying sectors in which women are the main employees (like childcare), but prohibit them from entering better paying professions where they will encounter more men, such as non-traditional jobs for women in the trades or manufacturing? Is maintaining employment over time more difficult for battered women? In short, during this time of welfare reform, domestic violence may limit the terms and conditions of employment, its duration, or sustainability, rather than employment itself.

There are strong implications in this for how DSHS and Employment Security personnel within the WorkFirst system work *together* to serve domestic violence victims (see Collaboration between DSHS and ES in the Policy and Implementation section).

In June of 2000, **Susan Schechter** published several groundbreaking concepts in her paper ***Expanding Solutions for Domestic Violence and Poverty: What Battered Women with Abused Children Need from Their Advocates.***⁹ Her conclusions are summarized below:

- 1. Our common public policy agenda must articulate that battered women – whether they stay in their relationships or leave them – should have access to housing, jobs, and economic supports for their families. These benefits and supports will remove barriers that keep many women trapped in abusive relationships. These resources also will help battered women who stay. A job, decent housing, and childcare might make a woman’s life more bearable. A job for her partner might make him less violent and thereby help her (Research does suggest that poverty makes violence against women more likely to happen and more severe.) Housing and economic justice advocacy will be short-sighted if it tries to help only the ‘good’ battered women who leave.*
- 2. Advocacy must always couple the demand to identify victims of domestic violence*

⁹ Schechter, Susan (December 2000). *Expanding Solutions for Domestic Violence and Poverty: What Battered Women with Abused Children Need from Their Advocates*. National Resource Center on Domestic Violence, a project of the Pennsylvania Coalition Against Domestic Violence. 1-800-537-2238

with the equally clear goal of offering supports and services to families. This community-based system of services and supports – and responses to victims and perpetrators of violence – currently exists in very few places.

3. Not every woman faces lethal threats or violence, so let us not design interventions as if every woman does. If our interventions were to respond to the spectrum of violence, what would they look like?

4. Men must become part of violence prevention and intervention efforts in far more significant ways.

5. Communities need to develop, for men who batter, outreach and interventions that do not rely solely on arrest. ... It's time to try – on an experimental basis – community-based outreach and voluntary education and counseling again, while we retain mandatory interventions following an arrest. Obviously programs need to exercise great care about women's safety if they test this idea.

The challenges that Schechter issues in these conclusions have far reaching implications in Washington State. While the state can be proud of the advances we have made in services to victims - both in terms of offering services on the community level, as well as being able to offer a full spectrum of services tailored to a victim's specific circumstances - we have yet to systematically address complicated perpetrator treatment issues (see Perpetrator Treatment in the Policy and Implementation section.)

The last publication of note for this report is **Jill Davies** work on safety planning for battered women within TANF.¹⁰ Davies' book and papers elucidate comparisons between "batterer generated" and "life generated" risks, making it easier to understand the complexity of choices faced by battered women. She compares risks "if she stays" with risks "if she leaves," which, again, pervades a framework within which to discuss and problem solve these issues.

Many more research and practice papers have been published – certainly too many to include in this report. These papers expand the knowledge about the overlap of violence with poverty and can be used for future planning and implementation work in Washington State.

¹⁰ Davies, Jill (1997) *Safety Planning* Greater Hartford Legal Assistance Publication.

History of Welfare Reform and Summary of Existing Rules and Laws

The following narrative traces welfare reform from its earliest form in federal law and rule making, to its current form in procedures for Washington state implementation. The entire process is included as a foundation for the recommendations presented later in the report. (See Attachment A for the complete text of *Domestic Violence and Public Benefits Washington State*)

Federal Welfare Reform

In 1996, the United States congress passed sweeping changes to welfare in the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA). The Aid to Families with Dependent Children Program (AFDC) was replaced by Temporary Assistance to Needy Families (TANF). Key safeguards for battered women and their children within TANF were provided in the “family violence option”. Senator Paul Wellstone (Minnesota) and Senator Patty Murray (Washington State) were the key sponsors of this amendment.

In essence, the family violence option provides each state with the option to implement special rules for battered women. If states choose to implement the family violence option, they agree to:

- screen and identify victims,
- refer victims to services, and
- waive various program requirements (like time limits and cooperation with child support) for as long as necessary “in cases where compliance with such requirements would make it more difficult for individuals receiving assistance to escape domestic violence or unfairly penalize such individuals, or individuals who are at risk of further domestic violence.”

Through special provisions in the Violence Against Women Act (VAWA), the federal government has provided safeguards for battered immigrants. TANF specifically mentions “VAWA self-petitioners” as a (relatively) new category of immigrants who are eligible for federally funded public benefits.

The State Plan

The Washington State Legislature decided to adopt the family violence amendment and include special provisions for battered women in its state plan.

In summary, the state plan:

OVERVIEW—HISTORY OF WELFARE REFORM AND SUMMARY OF LAWS

- Formally adopts the family violence option;
- Certifies that it has a procedure to screen and refer victims;
- Verifies that if good cause is established, child support enforcement and welfare-to-work activities are waived if participating will be a barrier to escaping violence, or unfairly penalize victims or persons who are at risk of family violence;
- Defines family violence;
- Establishes that time limits (after 52 months) can be extended if family violence is identified;
- Establishes that immigrant sponsor deeming can be exempted if family violence is identified;
- Identifies the referrals that will be made when specialized assistance is needed;
- References the pilot projects where domestic violence counselors are co-located in CSOs;
- Defines good cause;
- Establishes who screens for family violence, and who serves victims once identified.

State Law

Basically, Washington state law (RCW 74.08A.010) allows an extension of the five-year welfare time limit for battered women, but only after a woman has been on assistance for 52 months. In other words, this state law does not “stop the clock” but rather allows for an extension once the time limit is approached.

State Rules

There are several provisions in the Washington Administrative Code (WAC) that regulate public benefits for domestic violence victims.

WAC 388-61-001 answers the question “What does the Family Violence Amendment mean for TANF recipients?”

This WAC defines domestic violence, and requires DSHS to:

- Screen for a history of family violence;
- Notify TANF recipients of the family violence amendment both verbally and in writing;
- Maintain confidentiality;
- Refer victims to counseling and supportive services;
- Waive WorkFirst requirements in cases where those requirements would make it more difficult to escape family violence, unfairly penalize victims or place

- victims at further risk;
- Waive requirements like time limits (after 52 months of receiving TANF);
 - Waive cooperation with child support enforcement;
 - Develop specialized work activities for battered women in cases where participating in the normal course of WorkFirst activities would put the woman in danger.

WAC 388-452-0010 answers the question “What does the Family Violence Amendment mean for TANF/SFA recipients?”

State Family Assistance (SFA) is a state funded program that provides cash assistance to a few families with children who cannot get federally funded TANF assistance, typically due to some unusual immigration situation (for example, Canadian born Native Americans who live in Washington State and are associated with one of the Washington based tribes). For clients, SFA and TANF are the same thing, with the same rules and eligibility, just different funding sources.

WAC 388-452-0005 answers the question “Do I have to be interviewed in order to get benefits?”

This rule states that the DSHS in-office interview requirements can be waived if it is a hardship for the person to come in. Domestic violence is specifically mentioned as a hardship.

WAC 388-424-0005 outlines “The effect of citizenship and alien status on eligibility for benefits.”

This WAC outlines when an immigrant who is a victim of domestic violence can qualify for TANF, Medicaid, children’s health insurance program (CHIP) or federal food stamps.

- § The domestic violence has to have occurred in the U. S.
- § The victim can no longer be residing with the perpetrator.
- § The victim has to have applied to the Immigration and Naturalization Service for legal immigration status (her application can be pending).

There are many more provisions for immigrants that are beyond the scope of the summary in this report.

WAC 388-310-0400 outlines key provisions under WorkFirst, specifically “Entering the WorkFirst program as a mandatory participant.”

OVERVIEW—HISTORY OF WELFARE REFORM AND SUMMARY OF LAWS

This WAC says that when anyone enters WorkFirst (Washington’s welfare program), the first thing he or she is required to do is look for a job – that is, unless there are extenuating circumstances that prevent the person from looking for a job. If the person is homeless, and/or dealing with family violence, an applicant can be temporarily deferred from looking for a job. Those who are deferred may have to take part in an “employability evaluation” the outcome of which will describe specifically what steps need to occur before work search becomes once again mandatory. All the specific steps are described in a recipient’s Individual Responsibility Plan (IRP). If a recipient doesn’t follow the steps outlined in the IRP, he or she can receive a financial penalty (sanction).

WAC 388-310-1400 outlines more provisions in WorkFirst for “Community Service.”

This is the section that covers what activities are approved when a battered woman is temporarily deferred from work search. The WAC describes the activities that are allowed as “An activity approved by your case manager which benefits you, your family, your community or your tribe.” The only specific activity listed in this WAC is “participating in family violence counseling that will help you become employable or keep your job.” No further clarification of or detail about other activities can be found in WAC.

WAC 388-310-1600 WorkFirst--Sanctions

This rule lists family violence as a “good reason” for failing to follow through with WorkFirst participation. Clients cannot be sanctioned for “refusal” to participate in WorkFirst if they have a good reason for their failure to participate. This WAC also requires that the DSHS WorkFirst case manager allow a person the opportunity to explain her reasons for failing to participate *before* imposing a WorkFirst sanction.

WAC 388-422-0010 Cooperation with division of child support

WAC 388-422-0020 Good cause to not cooperating with the division of child support.

These rules describe the requirement that TANF applicants cooperate with the Division of Child Support (DCS), but include exceptions specifically intended to protect domestic violence victims. The WACs also describe the sanction for failure to cooperate with DCS without good cause, and they describe what constitutes good cause for refusal to cooperate with DCS. Applicants/recipients have good cause for refusing to cooperate with DCS if their cooperation (e.g., identifying the father, etc.) could “reasonably be anticipated to result in serious physical or emotional harm.”

WAC 388-436-0002 If my family has an emergency, can I get help from DSHS to get or keep our housing or utilities?

This rule specifically states that a person is eligible to receive AREN (Additional Requirements for Emergent Needs) to “get housing if you are homeless or need to leave your home because of domestic violence.” Victim advocates should be aware that *funds are available from two sources* to get TANF eligible domestic violence victims into safe permanent housing - WorkFirst Support Services *and* the AREN program.

State Implementation

Eligibility A-Z (EA-Z) Manual

Complete and up-to-date information about how DSHS is running *all* of their economic programs can be found on the DSHS website.¹¹ Written in language that is very easy to read and understand, the Eligibility A-Z (EA-Z) Manual is designed for and used by DSHS staff, and is the manual that provides administrative rules and procedures for staff to determine eligibility for people applying for and receiving cash, food and medical assistance in Washington State. Anyone accessing this manual on line can use the index to find specific topic areas. Domestic violence is indexed under “family violence” on this site. Domestic violence provisions within TANF can be found in Appendix I.

Three items in the text of the A-Z Manual warrant special mention.

1 - The list of the barriers to work for battered women. This list includes:

- a. “The physical and emotional effects of past or present abuse may hinder job performance or work search.
- b. The abuser may try to sabotage the victims' education, training and employment to keep them dependent upon the abuser.
- c. The abuser may threaten the safety of the client's children or family members.
- d. The demands of court intervention, criminal prosecution, safety planning, physical and mental recovery, or counseling may interfere with work, education or training.
- e. The individual may need to move or disrupt work to escape a violent living arrangement.”

¹¹ <http://www.wa.gov/dshs/EAZManual/Default.htm>

OVERVIEW—HISTORY OF WELFARE REFORM AND SUMMARY OF LAWS

2 - The instruction that TANF workers **accept the victim's word** as sufficient evidence of domestic violence. No other "proof" is necessary in order for a case manager to proceed with serving the victim. The actual wording is as follows (and can be found as item #7 under "worker responsibilities"). "Accept allegations of family violence by a victim as enough evidence to substantiate the claim of violence."

3 - The instructions regarding the use of the **ACP (Address Confidentiality Program)** for home, work and school addresses. The safeguarding of addresses is of critical importance to women participating in the ACP program.

WorkFirst Handbook

The WorkFirst Handbook, the manual used by DSHS case managers and social workers to implement the WorkFirst program, will soon be on line. Currently it is available primarily to DSHS personnel in hard copy only.

The WorkFirst Handbook is written in accessible language. This report will not attempt to summarize the instructions contained in the WorkFirst handbook. Several key chapters in the Handbook reference domestic violence.

Chapter 3.2 What is the VIEW? – This chapter describes how workers use the VIEW computerized system to screen, refer and document information about family violence.

Chapter 3.3 What is an IRP? – This chapter defines and details the Individual Responsibility Plan including a step-by-step guide to writing an IRP, and how to approach "sensitive topics" like domestic violence.

Chapter 3.4 – What are intensive services? – This chapter describes how workers are supposed to provide the extra support necessary to help, among others, family violence victims.

Chapter 6.1 – What is resolving issues? – This chapter outlines the DSHS philosophy on working with recipients with multiple barriers to employment where these barriers have to be dealt with prior to or during work search. It describes the role of the case manager and the role of the social worker.

Chapter 6.3 – What is unstructured community service? – This chapter summarizes how "unstructured community service" is used to document the activities that a family violence victim is engaged in to resolve her issues.

Chapter 6.5 – What is family violence? – This chapter details information about screening, referrals, and coding.

Miscellaneous publications, memos and brochures

WorkFirst Tips

Periodically, the WorkFirst Division publishes a newsletter/bulletin called "WorkFirst

Tips” which contains practical information about some aspect of the implementation of the WorkFirst program. In August 2000, Tips focused on family violence.

Memos

On October 5, 2000, DSHS issued a memo clarifying screening and referral procedures. This memo was prompted by confusion about if and when screening for domestic violence was in fact taking place given new initiatives to get all TANF applicants immediately into jobs or job search.

On September 26, 2000, DSHS issued a memo clarifying that women fleeing domestic violence are eligible for emergency housing money (“support services”) without using their spouse’s (abuser’s) income to establish eligibility. In many cases, using the spouse’s income makes women ineligible for benefits. This memo clarifies the increased resources being made available to women who are leaving their abusive partner.

Brochure – “Open the Door”

“Open the Door”¹² is the DSHS WorkFirst brochure that describes options available to battered women within the WorkFirst program.

DSHS is required to notify *all* TANF recipients of this provision in the law, at application and at each review. All DSHS workers could accomplish this requirement by handing the “Open the Door” brochure to all clients at application and at reviews.

Assessments – “WorkFirst and TANF Domestic Violence Provisions”

In March of 2000, DSHS Economic Services Administration, Office of Planning and Research, published a paper that, among other things, assesses current WorkFirst practices. This paper is an excellent background from which to view efforts undertaken *since* March 2000 to address concerns identified in this paper.

¹² The publication number is DSHS 22-265(X)(Rev.5/00). Copies of this publication can be ordered from the warehouse by logging onto the DSHS website (www.dshs.wa.gov), going to the “across DSHS” search, and pressing “publications.”

Projects in Other States

The WSCADV staff researched similar family violence option projects in other states to discover what experiences others have had and what we could learn from projects that have been in place longer than ours. Of the 38 states that formally adopted the family violence option, only 8 are actively implementing programs to address domestic violence. Relative to other states, Washington has one of the largest, best supported, and most organized projects in the nation.

Alabama, Kansas, Indiana, Massachusetts, West Virginia, Rhode Island, Nevada, and Pennsylvania also have active implementation programs. Brief summaries of the issues most applicable to an analysis of our own program for four of these states follow. States are listed in the order of similarity to Washington State, from most to least. For full reports on each state, see Attachment B.

Alabama – Contact Carol Gunlack, Executive Director, Alabama Domestic Violence Coalition – (334) 832-4842.

- The Alabama Domestic Violence Coalition has a contract with the Alabama Department of Human Resources (DHR) to subcontract with local domestic violence programs to provide advocacy. The advocates staff local DHR offices.
- The on-site advocacy program has operated since October 2000. About 20 advocates are currently in place in 43 of 57 counties across the state. Alabama is working on phasing advocates into every county.
- The state implemented routine screening of all TANF clients and recommended (but does not require) that case managers screen everyone seeking other services. As a result of this broad screen, advocates are seeing more non-TANF clients than TANF. Everyone who discloses domestic violence in screening is given the opportunity to meet with the advocate. If a woman doesn't meet with the advocate, she cannot be sanctioned for this reason only.
- The Alabama State Coalition developed standardized processes, data collection and referral forms. The advocates work with the client to develop a safe work plan. The form includes a summary of safety issues and plans to address the client's needs.
- To date, advocates have received 600 referrals, including 200-250 active clients. Referral rates vary widely from county to county.
- Advocates report numbers only, no identifiers. The Alabama Coalition has

plans to collect demographic information in the future.

- Because Alabama has one of the smallest grants in the nation, their TANF case load is very small. In designing their domestic violence program, the state and coalition broadened the criteria for those eligible to access domestic violence services from just TANF clients to anyone living below 300% of the federal poverty level. Whether they are currently a client of the department or not, anyone can walk in and talk with an advocate as long as they fall below 300% and have at least one child.
- The program is currently focusing on training. Plans are in place to have a day-long training on the county level to cover the dynamics of domestic violence, about the project and about DHR policy.
- The Coalition has contracted with a professional evaluator to review the success of the program.

Kansas – Contact Sara Morrison, Program Coordinator, Kansas Domestic Violence Coalition – (785) 232-9784.

- The state of Kansas contracts with the Kansas Domestic Violence Coalition to subcontract with local agencies to provide on-site advocacy at welfare offices.
- Kansas initially had one pilot site. They now have nine offices with advocates. They do not cover every county in the state.
- The agencies are contracted to run the Orientation Assessment Referral and Safety (OARS) program. This program was designed to fulfill the work component for battered women. Any case manager in the state can refer a client to OARS. If there isn't an advocate in the office to provide this service, the state contracts with a local agency for the hours of service needed. In the OARS program, the client, along with her advocate, decides what her participation will mean and develops an individual service plan. Advocates complete monthly status report forms that they submit to the case worker. This states that the client is actively participating in OARS. A release of information form was created and the Coalition trained case managers on confidentiality and appropriate use of the release of information.
- The Coalition initially offered eight hours of training to case managers on general domestic violence sensitivity issues and information about the OARS program. The sensitivity portion of the program included *In Her Shoes* (an educational tool developed in Washington State by WSCADV).

West Virginia – Contact Lauri Thompson, West Virginia Domestic Violence Coalition – (304)965-3552.

- The state of West Virginia contracted with the West Virginia Domestic Violence Coalition to provide training and oversight of the implementation of the family violence option in the state. The state contracts directly with programs to provide advocacy, with some programs providing it on-site, and others on-call. Funds that go to the advocacy agency cover both the cost of a full time advocate as well funds available to the clients for “financial aid” (support services).
- In October 1999, the Coalition organized a training on the family violence option for the state welfare department. Advocates began working in January 2000.
- 13 licensed domestic violence programs cover specific catchment areas of from 2-8 counties, so this project theoretically has statewide coverage.
- Advocates work with TANF and non-TANF clients.
- The Coalition developed a video used for training purposes showing best practices in the areas of screening, advocacy, and case management.
- Part of the contract with advocacy agencies includes a training requirement where advocates team up with case managers in each office to train their office. This training is supposed to be complete by June 2001. The challenge with this training has been for people to translate the theoretical policy information and basic domestic violence information into their day-to-day work.
- No forms are used universally in this state.

Indiana – Contact Laura Berry, Indiana Domestic Violence Coalition – (317) 543-3908.

- The Indiana Office of Family and Children (OFC) contracted with the Indiana Domestic Violence Coalition to subcontract with its member agencies to provide advocacy on-site in welfare offices.
- Planning for the project began in August of 2000 with some advocates in offices in January of this year, and others still coming on line.
- The coalition selected six of its member programs that already had existing relationships with OFC offices. Sites were selected in both rural and urban

areas. The sites represented all six regions in the state. All programs are required to meet certain minimum requirements and adhere to a peer review standard.

- Some advocates are on-site at OFC offices on a full time basis. Others are coming in as needed or may have one regular day in office.
- Although the project is intended to serve TANF only, advocates who are on-site on a full time basis are providing services to non-TANF clients as well.
- The Coalition developed a basic curriculum to train OFC staff, which is refined at each site to be relevant for each community.
- Advocates were trained by both OFC staff (about their process, regulations, system and such) and the Coalition (about using universal forms, doing assessment and evaluation, the family violence option and data collection).
- Advocates complete a waiver form (if applicable) and pass this along to the case manager. If a waiver is granted, it is reviewed every six months.

Background – Domestic Violence Pilot Projects in Washington State

History of start-up process

On October 22, 1999, Michael Masten issued a memo to the field inviting CSOs to apply to be part of a one year pilot project funding domestic violence advocates in local offices. See Attachment C.

18 CSOs responded with a variety of letters and proposals. All proposals were read by a team of reviewers - Kay Hanvey, and Rachael Langen (headquarters staff), Susan Hannibal (Children’s Administration), and Tyra Lindquist (WSCADV). The selection process slowed as headquarters staffing was insufficient to facilitate the process of getting additional and/or missing information from the field, and making selections. Bethina Golden was temporarily assigned at headquarters to facilitate getting the project up and running.

Requests for additional information were answered. And negotiations with several CSOs that selected inappropriate partners were undertaken. After information was complete, and partners established, every CSO that applied to do a pilot was granted the go ahead. Pilots negotiated and entered into contracts between June 20, 2000 and December 12, 2000. (See Table 1)

Officially, there are 19 pilot projects. The Coalition was contracted to assess 17 sites. 20 domestic violence programs are serving 23 DSHS offices (22 CSOs and 1 Branch Office). There are 69 CSOs and Branch Offices statewide. In total, through this pilot project, approximately 1/3 of the all CSOs and Branch Offices have direct access to an on-site advocate. See Attachment D for a map of current pilot sites.

	CSOs	Branch Offices	Total DSHS Offices	Number of CSOs/Branches Included in Pilot
Region 1	11	6	17	4
Region 2	11	1	12	3
Region 3	7	1	8	3
Region 4	12	0	12	7
Region 5 ¹	5	0	5	3
Region 6	8	7	15	3
Total	54	15	69	23

¹ Region 5 contracted on their own (outside of the pilot process) for domestic violence services at Pierce North CSO and Puyallup Valley CSO with Proud African American Youth Services (PAAYS).

DSHS Region	Domestic Violence Victim Services Agency	CSO	Contract executed
2	YWCA Family Crisis Program (Yakima)	Yakima CSO	6/20/00
5	YWCA Alive Program (Bremerton)	Bremerton CSO	7/7/00
3	Whatcom Crisis Services (Bellingham)	Bellingham CSO	7/7/00
5	YWCA of Tacoma/Pierce County	Pierce South CSO Pierce West CSO	7/7/00
6	Alternatives Professional Counseling (Olympia)	Olympia CSO	7/7/00
1	YWCA of Lewiston/Clarkston	Clarkston CSO	7/12/00
2	La Clinica Community Health Center (Tri-Cities)	Kennewick CSO Pasco CSO	7/12/00
1	New Hope Domestic Violence Services (Moses Lake) & Adams County Resource Center	Moses Lake CSO	7/13/00
1	The Support Center (Omak)	Okanogan CSO	7/13/00
3	Snohomish County Center for Battered Women	Everett CSO	7/17/00
4	Refugee Women's Alliance	Everett CSO	7/17/00
3	Skagit Rape Relief and Battered Women's Services	Mount Vernon CSO	7/27/00
4	Eastside Domestic Violence Program (Bellevue)	King Eastside CSO	9/15/00
6	Healthy Families of Clallam County	Port Angeles CSO	9/15/00
6	Behavioral Health Resources	Aberdeen CSO Elma CSO	9/18/00
4	Federal Way Youth and Family Services	Federal Way CSO	11/15/00
5	Proud African American Youth Society	Pierce North CSO Puyallup Valley CSO	11/20/00
4	DAWN (Kent)	Burien CSO	11/27/00
4	Refugee Women's Alliance	Rainier CSO	11/30/00
4	East Cherry YWCA (Seattle)	Rainier CSO	12/12/00
4	DAWN (Kent)	Renton CSO	11/27/00
4	YWCA of Seattle/King County	Kent CSO	12/12/00
4	New Beginnings for Battered Women and Their Children (Seattle)	Ballard CSO	pending

Table 1 – Domestic violence pilot site partners with contract start dates

Contract language varies slightly from region to region, but in general, domestic violence programs were contracted to provide on-site victim advocates to provide the following:

- Assist DSHS staff to screen and identify domestic violence victims
- Help victims develop safety plans
- Provide culturally relevant services
- Provide victims with information about community resources
- Refer participants/victims to community resources
- Work with case managers to help them develop appropriate IRPs
- Help case managers and social workers who have questions about good cause for child support enforcement
- Attend and participate in case staffings and CSO staff meetings
- Provide education and training to CSO staff on domestic violence

WSCADV was contracted to assess each pilot site and submit a report to headquarters. See Table 2 for the dates each assessment was completed and see Attachment E for complete text of the final assessment reports from each site.

DSHS Region	Domestic Violence Victim Services Agency	CSO	Assessment completed on:
3	Whatcom Crisis Services (Bellingham)	Bellingham CSO	8/25/00
1	The Support Center (Omak)	Okanogan CSO	10/13/00
2	YWCA Family Crisis Program (Yakima)	Yakima CSO	11/14/00
1	YWCA of Lewiston/Clarkston	Clarkston CSO	11/15/00
2	La Clinica Community Health Center (Tri-Cities)	Kennewick CSO Pasco CSO	11/15/00
5	YWCA of Tacoma/Pierce County	Pierce West CSO	12/19/00
4	Federal Way Youth and Family Services	Federal Way CSO	12/22/00
6	Alternatives Professional Counseling (Olympia)	Olympia CSO	12/29/00
1	Eastside Domestic Violence Program (Bellevue)	King Eastside CSO	1/5/01
3	Refugee Women's Alliance & Snohomish County Center for Battered Women	Everett CSO	1/18/01
5	YWCA Alive Program (Bremerton)	Bremerton CSO	1/20/01
6	Behavioral Health Resources	Aberdeen CSO	1/23/01
6	Healthy Families of Clallam County	Port Angeles CSO	1/25/01
4	Refugee Women's Alliance and the YWCA of Seattle/King County	Rainier CSO	2/8/01
1	New Hope Domestic Violence Services (Moses Lake)	Grant/Adams CSO (Moses Lake)	2/22/01
3	Skagit Rape Relief and Battered Women's Services	Mount Vernon CSO	3/15/01
4	DAWN (Kent)	Renton CSO	5/8/01
5	YWCA of Tacoma/Pierce County	Pierce South CSO	5/7/01
4	DAWN (Kent)	Burien CSO	5/17/01
4	YWCA of Seattle/King County	King South CSO (Kent)	Project not under contract yet
4	New Beginnings for Battered Women and Their Children (Seattle)	Ballard CSO	Project never implemented
1	Adams County Resource Center	Othello Branch Office	No site visit made
5	Proud African American Youth	Pierce North CSO Puyallup Valley CSO	No site visit made

Table 2 – Assessments completed for pilots

Areas of greatest concern

In the initial assessment visits, Coalition staff sought information from the DSHS personnel and victim advocates most involved with the project regarding the major challenges the project faced at that site. See Table 3 showing the categories that emerged from the information, along with details about which sites specified which issues.

The main challenges or issues at each pilot site are listed below in the order of most to least commonly expressed

Screening and Referral

The number one issue that emerged (in 12 out of 19 sites) was screening and referral. DSHS personnel and advocates alike reported challenges around case managers screening for domestic violence and referring victims to the advocate. A more detailed discussion, including statistics on screening, is contained in the *Findings and Recommendations* section later in the report, under *Screening*.

Training on Domestic Violence and Victim Advocacy

Pilot project participants (DSHS personnel and victim advocates) in 10 of 19 sites specified that they see a need for more education for staff on general domestic violence sensitivity, the barriers that domestic violence creates to employment, and the roles and responsibilities of advocates. For a more detailed discussion of the training issue, see the findings and recommendations section, under “Training.”

Relationship Building

Workers in eight sites reported the need for more work in relationship and trust building, both between the advocate and DSHS personnel in the CSO, and between the CSO and the community.

Workers reported that it is taking more time than anticipated to create and secure good working relations among workers. This is due in part to initial confusion about the victim advocate’s role within the CSO context, and lack of knowledge on everyone’s part about the options for how services for battered women can work.

Case managers and social workers report confusion among themselves about their respective roles and responsibilities. Still further, there is confusion about how DSHS WorkFirst interfaces with Employment Security, educational and job training institutions, CPS, and Child Support Enforcement. There is a lot of work to be done to build bridges among and between all of the institutions involved with serving families.

Contracting & Billing Problems

During the assessments, eight of nineteen pilots expressed concerns about the contracting process and/or the billing procedures.

Those pilots reporting in on this expressed frustration with the “hurry up and wait” start-up for the project, and the delays in getting contracts written and approved. The payment points were a problem for many pilots, and the billing procedures changed too often for one contractor who reported having six different reporting/billing forms to use through the first nine months of the pilot.

In June of 2001, the Coalition has received phone calls seeking technical assistance for the *next* contract year from 5 contractors (Bellingham, South King County, Moses Lake, Othello, and Tacoma). Contractors continue to be confused by and frustrated with contract language, reporting forms and billing procedures.

For detailed information and recommendations to resolve issues related to contracting and billing, see the “Advisory and Oversight” section under “Findings and Recommendations.”

Confidentiality and Reporting & Communication Between Advocate and DSHS Personnel

Nine of nineteen sites reported communication challenges involving information sharing between DSHS personnel and the victim advocate. This was expressed as either a confidentiality issues, or a procedural problem (i.e., when and how is the best time to communicate – case staffing, via email?)

Victim advocates are ethically bound to strict standards of confidentiality. Advocates adhere to these professional standards because, most importantly, without impeccable client confidentiality, victim safety is compromised. Additionally, a victim’s confidence in a victim service agency is undermined without assurances and action that guarantee privacy. Simply put, a victim will not seek help and disclose abuse if she thinks the information she shares will become common knowledge. In addition to the ethical considerations, there are legal considerations. Confidentiality standards are set in agency contracts with DSHS for victim services (through Children’s Administration).

Communication problems erupted at many pilot sites when systems for communication between advocates and DSHS personnel were not developed and put in place prior to the start of the projects. Throughout the course of the first year, several sites have developed good forms and procedures to communicate among workers while maintaining confidentiality. Other sites are struggling.

Lack of Housing and Transportation

The lack of safe affordable housing and transportation options for battered women was seen as a major stumbling block for the women in the program.

Although not with the project's immediate control, six of the nineteen pilots reported a great deal of frustration with their community's lack of safe affordable housing and transportation. They view this as a major barrier to battered women getting safe, stable and able to enter the work force.

Privacy

Interviewing battered women in cubicles, rather than a private setting, was reported as a problem in six pilots.

Although in contract DSHS agreed to provide appropriate space in which advocates could conduct private interviews, several advocates reported not having access to interview rooms or private offices. Recognizing that space is at a premium in most CSOs, several advocates have done the best they can in cubicles, but the situation is less than ideal. Case managers and social workers similarly expressed concerns about DSHS personnel asking sensitive questions in what is essentially a public setting, and the probability that people won't answer, even if they want to, because they can be overheard.

Project Understaffed

Five pilots expressed the need for more advocacy hours. Several sites have a full time advocate who has been overloaded with clients (e.g., Bremerton, Pasco). The Pasco pilot has a full time person who is spread between two CSOs. These sites would like to be able to hire another advocate. Port Angeles has an advocate on site only 8 hours/week, and the workers at this site are concerned that their project is not being effective because the advocate isn't in the office enough to get to know the DSHS staff and spread the word about the program.

Advocate needs training

At four sites, there was discussion about the victim advocate needing training. In several cases, the advocate was hired to staff the project without adequate training on or work experience with victim advocacy. The advocates at more than four sites expressed concern about their lack of knowledge about how welfare and DSHS work. All victim advocates need more training on TANF laws, rules and WorkFirst procedures.

Interpreters and Culturally Relevant Services

Although having bi-lingual staff is ideal (bilingual DSHS personnel and advocates), most sites do not have staff who speak all of the languages spoken by clients.

Two sites expressed concerns about language interpretation. In addition to the day to day difficulties with lack of interpreters and accessing the limited pool of interpreters, there are issues specific to domestic violence. Interpreters need to be sensitive to domestic violence victims. They need to understand the issue enough that they can accurately translate concepts that may not have a word for word interpretation (e.g., “advocate” can be misinterpreted as “attorney”).

Interpreters need to adhere to strict standards of confidentiality. Both urban and rural pilots talked about problems where the small size of a given ethnic community might be such that interpreters know victims, or the people involved, thus inhibiting or shutting down discussion about sensitive topics like domestic violence.

Need More Resource Materials

Two sites expressed the need for more written materials to hand to clients (materials in translation as well).

	Screening and Referral	Training on Domestic Violence and Victim Advocacy	Relationship and Trust Building	Contracting	Confidentiality and Reporting	Lack of Housing and Transportation	Privacy	Project Under-staffed	Communication Between Advocate and DSHS Personnel	Advocate Needs Training	Billing Problems	Interpreters and Culturally Relevant Services	Need More Resource Materials
Bellingham		✓	✓										
Okanogan	✓	✓			✓		✓			✓	✓		
Yakima	✓	✓	✓										
Clarkston	✓	✓		✓					✓				
Pasco						✓		✓				✓	
Pierce West						✓		✓	✓				
Federal Way	✓			✓		✓				✓			✓
Olympia					✓	✓	✓	✓				✓	
Eastside	✓	✓		✓	✓				✓		✓		
Everett	✓	✓		✓	✓		✓						
Bremerton		✓				✓	✓	✓					
Aberdeen	✓	✓								✓	✓		
Port Angeles	✓	✓	✓			✓		✓					
Rainier			✓	✓			✓						✓
Moses Lake	✓		✓		✓								
Mt. Vernon	✓						✓		✓				
Burien	✓		✓		✓					✓			
Renton	✓	✓	✓	✓									
Pierce South			✓						✓				
Total responses	12	10	8	6	6	6	6	5	5	4	3	2	2

Table 3 – Main issues that emerged at each pilot – from assessment reports

Areas of greatest accomplishment over the pilot period

Of the ten pilots where partners (advocates and DSHS personnel) responded to a questionnaire about their biggest accomplishment over the pilot period, the following information was given.

	Having someone right there in the office. On site advocate available for quick service	Developed a great referral process	Successful case staffing	Advocate has been successful helping victims get access to resources	Improved problem solving, communication, and cooperation	Excellent relations between advocate and DSHS personnel	DSHS personnel more aware and sensitive to domestic violence
Omak	✓			✓		✓	
Bremerton		✓	✓			✓	
Bellingham					✓	✓	
Yakima	✓						
Yakima/ Kittitas	✓				✓		
Aberdeen					✓		✓
Clarkston						✓	
Eastside				✓	✓	✓	
Mt Vernon	✓				✓	✓	
Rainier					✓	✓	

Number of clients served

Reliable statewide statistics for the number of victims served in the project have been difficult to obtain. Unresolved confidentiality problems with the monthly report form caused some programs to delay or never bill for the payment points (and submit statistical reports). There was great confusion over the details in the report and programs did not record figures in a uniform manner. Additionally, over the course of the pilot year, regional variations in reporting also evolved, making compilation of data problematic because forms were not standardized.

In the absence of “official” numbers for this report, contractors were asked to compile data retrospectively and/or report whatever data they had collected for their own purposes. Table 4 summarizes the data collected on the number of clients served by the domestic violence advocates over the pilot period. (See the Recommendations under the Advisory and Oversight section for suggested remedies regarding data collection.)

Partners	Contract executed	Advocate in office	7/00	8/00	9/00	10/00	11/00	12/00	1/01	2/01	3/01	4/01	5/01	totals ²
YWCA/ Yakima CSO	6/20/00	7/00												148
YWCA Alive Program/ Bremerton CSO	7/7/00	7/00												430
Whatcom Crisis/ Bellingham CSO	7/7/00	11/00					15	35	34	28	24	23	34	193
YWCA/Pierce South & West CSOs	7/7/00	7/00	29	14	50	24	19	26	45	30	18	49	32	336
Alternatives Counseling/ Olympia CSO	7/7/00	8/00												223
YWCA/ Clarkston CSO	7/12/00	9/00			5	6	3	4	7	3	4	4		36
La Clinica /Kennewick & Pasco CSOs	7/12/00	7/00												101
New Hope & Adams Co. Resource Center/ Moses Lake CSO	7/13/00	7/00												38
The Support Center/ Okanogan CSO	7/13/00	10/00												52
Center for Battered Women & REWA / Everett CSO	7/17/00	9/00				20	18	11	15	8	9	12	16	109
Skagit Battered Women's Services/ Mount Vernon CSO	7/27/00	12/00						4	6	3	2	3		18
EDVP/ King Eastside CSO	9/15/00	10/01				19	15	15	28	16	32	36	21	182
Healthy Families/Port Angeles CSO	9/15/00	12/00							1	2	3			6
Behavioral Health/ Aberdeen CSO	9/18/00	10/00					9	7	10	16	9	8	10	69
Youth and Family Services/Federal Way	11/15/00	11/00												54
PAAYS/Pierce North & Puyallup Valley CSOs	11/20/00	n/a ³												n/a
DAWN/Burien and Renton CSOs	11/27/00	n/a												n/a
REWA and East Cherry YWCA/Rainier CSO	11/30/00	2/01								5	13	2		20
YWCA/Kent CSO	12/12/00	n/a												n/a
Monthly Totals⁴			29	14	55	69	79	102	146	111	114	167	113	
Grand Total														2015

Table 4 – Clients served by on-site victim advocates

² These totals represent either the total of monthly figures (if program tracked information this way) or total for the entire project through May

³ Information not available

⁴ Not all programs kept or reported monthly totals

Findings and Recommendations

The Washington State Coalition Against Domestic Violence offers the following findings and recommendations to the Washington State Department of Social and Health Services, Division of Economic and Assistance Programs in the following four categories:

- I. Screening
- II. Training
- III. Advisory and Oversight
- IV. Policy and Implementation

I. Screening

Findings

Washington has taken solid steps to follow through with its promise to screen all TANF recipients for domestic violence.

The initial form for screening was created in February 1998 (see Attachment F for a copy of the first form that was used). Workers were introduced to the screening form and process in a statewide training series provided by the Coalition between February and April of 1998. Washington's form was used as a model in a nationwide report published by the Taylor Institute in September of 1999. No work was done at the time to ascertain or analyze how well workers administered this screening questionnaire – in terms of how consistently they used it, how comfortable they felt seeking the information, and how successful they were at soliciting information ultimately helpful to the client. Such analysis would be much easier now because of the computerization through VIEW of the domestic violence screen.

VIEW was introduced in August 2000 and has been phased in statewide over time. VIEW includes an initial screening for domestic violence required for all applicants. The computer prompts a worker with a script designed to put the applicant at ease (workers are trained to use the text to remind them what to say, not to read it verbatim off the screen). The text of the screening questions can be found in Attachment G. If a person answers yes to any of the screening questions, the instructions on the screen direct the worker to “refer the client to a Social Worker or family violence counselor to provide more information and service.” Office procedures vary from office to office. In some CSOs a person answering yes to the screening or evaluation questions *will* be referred to the social worker, or to an on-site domestic violence advocate (in offices where these contractors are on-site). In other offices, case managers have been directed to ask more questions about how the domestic violence will impact going to work.

These questions are not formal or standardized. If the applicant/recipient says the domestic violence won't have an impact, the case manager will not make a referral or pursue the matter further.

In the Coalition's assessment of the pilot projects, 12 out of 19 sites reported some level of worker resistance to screening. Many reported some level of difficulty getting case managers on board with screening and referral. Advocates at seven sites gave specific information about referrals.⁵ Pilot site partners (DSHS personnel and victim advocates) hypothesized the reasons for resistance to screening and referral, including:

Caseload – Case managers say they don't have time to screen. Case managers reported feeling stressed by the number of people they are being asked to serve and the variety and complexity of problems they need to know about and screen for. They fear the pressures will increase as the long term case load gets down to people with multiple and difficult problems, and FTEs are cut.

Discomfort asking – Many case managers do not feel comfortable asking about family violence. This discomfort manifests itself in case managers not screening at all, or asking questions in a mechanical or hurried manner that is unlikely to elicit a useful response.

Mandate and modeling from leadership – In the CSOs with the best screening and referral results, the office leadership (CSOA and supervisors) have done a number of concrete things to encourage their staff to take the project (and the problem) seriously. For example, administrators have formally introduced the advocates to their staffs, supervisors have invited advocates to unit meetings to introduce themselves and brief staff on the project, and supervisors have helped advocates carry out formal and informal training.

Communication problems – Case managers report that they do not always receive important clarifying communication about how the Department is implementing screening and referral. In one example, case managers reported hearing loud and clear messages about “fast tracking” clients to Employment Security, but no case manager we spoke with remembers seeing the clarifying memo regarding screening for domestic violence.

Conflicting messages – Some case managers report concern about the standards and expectations related to 100% participation. They talk about how deferring some clients from work search (an appropriate course of action in some cases)

⁵ Of the information available: Okanogan – 4 of 12 workers referring on a regular basis; Clarkson – 1 of 3 case managers referring; Federal Way – 2 of 11 workers referring; Eastside – all referrals coming from 3 people; Everett – referrals coming from approximately 1/3 or all workers; Aberdeen - referrals coming mostly from social workers; Renton – referrals from only 1 of 4 social workers, no case managers.

affects the reports they get back, in some cases on a daily basis, about their own performance on participation rates. Workers are distressed about the pressures they are under to screen and serve domestic violence victims appropriately and how these pressures compete with the mandate to achieve 100% participation.

Not important – Some case managers expressed an opinion that specialized services to battered women *do not* and *cannot* contribute to her success in getting a job. This illustrates two things lacking: a clear knowledge about the barriers to employment that domestic violence creates; and the understanding of the risk for recipients if case managers fail to recognize and heed the warning signs that might indicate danger to a client forced to enter work when it is not safe to do so.

Fear of over-reporting – Some case managers and social workers don't screen or refer because they think if their clients are asked directly, they will lie and try to "use domestic violence as a way to get out of going to work."

Computerized screening and record keeping – Many case managers report that they find VIEW awkward and confusing and that they have found several creative ways to get around doing the screen.

Despite resistance – many case managers *are* screening. See Table 4 for details of preliminary figures on screening from VIEW data. Clearly, this data needs to be further refined, expanded and analyzed. But even at first reading, it is clear that DSHS has done a remarkable job training its workers about the value of VIEW, and the value of screening. It also seems clear that having on-site advocates is having a positive effect on screening and identification.

Table 4

Screening for domestic violence⁶

Pilot site projects

	No issues	Yes issue	Total	% of total screened with issues (Yes issues)
<u>Region 1</u>				
Othello	13	25	38	66%
Clarkston	45	81	126	64%
Moses Lake	85	49	134	37%
Okanogan	13	30	43	70%
<u>Region 2</u>				
Pasco	26	24	50	48%
Yakima	71	58	129	45%
<u>Region 3</u>				
Mt Vernon	42	67	109	61%
Everett	161	191	352	54%
Bellingham	288	302	590	51%
<u>Region 4⁷</u>				
Eastside	226	166	392	42%
Burien	106	90	196	46%
Federal Way	34	40	74	54%
Renton	106	83	189	44%
Rainier	384	111	495	22%
<u>Region 5</u>				
Bremerton	636	751	1387	54%
Pierce South	403	252	655	38%
Pierce North	74	89	163	55%
Puyallup	94	130	224	58%
Pierce West	330	247	576	43%
<u>Region 6</u>				
Olympia	113	156	269	58%
Port Angeles	47	33	80	41%
Aberdeen	27	71	98	72%

⁶ Figures compiled from VIEW report. Total number of screening and evaluation done between 8/14/00 – 5/16/01. Only those screens complete in VIEW are included. Figures for the number of new applicants *not* screened or processed through the VIEW system are not included in this chart.

⁷ Kent and Ballard CSOs were selected as pilot sites, but the Kent advocate started work at the end of May 2001 and the Ballard CSO has not pursued the project, so figures from these CSOs are not included here.

Comparison of pilot sites to non-pilot sites per region

	No issues	Yes issues	Total	% of total screened with issues (Yes issues)
Region 1				
Pilot sites	156	185	341	54%
Non-pilots	834	542	1376	39%
Region 2				
Pilot sites	97	82	179	46%
Non-pilots	765	346	1111	31%
Region 3				
Pilot sites	491	560	1051	53%
Non-pilots	121	197	318	62%
Region 4				
Pilots sites	856	490	1346	36%
Non-pilots	188	182	370	49%
Region 5				
Pilot sites	1537	1469	3006	49%
Non-pilots ⁸	0	0	0	
Region 6				
Pilot sites	187	260	447	58%
Non-pilots	367	535	902	59%
Total for the state				
Pilot sites	3324	2556	5880	43%
Non-pilots	2275	1802	5879	31%

⁸ The regional administrator decided to install advocates in every office, so although one of the Pierce CSOs and Puyallup Valley were not formally designated as pilot sites, advocates were assigned to these offices so they are included in the statistics

Beyond “*screening*” to identify victims and refer them to social workers or advocates, DSHS is in the process of implementing a more detailed “*assessment*” form and process for recipients who have been on TANF for longer than 36 months. The assessment is lengthy and comprehensive. There are 150 questions in 18 categories. One category is domestic violence and contains 18 questions designed to elicit more in-depth information from a recipient about their circumstances.

The domestic violence questions were created and refined with input from social workers from the field, DSHS headquarters staff and outside domestic violence experts. The questions are crafted to guide a social worker through the process of reaching an in-depth understanding of the circumstances experienced by a domestic violence victim that are contributing to unsuccessful job search or retention. See Attachment H for the assessment questions.

Only very preliminary and anecdotal information from the field exists. Several social workers have said that the sheer size of the assessment packet is daunting. One social worker who received a case triaged from another office where the social worker had diligently filled out the 29 page survey told me that it was great information, but she didn’t have time to read it. Two social workers said they are familiar enough with domestic violence that they probably would not use the questions per se as much as their training and intuition to guide the course of a conversation with a recipient about domestic violence. These same social workers said that they are glad the questions are formalized in such detail, because they feel that some of their less well-trained and, perhaps, less sensitive colleagues need the guidance and information that the questions provide.

Recommendations

With regard to this new screening data, we recommend that DSHS commit the time of its headquarters technical staff to generating and analyzing additional data from the VIEW system. Some of the preliminary data is confusing and needs the attention of a statistician. There are many worthwhile questions about screening and services that would be well answered via the data currently available, though as yet untapped, in the VIEW system.

As training has occurred, as the system has been refined, and as promoters inside and outside of DSHS have applied pressure, more and better screening is taking place. As workers become educated about what screening is for, and more comfortable asking the questions, the screening is gaining wider acceptance and application. We recommend that the Department continue its commitment to screen and identify domestic violence victims by:

- Using formal training, written materials, and informal assistance from domestic violence advocates and the case managers who are already successful with screening and referral to teach all case managers, receptionists, and social workers about effective screening.
- Soliciting and incorporating feedback from social workers about the assessment (both the questions and the process).
- Addressing directly case manager concerns about screening, including:
 1. Review Caseload – Case managers have an enormous responsibility to screen not only for domestic violence but for a large number of other critical issues as well. Given the critical nature of this work, the training offered to this work force and an examination of what constitutes a reasonable workload warrants serious review and analysis by the Department as well as by a domestic violence advisory committee (see “Advisory and Oversight below). Beyond making the recommendation to undertake such a review, specific recommendations with regard to caseload would be premature, although a movement to smaller caseloads may be necessary.
 2. Address Discomfort – Those who want to screen but lack the skills or confidence to do so need practical and specific training. We must assist case managers by providing them with specific suggestions about what and how to ask, along with practice exercises that build confidence. Training by survivors who can give testimony and advice about what’s helpful and what’s not will aid case managers.

Mentoring by those case managers who already screen and serve successfully must be part of the program. This will be particularly useful for new workers who can watch how an experienced worker builds trust and asks the questions.

3. Challenge Denial – Specific training should be mandatory for those workers who fail to see how domestic violence is a barrier to employment. Victims will be further victimized (on the job and at home) if case managers act prematurely to place victims in jobs or training out of ignorance about how perpetrators of domestic violence can escalate violence in response to victims escaping their control (via work or education).

4. Provide Leadership – Case managers must hear, from the top, why effectively identifying and serving domestic violence victims will ultimately lead everyone to success in the WorkFirst program. From the top, case managers need to know that screening is required. From the top, case managers need to see other case managers praised for screening and serving battered women. From the top, and on down through all levels in the hierarchy, leaders need to give the same message: **“Screening is important, you will succeed if you do it, it is required, and”**
5. Create Success Measures More Comprehensive than 100% participation – **... nothing bad will happen to you if you screen and serve appropriately.”** Success measures need to be established for domestic violence screening and service, and these measures must be viewed side-by-side with other success measures to make sure they do not conflict. For example, if DSHS wants to offer deferrals from work search *to victims in the most critical danger*, then it needs to establish the number of people in the case load it would expect to need these deferrals (based on statistical analysis of current nationwide data, as well as that gathered statewide to date) and use that number to determine the standard by which the success of the screening and service program is measured. This method for tracking and evaluating performance will provide a more accurate and meaningful measure of participation. Other examples of places where success can be defined, analyzed and celebrated include bundled services, and client satisfaction. DSHS must promote the same incentives for achieving this new definition of success as it has for the 100% standard. It needs to *matter* to workers that they serve battered women correctly. The standard must be set, and achievement must be rewarded.

II. Training

Findings

Domestic violence training is very popular. Ten out of nineteen pilots put the need for more training on their list of most critical issues. Training is often touted as the universal solution to all that ails WorkFirst about how it implements the family violence option. But training is not always the answer. Even highly effective and well-received training cannot help staff resolve problems that actually stem from conflicting goals, leadership that is not invested, and unclear policy.

Goals, leadership and policy are all addressed in other sections of this report, but within the context of training on domestic violence, the Coalition reiterates that training will be effective when:

- goals set for battered women support safety and are realistic and achievable
- goals set for workers serving victims are complementary
- leadership creates will and supports workers to carry out goals
- program and policy are rooted in goals
- policy is clear and thoughtful

The information above notwithstanding, training *is* important. Workers need information. Coalition staff assisted Regions 2, 3, and 4 to design curriculum, and plan and carry out training.

Region 2 requested training early in the project period. In Pasco and Yakima, the Coalition provided four basic domestic violence workshops in January 2001 and four advanced workshops for case managers in April 2001.

The Region 4 domestic violence task force spearheaded an effort to design an advanced training curriculum for case managers. Coalition staff (Karen Goulet, Martine Dedek, Tyra Lindquist), the Region 4 trainer (Christina Anderson), and CSO staff (Mary O'Brien, Debbie Stolberg, Darlene Yuna) worked together to create a specialized training. The process for designing trainings outlined in the practice paper *Recommendations for Training TANF and Child Support Enforcement Staff about Domestic Violence*⁹ was used by this team to produce the training content. The curriculum is designed to answer case managers who ask, "What are all of my options for serving victims once I've screened and identified them?" (See Attachment I for the agendas for both the basic and advanced trainings.)

⁹ Davies, Jill (2000) *Recommendations for Training TANF and Child Support Enforcement Staff about Domestic Violence*. National Resource Center on Domestic Violence

The case manager training was piloted in Region 2 and plans to implement it citywide in Region 4 are being formulated.

Region 3 is well advanced in its own domestic violence training initiatives. Regional trainers provided workshops prior to the pilots and sought assistance from the Coalition for two days of specialized training in April. Sue Chance and Shelly Evans provide excellent training content and coordination in Region 3.

Coalition staff provided two workshops at the annual WorkFirst conference (Spokane), two trainings for advocates (Tacoma and Moses Lake), and sponsored a day long training in Seattle on special provisions in public benefits for immigrants.

Recommendations

We recommend that DSHS institutionalize basic domestic violence training so that all new workers receive critical information on this topic. This means including domestic violence as a significant piece of new employee orientation and offering basic training workshops on a continual basis around the regions.

Beyond basic training, we recommend DSHS offer specific training for case managers that gives them the opportunity to problem solve the issues that they are having the most difficulty with *in their job area*. Teaming up headquarters staff who have the knowledge and authority to answer programmatic questions (for example about the use of support service dollars) with a domestic violence expert who can answer service questions (for example, about ensuring safety, or helping victims feel comfortable enough to disclose) will cover all of the bases and reassure staff that there are resources to help them do their jobs right.

An advanced training for social workers must be developed to address their specific needs. Using a process similar to the one used to develop the training for case managers, we recommend that DSHS invest in creating this specialized curriculum.

Although formal training sessions are necessary, the importance of maximizing “teachable moments” or on-the-job-training cannot be overstated. The role of advocates in sharing their knowledge and expertise with case managers and social workers in formal *as well as informal* setting must be emphasized. Inviting advocates to unit meetings, including them in CSO-wide events, and giving them small and large opportunities to interject information and resources will enhance whatever formal training takes place.

We also recommend that advocates receive more formal and informal training on public benefits. Most advocates in the pilots started their jobs with very little information about how the benefits system worked. They have all learned, through

formal and informal channels, but an institutionalized training on economic programs should become mandatory for all advocates.

Finally, we recommend joint training for DSHS and Employment Security staff working in WorkFirst. Much of the information about serving domestic violence victims is universal to the job functions in both departments, so it would be efficient to train jointly. But beyond that, joint training would be an opportunity for workers from both departments to meet one another. Workers serve clients in common, yet have few chances to meet in person. As expeditious as email and computerized communication can be, there will always be a need – and particularly with issues as critical and risky as domestic violence – for workers to communicate directly with one another. Training would offer one place for workers to meet, learn about the best ways to serve, and problem solve together.

III. Advisory and Oversight

Findings

WorkFirst/Division of Employment and Assistance Programs (DEAP) - Nine successive managers have provided leadership and oversight at DSHS to the statewide domestic violence effort over the past three years. Each manager has made a laudable contribution to the Department's efforts to implement the family violence option, demonstrating insight, dedication and a consistent view of program issues and needs. However, rapid turnover, either through reorganization, retirement or reassignment, has led to uneven implementation of projects. It has also hampered the creation of an overall vision for the long-term work that is necessary if we are to effectively deal with employability problems created by domestic violence.

Similarly, there has been a dedicated and helpful workforce in the contracts division that has worked diligently to get a brand new and complicated program up and running. There have been some problems and delays in contracting that have been problematic for CSOs and contractors alike. Contractors have been confused by the role of the contracting division vis-à-vis the program division – the lines of authority are blurry and the decision making process unclear.

Recommendations

We recommend that DSHS maintain the current project personnel to the greatest extent possible. Consistent staffing of this project over time will enhance its stability, and stability will ensure program planning, delivery and evaluation in many key issue areas.

We also strongly recommend that DSHS convene an advisory committee with authority to provide general oversight to the implementation of the family violence option in Washington State. Specifically, we recommend that the advisory committee be formally empowered to:

- Explore and establish performance outcomes for the project in the areas of:
 - service to victims,¹⁰
 - alliance building between DSHS and domestic violence CBOs,
 - staff training

¹⁰ A small workgroup of domestic violence advocates from Tacoma, Moses Lake, Kent, Bellingham and Bellevue met to discuss outcomes and drafted an outcome grid for victim services. (See Attachment K). This draft could be refined by the advisory committee and used for future planning. Similar grids could be developed for establishing outcomes for alliance building and staff training.

- Establish evaluation criteria based on the outcomes, and design and implement processes to gather and analyze data to measure the outcomes
- Review and evaluate current contractors
- Establish an application process and select new contractors
- Tackle complex policy and implementation issues (See “Policy and Implementation Issues” below)

In order to avoid some of the administrative challenges that occurred this year with the implementation of the domestic violence pilot sites, we urge the advisory committee to:

1. Prioritize critical issues and undertake resolution systematically
2. Fully research and analyze existing information – including statistics available through the VIEW system, and looking to other state and national groups for advice and models for best practices
3. Identify all stakeholders and other key players and make certain they are involved in conversations about issues of concern to them and that they are invested in the recommended outcome
4. Make formal recommendations to address issues and get formal approval for a plan of action from the appropriate authority
5. Proactively institute the agreed upon plan
6. Oversee and monitor the action steps
7. Analyze/evaluate the results of the work
8. If unintended negative consequences result from the work, start the process over again

We recommend that the advisory committee membership consist of:

- Survivors of domestic violence who have been or are currently on welfare (these could be advocates who have been working in the pilot sites)
- DSHS staff from the field, preferably case managers and social workers
- DSHS staff from both the policy and contracts divisions of headquarters
- Representatives of domestic violence program contractors, preferably administrators and advocates
- Representative from the Domestic Violence Coalition (WSCADV)

IV. Policy and Implementation

Findings

Many critical and complex issues have come to light during the first years of implementation of TANF and the first year of the domestic violence pilots in Washington State.

Because there is currently no organized forum where advocates, DSHS personnel and others who are interested can come together to address and resolve issues of critical concern, these issues are dealt with haphazardly, if at all. We are not reaping the benefits of the wealth of research and information available on such things as best practices, and policy refinements.

Recommendations

Critical issues

We recommend when an advisory committee is formed that, as part of its duties, the committee tackle the following list of issues.¹¹

Critical issues include:

- Technology, confidentiality, and address confidentiality issues
- Working with non-English speakers
- Working with Battered Immigrants
- Serving Native Americans
- Collaboration between DSHS and Employment Security (ES) on behalf of victims
- CPS/WorkFirst connection
- Research
- Fraud
- “Good cause”
- Perpetrator treatment
- Time limits and granting extensions
- The overlap of domestic violence with chemical dependency, child abuse, health, mental health, and other issues that are barriers to self sufficiency

¹¹ The list of topics and information are offered as a *point of departure* for discussion by the advisory committee. The list is not prioritized in any way.

Technology, confidentiality, and address confidentiality issues

DSHS has made a significant effort to design a computer information system that balances the need for shared information of workers serving the same client, with the needs of that client for confidentiality and privacy on sensitive topics. In some cases, the computer system had to be designed to comply with certain protections that are granted by law (e.g., information on drug and alcohol treatment and HIV status). Although not legally required, information disclosed about domestic violence must be afforded a similarly high level of confidentiality and security. In some cases, a client faces a life threatening risk if information is unwittingly disclosed. Additionally, victims will be unwilling to talk about what has happened to them and seek help if they are not confident that the information they disclose will be kept private.

While the technology is, in many ways, state-of-the-art, there is still room for improvement when it comes to the safety and privacy issues of battered women. A few problem areas and suggestions include:

XF - The XF component labels a recipient as a family violence victim. It is currently outside of the confidential family violence window. The XF designation is available to anyone with access to VIEW. Some case managers are reluctant to code XF even when appropriate because they view it as a violation of confidentiality. If it were possible to document XF in the confidential screen, and train workers about its appropriate use, then more people would be captured in this component without having their privacy compromised.

Individual Responsibility Plan (IRP) - Similarly, IRPs are written in a screen available to everyone with access to VIEW. If an IRP documents activities related to resolving family violence, confidentiality and privacy are compromised. Some workers have adopted a practice of writing IRPs and then erasing them (“do it and dump it”), which creates confidentiality, but negates the systems usefulness as a means of sharing client information among workers. For the future, there is some discussion about refining the computer system so that it stores historical IRPs (giving workers access to information over time about activities clients have engaged in). If this feature were implemented, it would only add to the problems created by the non-confidential nature of the current system. All IRPs should be written and stored in a confidential area of the computer system.

Address Confidentiality - The Secretary of State Address Confidentiality Program (ACP) is an innovative and life saving program that was developed and refined in Washington state and used as a model nationwide. This program allows a domestic violence victim who fears for her life because a former partner has threatened or attempted to kill her or is stalking her, to use a substitute mailing address through the Secretary of State’s office for all personal and business correspondence.

As wonderful as the program is for some participants, qualifying for this program is not easy. First, one needs to start with a clean slate, that is to move to an address where no records about who lives there exist. Second, it requires that a victim be completely dedicated to keeping her name and address invisible. This is no easy task, as any victim who has ever participated in the program can attest. Victims do not make the decision to go into hiding (for all intents and purposes) without a lot of consideration and commitment. It is a complete lifestyle shift and victims do not undertake it lightly. Only those in the most critical danger use the program.

As it stands currently within WorkFirst, the ACP is misunderstood by workers, inconsistently applied and overstated as the DSHS's *only* strategy to keep addresses secret.

Instructions to WorkFirst workers direct them to refer victims to the ACP if they need to keep their addresses confidential. But many women who are in critical danger do not and can not relocate (one prerequisite to enrolling in ACP). Some victims who *have* moved recently have not found out about the ACP in time to keep their whereabouts out of public records (for example, they have had phone or electric service connected, or put in a mail forwarding order with the post office). Their address is no longer confidential and ACP will probably not work for them.

More work needs to be done to create mechanisms to safeguard private records *within* the existing DSHS computer system that does not rely solely on ACP. The current risk of perpetrator finding out about the address of a victim's home or work through DSHS computer records is too great in the system as it exists today.

ES/DSHS WorkFirst partners communication – Mechanisms for sharing confidential information about those WorkFirst clients Employment Security and DSHS serve in common need to be carefully researched and developed. Care must be taken because issues of safety and respect are involved.

Survivors of domestic violence should be given opportunities to advise workers in both ES and DSHS about ways to minimize risks when sharing information, and ways to develop communication protocols that are respectful. Any subsequent safety problems that emerge must be addressed quickly and effectively.

Record keeping and confidentiality are complex issues requiring complex solutions. Victim safety requires vigilance and creative problem-solving long into the future.

Working with non-English speakers

Domestic violence victims who cannot speak English face all of the same problems non-English speakers face using the WorkFirst system (i.e., all the challenges of finding, using and paying for adequate interpreters) *plus* a few additional problems. These fall roughly into two categories: the interpreter may be known to the victim (or directly associated in some way), and the interpreter may be uninformed about domestic violence.

Battered women from small or concentrated ethnic communities often face an interpreter who is personally known to them or known to others directly involved. This can lead to barriers in a victim's ability to share details about her experience.

Many concepts and principles in the field of domestic violence may not have direct word-for-word translations in other languages (the term "domestic violence" itself is an example of this). If an interpreter has not been trained on the key issues and has not given thought to how to translate the concepts culturally and verbally, much can be "lost in the translation."

Several options for addressing these problems are listed below, in order from most to least desirable.

In conversations with DSHS personnel and advocates, all agree that the very best solution is having multi-lingual case managers, social workers and advocates trained and available to provide the specialized service needed.

Where multi-lingual staff are not available, the next best solution is having trained advocates on-call to assist. Many community-based programs have staff who speak a variety of languages, even if they are not the advocate specifically assigned to be on-site at the CSO.

If on-call advocates are not available, the next best option is to have the current pool of DSHS interpreters trained and ready to help with domestic violence victims. Specialized training should be developed and offered so that the currently certified interpreters are informed.

If certified interpreters are not available, the last option is to develop a pool of outside interpreters who are informed and qualified. This may mean encouraging more certification and increasing the pool, or developing some mechanism for using "non-certified" interpreters. This issue needs to be researched more thoroughly.

In whatever ways the availability and quality issues are resolved, there are still issues of payment to decide. DSHS currently pays for all interpretation that is conducted in their

offices. However, the question of who pays for interpreters for contractors who are stationed on-site at CSO and doing WorkFirst work has gone unresolved in the last year. DSHS has asked contractors to estimate the cost for interpreters and to include it in their budgets. Unfortunately, because these are new projects and contractors have no history on which to base an estimate, they have been reluctant to contractually commit to paying for interpretation services. DSHS has agreed to pay for interpreters for the time being, but the agreement is not formal, nor is it applied statewide.

Working with Battered Immigrants

Providing equitable service to immigrants (many of whom do not speak English) entails additional challenges. The Violence Against Women Act (VAWA) contains key provisions that specifically ensure the protection and safety of battered immigrants. However, it is difficult for workers who implement programs to keep up with VAWA provisions specifying who they are to serve and how. (See Attachment J for a copy of *Immigrant Eligibility for Public Benefits*)

Training is, as usual, one piece of the solution. But building working partnerships with immigrants' advocates is another. Having a free flow of information and advice back and forth between workers (including both DSHS personnel and advocates) and immigrant advocates is the key to understanding the rules, implementing them correctly, and serving this particularly vulnerable group of women and children.

Exactly how to implement training and getting the correct information out to workers, and exactly how to foster good relations between workers and immigrant advocates, are issues for further study, planning, and implementation.

Serving Native Americans

Within the past year, several Tribes have chosen to run their own TANF programs. Most Tribes on and off reservations continue to use services at the CSO geographically closest to them.

As more and more Tribes implement their own programs, it will be important to collaborate with them to make sure that the important lessons learned from working in the mainstream program on domestic violence are communicated, refined and made culturally relevant, and implemented in Indian programs.

The challenges facing CSOs in serving Native families continues to be making domestic violence information and advocacy available and making sure people are served effectively.

In unprecedented ways, Native Americans in Washington State are organizing to address domestic violence. A Native Women's network has formed at the Coalition and is working actively. This group will be an invaluable resource as advisors to DSHS and to any advisory committee that might form to oversee the family violence option implementation.

Collaboration between DSHS and Employment Security (ES) on behalf of victims

Clearly, the emphasis of early work in Washington on the family violence option has been in several key areas: effective screening for TANF recipient/applicants; identification of victims; and appropriate service. In the design of the family violence laws, there was a heavy emphasis on deferrals from work requirements and other program requirements. It was originally thought that battered women would most benefit from these deferrals.

As the program developed, and as researchers have gathered hard data as well as stories from victims, what has developed is a clearer picture of victim's needs and actions. While it is still true that some victims benefit from deferral from job search and a delay in entering the work force, a much smaller percentage of women than originally anticipated have asked for and used this route. Many more victims are ready, willing and able to get training and education and to take advantage of the assistance available for entering the workforce.

What researchers are now telling us is that much more emphasis should be placed on assisting victims who have entered the workforce to do so safely. Not enough emphasis has been placed on understanding the risks for women who go to work or on how to ameliorate these risks as much as possible.

If DSHS (and Employment Security) do not develop program strategies to ensure victim safety on the job/in training, the result will be what all of the studies show – victims will have only short term success in training and on the job, they will exhibit many short bursts of employment, perpetrators will force them in and out of the workforce, and victims will cycle on and off of TANF.

Currently, when DSHS case managers and ES job counselors/coaches collaborate in the best interest of a specific client, it is largely an accident of personality and proximity. In other words, the specific workers cross department borders because they know enough about domestic violence to understand how important worker cooperation is to success. In specific instances where this has occurred, the DSHS and ES offices are in the same building, which, in part, has contributed to the communication.

An advisory committee should explore how to institutionalize effective service (effective communication) between and across departments so that case

managers/social workers communicate directly with job counselors/coaches to facilitate the best service. Confidentiality issues must be addressed, as well as time management (we hear from some workers that they are too busy to talk to anyone else), record keeping (dealing with the confidential domestic violence windows in VIEW), and policy issues regarding which department supplies the support service dollars necessary to assist a victim to stay safely employed or in training.

This conversation on collaboration must be expanded to include community colleges and other training contractors.

CPS/WorkFirst connection

There is some overlap in the caseloads of CPS and WorkFirst case managers, and yet there is very little communication between the two divisions. As with cooperative working relations between Employment Security and DSHS, cooperation between CPS and WorkFirst case managers is largely left to chance. There has been little work to date to institutionalize cooperation between workers to serve the clients they have in common.

Case managers and domestic violence victims alike report that the result of this can be chaotic. Victims are overburdened with activities mandated by both divisions. In the worst case scenarios, conflicting activities are required.

Challenges involved with institutionalizing cooperation are the same as those listed above for Employment Security (i.e., confidentiality, record keeping, and time management for already overburdened case managers in both divisions).

Research

Currently, several large-scale and statewide research efforts are underway to look at issues ranging from long term outcomes for people exiting WorkFirst to customer satisfaction within the program. Some government funded nationwide research includes information from Washington State. Additionally, university researchers across the country have undertaken numerous efforts to analyze what is happening when domestic violence and poverty overlap.

Improving connections to research would benefit services to domestic violence victims in WorkFirst because:

First, it's useful to harness the important results of current studies in designing and planning future iterations of services to victims.

Second, because Washington State has been successful in many aspects of its implementation of the family violence option, it would benefit victims in other states for us to report our data and fold it into current research efforts.

Lastly, it is only valuable to establish performance measures for our programs if we also establish how the results will be measured and analyzed. A stronger link to research might yield the information needed to refine or redesign services to be as effective as possible.

Fraud

Fraud investigators currently have no guidelines to safely and effectively investigate allegations of systems abuse when domestic violence is present. Legal advocates have raised the red flag around the potential for grave harm to victims if fraud investigators unwittingly disclose information about a victim during the course of an investigation and harm comes to her as a result.

Victim advocates have also pointed out that the fraud investigation system is being used by perpetrators of abuse as one more institutional weapon against victims. Perpetrators commonly threaten to report victims to authorities - police, courts, CPS, or welfare - if a victim does not comply with the batterer's wishes. While the state has an obligation to investigate allegations of system abuse made by anyone, the state does not want to be used by perpetrators in the course of their attempts to re-establish control over a victim. This is particularly true when a victim is innocent of any wrong-doing. But some thought needs to be given to this issue even in cases where the victim has committed fraud. Many victims tell harrowing tales of the lengths they were willing to go to in order to protect themselves and their children from dangerous abusers. Amnesty programs need to be made available when victims - including children - are in life threatening danger.

An advisory committee should create guidelines for fraud investigation in cases involving domestic violence. Other states may have already developed strategies for safe fraud investigations. Additionally, others may have training materials or protocols that address some of the issues outlined above.

Good Cause

For a small number of battered women, it is *extremely* dangerous to seek child support payments because the father has either threatened and/or carried out violence. Children can be injured during assaults and, certainly, they suffer as a result of the perpetrator's actions. In light of this, any benefit a child may accrue from financial support is overshadowed by the violence.

The laws give clear go-ahead to states to excuse enforcement of child support in cases where seeking it will jeopardize the safety of victims.

Currently, success is measured only in terms of the numbers and amount of collections. We recommend that a goal and definition of success be set with regard to good cause exemptions as well. Although we do not currently define it as such, granting a statistically expected number of good cause exemptions in Washington State means that our program is *successful* in offering this form of relief to victims. It means we are *successful* in easing the burden of victims who otherwise have a reason to fear, in some cases, for their lives.

To attain “success” in the area of granting exemptions, improvements need to be made in the following areas:

- victim notification – victims need to be made more aware of their short and long term options;
- training for workers - case managers, social workers, child support enforcement personnel and victim advocates need to learn more about the importance of the safeguards as well as how existing policy should be implemented;
- communication between CSE and WorkFirst workers must be established and/or improved.

Perpetrator treatment

Perpetrators will continue to exercise control – in subtle and violent ways – forcing victims to remain in abusive and, in some cases, dangerous relationships. The nature of domestic violence creates instability and unpredictability that makes “success” (in terms of economic self-sufficiency) difficult if not impossible. Victims who are forced by circumstances or actions, to remain with perpetrators will continue to cycle on and off welfare.

Susan Schechter, in her recent paper *Expanding Solutions for Domestic Violence and Poverty: What Battered Women with Abused Children Need from Their Advocates*¹² challenges systems to deal with the realities of long term domestic violence and try innovative strategies to address the issues. Perpetrator treatment *may* be a part of the long-term formula. It is worth exploring programs that use perpetrator treatment as an integral part of its service to victims and families but only with the assistance and grounding of victims and the advice of progressive perpetrator treatment experts.

¹² Schechter, Susan (December 2000). *Expanding Solutions for Domestic Violence and Poverty: What Battered Women with Abused Children Need from Their Advocates*. National Resource Center on Domestic Violence, a project of the Pennsylvania Coalition Against Domestic Violence. 1-800-537-2238

Time limits and granting extensions

A certain percentage of the overall welfare caseload is approaching the five year lifetime limit, and the state will soon implement policies regarding who will be eligible to receive extensions and what requirements will be imposed on those granted extensions. Although domestic violence victims are included as one category of hardship eligible for extension, and although it is likely that the criteria for qualifying in the domestic violence category will be somewhat flexible, there is still work to be done to assist in the *implementation* of whatever process is devised to grant and monitor extensions.

The overlap of domestic violence with chemical dependency, child abuse, health, mental health, and other issues that are barriers to self sufficiency

The time limits issue is critically bound to the issue of serving victims with multiple issues. Problems with drug dependency or mental or physical illnesses, complicate resolving domestic violence. Yet, many battered women have multiple problems that they deal with simultaneously. Fostering better working relations among and between all contractors (mental health, drug and alcohol, family planning, domestic violence, etc.) and DSHS personnel (WorkFirst, CPS, First Steps, etc.) is critical to helping clients succeed.